Oregon Department of Transportation

Driver and Motor Vehicle Services

House Bill 3185:

Evaluation of Oregon's At-Risk Driver Program

Work Group Report

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July 24, 2012

Prepared by

The House Bill 3185 Work Group
Appointed by Matthew Garrett
Director, Oregon Department of Transportation

Prepared for

The Oregon State Legislature
Per House Bill 3185

This report is available online at:
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Table of Contents

1. Work Group Members

Jim Ilg, M.O.T.R., Work Group Chair
Occupational Therapist, Salem Hospital Rehabilitation Department

Katherine Wild
Associate Professor, Depts. of Neurology & Psychiatry, Oregon Health & Science University

Laura Fischrup, O.T.R.
Occupational Therapist/Certified Driving Rehabilitation Specialist, Driving Solutions

Rich Hanson
Driver and Traffic Safety Education Consultant/Trainer, DTS Consulting

Sumathi Devarajan, M.D.
Assistant Professor, Depts. Of Family Medicine & Geriatrics, Oregon Health & Science University

Betty-Coe Rilea de Broekert
Oregon State Coordinator, Driver Safety Program, AARP

Mark Davie
Sergeant, Oregon State Police

Sheryl Aanerud
Medical Program Coordinator, Driver and Motor Vehicle Services

Barnie Jones, Ph.D.
Research Unit Manager, Oregon Department of Transportation

2. Executive Summary

House Bill 3185, passed by the 2011 Oregon Legislative Assembly, required the Department of Transportation to create a work group to evaluate the department's current At-Risk Driver Program and consider different assessment tools and options for enhancing the program. Additionally, the law required the work group to consider age-based testing and renewal requirements. The law required the work group to include experts in geriatrics, general medicine, driving assessment, research practices, law enforcement, and Oregon's laws related to driving privileges, as well as an advocate for senior citizens. The work group is required to report its findings and recommendations to the legislature by October 1, 2012.

The current At-Risk Driver Program has been in existence since 2004. Under this program, designated health care providers are required to report individuals who have certain severe and uncontrollable cognitive or functional impairments that affect the person's ability to safely operate a motor vehicle. Driver and Motor Vehicle Services (DMV) relies on the information submitted by physicians and other health care providers to determine the appropriate action to take regarding an individual's driving privileges. The program is impairment-based; age alone is not a basis for reporting.

The work group met four times over an eight-month period. These experts reviewed a number of studies, relevant statistics, the experiences of other jurisdictions and feedback from the medical community in order to thoroughly educate themselves on the issues related to the requirements of HB 3185. Studies of a number of driving-assessment tools were reviewed. The work group considered, for example, a lengthy study of a pilot program recently completed in California that employed several different tools in an attempt to assess a person's ability to safely operate a motor vehicle. The crash rates of Oregon drivers in all age groups were also evaluated. Additionally, the work group surveyed health care providers in Oregon to determine their opinions of DMV's At-Risk Driver Program, concerns of potential barriers to reporting, and solicit feedback for improvements.

In order to evaluate the At-Risk Driver Program and consider the other requirements of HB 3185, the work group needed a method to measure their impact on roadway safety. It was determined that crash rates represent the best measure of safety on the roads. The work group studied rates of non-injury, injury and fatal crashes for drivers in age groups from 15 years of age to 85+. Crash statistics were also used to evaluate the value of different assessment tools, age-based testing, and age-based renewals.

After a complete analysis and discussion of all the material presented, the work group was able to address each of the requirements of HB 3185. The following conclusions and recommendations were made for each of the eight areas outlined in HB 3185 under subsection 2 (a) through (g) and subsection 3.

(a) Current mandatory reporting system (page 20)

The work group concluded that DMV's At-Risk Driver Program is working well as currently designed. Recommendations include: 1) establish benchmarks in order to measure the ongoing impact of the program; and 2) increase voluntary de-licensure through continued education and by making the process easier for drivers to "retire" from driving.

(b) Barriers to reporting (page 22)

The work group conducted a survey of primary care providers in which they were asked about barriers to reporting and other issues related to mandatory reporting. Based on the feedback received, the work group's recommendations include: 1) expand mandatory reporting to include medical professionals who provide on-going specialist care; 2) continue to make presentations and provide educational material to health care providers to ensure awareness of the program; and 3) provide physicians with a way to assist patients who wish to "retire" from driving.

(c) Evidence-based assessment tools (page 25)

The work group determined that there are no simple and practical evidence-based assessment tools that can reliably measure driving skills and predict future crash risk. The work group's recommendations include: 1) do not require DMV or health care providers to implement any of the evidence-based assessment tools that are currently available; 2) continue to monitor new research into screening tools; and 3) encourage DMV field staff to report drivers who appear to have driving-related impairments.

(d) New evidence-based assessment tool (page 27)

Since numerous assessment tools, all with limited value in predicting crash risk, have been developed by experienced researchers and other experts, the work group did not see any value in DMV attempting to develop a new tool. The work group recommends that DMV not expend the time and resources in an attempt to develop a new evidence-based assessment tool.

(e) Age-based renewal and testing (page 28)

Studies of age-based license renewals and age-based testing have found limited evidence that either results in a reduced risk for crashes. However, in-person license renewals have been associated with a reduction in the fatality rate among the oldest old drivers. Recommendations include: 1) do not implement either age-based renewals or testing; 2) continue in-person license renewals; and 3) expand training of DMV field staff in identifying drivers with impairments that may affect driving.

(f) Standards for mandatory reporting (page 30)

The work group determined that using new or different terminology as a standard for reporting would not improve the program, and may only serve to confuse reporters. As a result, the work group's recommendations include: 1) do not change the language in the law; and 2) modify the reporting form and administrative rule to better clarify that the current reporting standard includes "persistent" impairments.

(g) Other components of mandatory reporting (page 32)

The work group concluded that all aspects of the mandatory reporting program were considered as a result of completing the other requirements of HB 3185. Therefore, no additional evaluation is necessary.

(3) Current voluntary reporting system (page 33)

The work group believes that more physicians will report under the non-mandatory ("voluntary") reporting program if they are immune from civil liability, just as they are when reporting under the mandatory program. The work group recommends changing statute to provide immunity from civil liability for health care providers who submit reports under the standards for the non-mandatory program.

3. Background

Introduction

This report is the culmination of work conducted between September 2011 and April 2012 by the HB 3185 At-Risk Driver Program Work Group. This effort was in response to the 2011 Oregon Legislature's passage of House Bill 3185. The Oregon Department of Transportation was required to create a work group to evaluate Oregon's current system of mandatory reporting of individuals with cognitive and functional impairments. The work group was required to consider the following: 1) identifying barriers to reporting; 2) using evidence-based assessment tools for determining a person's ability to drive; 3) developing new assessment tools; 4) implementing age-based testing and renewal requirements; 5) modifying the standards for reporting; and 6) evaluating the voluntary system for reporting.

During the course of discussions regarding the bill's background, it became clear that some legislators had a specific interest in the growing population of older licensed drivers, and the unknown safety risks of driving associated with this group. For this reason, the work group's evaluation included a focus on the older driver.

Finally, the bill required that the work group summarize its findings and submit a final report with recommendations to the interim legislative committee relating to transportation no later than October 1, 2012.

HB 3185 Work Group

The bill specified that there would be at least nine members of the work group, and identified the subject matter expertise of each member. The work group had to be comprised of the following individuals: a department employee knowledgeable in research methods; a department employee knowledgeable in driving laws; a general practice physician; an expert on geriatrics or gerontology; an expert on identifying and treating cognitive and functional impairments; an expert on how impairments affect driving ability; a professional driving instructor; an advocate for senior citizens; and a representative of the Oregon State Police.

ODOT's Driver and Motor Vehicle Services (DMV) assumed responsibility for coordinating the activities necessary for creating the work group. Individuals who met the qualifications for membership in the work group were identified and contacted. Each of these individuals is considered an expert in their respective fields, and most had worked with DMV on previous projects. With prior knowledge of DMV's programs and policies, the work group members were well-prepared to address the requirements of the bill. (Refer to **Section 1** for a complete listing of the work group members.)

As required by HB 3185, a Chairperson was elected by the work group in its first meeting. Jim Ilg agreed to serve in this role. He functions as the group's spokesperson and will present the final report to the legislative committee.

In order to serve in a support role and maintain neutrality, DMV contracted with a professional facilitator to manage the discussions during the work group's meetings. Carolyn McVicker of McVicker & Associates was awarded the contract through a competitive bid process. Ms. McVicker, a retired Registered Nurse, had also served as facilitator in 2002 when DMV formed a Medical Work Group to assist the agency in developing the administrative rules necessary to structure the current mandatory reporting system. Ms. McVicker's previous experience with DMV and her knowledge of its medical program was a real benefit to the HB 3185 work group.

The work group met four times in Salem between September, 2011, and April, 2012. Each meeting lasted four hours and was facilitated by Ms. McVicker. The work group was sent an agenda and material to review prior to each meeting in order to be well-prepared for discussions. DMV staff provided support to the group by taking meeting minutes, researching issues, and providing requested data. Staff worked with Ms. McVicker between meetings to conduct research and compile data to address the concerns and requests of the work group.

DMV's At-Risk Driver Program

Overview

DMV is authorized to require a person to re-establish eligibility for driving privileges if there is a reason to believe a person's medical condition or impairments may affect their ability to operate a motor vehicle safely. These individuals must pass DMV tests and/or obtaining a medical clearance. DMV may also deny testing, or suspend a person's driving privileges, if there is reason to believe the person may have impairments, conditions or driving behaviors that negatively impact his or her ability to safely operate a motor vehicle. These reports cannot be based solely on a diagnosis of a condition, or on age alone. Reports may come from a number of sources, including physicians, law enforcement, social workers and family members.

History

Medical eligibility requirements for a license, as well as mandatory reporting requirements for medical professionals, have been in Oregon law for over 60 years. In 1999, the legislature asked DMV to convene an Older Driver Advisory Committee to study the effects of aging on driving ability. After extensive study and public input, the committee concluded that it is the cognitive and functional impairments resulting from a medical condition that affect a person's ability to drive safely, not a person's age or the presence of a medical condition.

As a result of the Committee's findings, the legislature passed HB 3071 in 2001. This bill changed mandatory reporting requirements from a diagnosis-based program to one that is based on impairments. The bill also directed DMV to adopt rules in consultation with medical experts to designate the types of health care providers required to report, and to identify the cognitive and functional impairments that are likely to affect a person's ability to drive safely. Additionally, determinations regarding a person's ability to safely operate a motor vehicle must be based on the actual effect of the condition or impairment on the person's ability to operate a motor vehicle, and not on the person's diagnosis. The previous requirement for medical providers to report individuals with disorders characterized by a loss or lapse of consciousness or control was removed from the law.

As directed by HB 3071, DMV assembled an advisory group made up of physicians and other experts on cognitive and functional impairments. This Medical Working Group determined which functional and cognitive impairments are most likely to affect a person's ability to safely operate a motor vehicle.

Functional impairments include: Visual acuity and field of vision; strength; motor planning and coordination, peripheral sensation; and flexibility.

Cognitive impairments include: Attention; judgment and problem solving; reaction time; planning and sequencing; impulsivity; visuospatial; memory; and loss of consciousness or control.

The Medical Work Group determined that a driver with an applicable functional or cognitive impairment should be reported to DMV if the impairment is both "severe and uncontrollable." An impairment that is severe and uncontrollable is defined as one that substantially limits a person's ability to perform activities of daily living, including driving, because it cannot be controlled or compensated for by medication, therapy surgery, or adaptive devices.

The Group also designated "primary care providers" as mandatory reporters. A primary care provider (PCP) is a physician or other health care provider responsible for supervising, coordinating or providing a person's initial and ongoing health care. A physician or other medical professional providing specialty health care services under a referral from a PCP does not have to make a report to DMV if an evaluation or treatment report is submitted to the PCP.

In 2003, after consultation with the Medical Work Group, and based on the earlier findings of the Older Driver Advisory Group, DMV adopted administrative rules outlining the new mandatory reporting program. In addition, statute was revised to provide confidentiality for mandatory reports and to protect mandatory reporters from any civil liability that might result from submitting – or not submitting – a mandatory report.

Mandatory Reporting

DMV's current mandatory At-Risk Driver program has been in place statewide since 2004. Primary care providers and other designated health care providers are required to report individuals with severe and uncontrollable cognitive or functional impairments that affect the person's ability to safely operate a motor vehicle. DMV employs three physicians part-time as Medical Determination Officers (MDOs) to assist with decision making regarding a person's medical eligibility to drive or to take tests.

Once a report is submitted, the information provided is reviewed by DMV. If the report has been submitted with all necessary information, a notice of suspension is issued to the reported individual. The suspension is effective five days from the date of the notice.

Should the suspended individual wish to regain driving privileges, the process followed is dependent upon the nature of the impairment(s). Individuals with strictly functional impairments are required to pass a vision, knowledge and drive test. If a cognitive impairment is reported, the report is first reviewed by one of DMV's MDOs. If a clearance from an MDO is received, the person must then pass the vision, knowledge and drive tests. Once all tests are passed, a person's driving privileges are reinstated. An MDO may also require a person to medically recertify after a period of time, ensuring that they are still safe to drive. A driver also has the right to an administrative hearing to dispute the suspension action. (See Appendix B)

Voluntary Reporting

Reports submitted under the voluntary reporting program come from a number of sources, including law enforcement, physicians and other health care providers, social workers, friends and family members. These are reports that are either submitted by non-mandatory reporters, or are reports that do not meet the threshold of "severe and uncontrollable" for mandatory reporting. Individuals who report under this program are not immune from civil liability.

Generally, these drivers are given a 60-day time frame in which to demonstrate their ability to safely operate a motor vehicle. They are required to take DMV's vision, knowledge and drive tests. Just as in the mandatory program, once all tests are passed, a person's driving privileges are reinstated. The MDO may also require a person to medically recertify after a period of time, ensuring that they are still safe to drive. A driver also has the right to an administrative hearing to dispute the suspension action. (See Appendix C)

AAMVA's Model Law; Comparison to Other States

Most states have similar laws that require drivers to be medically eligible for driving privileges. The majority of states allow voluntary reporting by medical providers, law enforcement and others. Most states provide full legal immunity when health care providers report in good faith. However, only six states, including Oregon, require mandatory reporting by health care providers.

In 2007, the American Association of Motor Vehicle Administrators (AAMVA) published recommendations for a model reporting law. The organization supports voluntary reporting by medical providers of drivers with medical conditions that may impair safe driving. Reporting should occur when a medical condition meets the following criteria:

- The condition is uncontrollable, either through medication, therapy or surgery, or through the use of a driving device or technique;
- The condition is controllable, but the patient does not comply with the recommendations of the health care provider for treatment or restricted driving; or
- The extent of an impairment caused by the condition is unknown but is potentially significant.

Under this model law, reports would remain confidential, unless required by law to be released. Additionally, medical providers who report in good faith would be protected from administrative, civil or criminal liability. (See Appendix D)

The laws, policies and procedures that make up Oregon's mandatory and voluntary reporting programs for at-risk drivers exceed those found in most other states, as well as those recommended by AAMVA. Portland State University partnered with ODOT's Research Unit to evaluate Oregon's At-Risk Driver Program in 2009. The study included an extensive literature review and analysis of safety risks posed by at-risk drivers. The report noted that Oregon's mandatory reporting requirements cover a broader range of functional and cognitive conditions than the other states with mandatory reporting requirements.

4. Guiding Criteria

The HB 3185 work group relied on scientific studies and national policy recommendations as the foundation for addressing the requirements of the bill. Many studies were reviewed, including ones conducted by the California Department of Motor Vehicles, National Highway Transportation Safety Administration (NHTSA), American Association of Motor Vehicle Administrators (AAMVA), and Oregon Department of Transportation's Research Unit.

The work group agreed that all recommendations would be based on fact, as opposed to perception or anecdotal evidence. Facts would be determined by the existence of objective information and statistically significant data. The work group's recommendations would be based on consensus after careful review of the data and engaging in active debate.

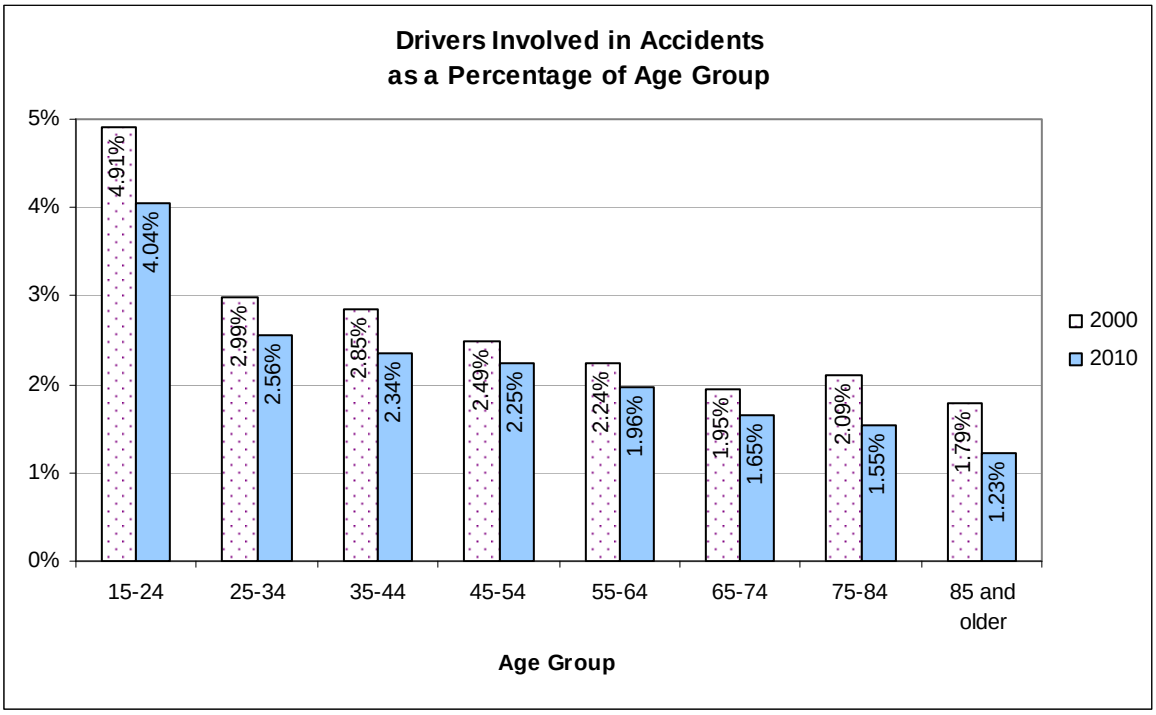
In order to evaluate the At-Risk Driver Program and the requirements found in HB 3185, the work group needed a method to measure their impact on roadway safety. It was determined that crash rates represent the best measure of safety on the roads. The work group studied rates of non-injury, injury and fatal crashes for drivers in age groups from 15 years of age to 85+. The data was used to compare older drivers to all other age groups to determine if older drivers were involved in more fatal crashes, or committed significantly more driving errors or specific types of driving errors when involved in crashes. Crash statistics and an ability to predict future crashes were also used to evaluate the value of different assessment tools, age-based testing and age-based renewals.

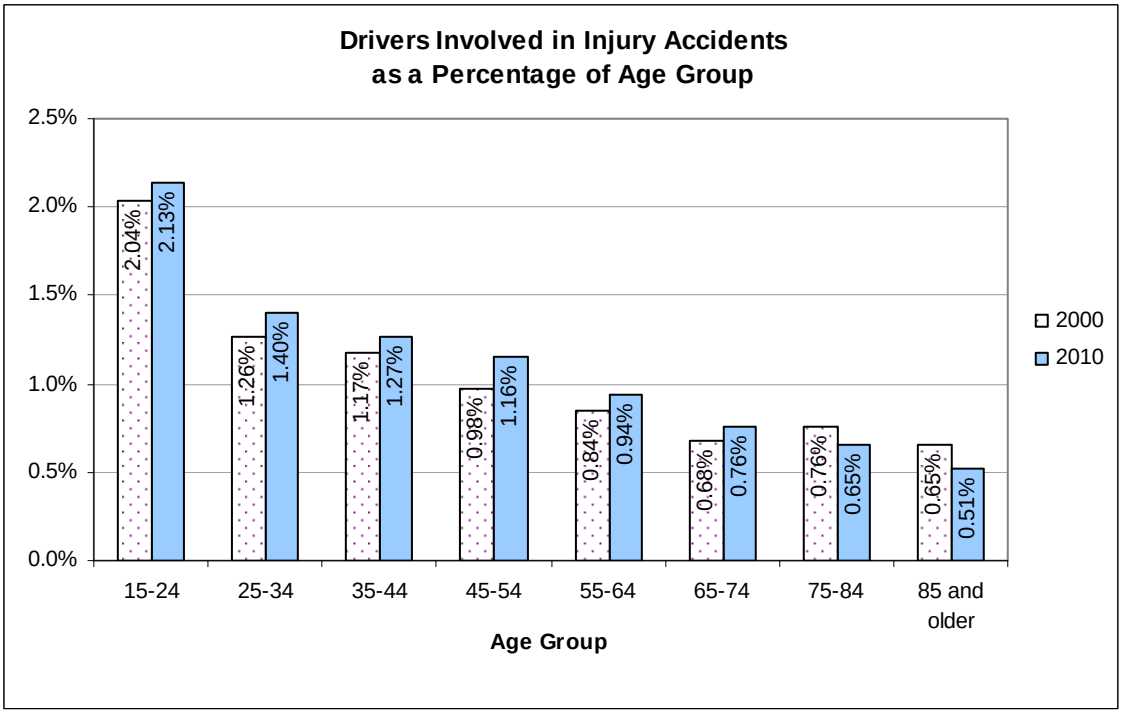
The number of drivers involved in crashes and fatal crashes has decreased in the ten years between 2000 and 2010, while the driving-age population of Oregon has increased during the same period. The table below captures these trends. Census statistics were used for the population figures for 2000 and 2010. Crash statistics compiled from reports submitted by police officers and citizens were noted for those years, as well as the three years leading up to 2010 in order to show recent trends.

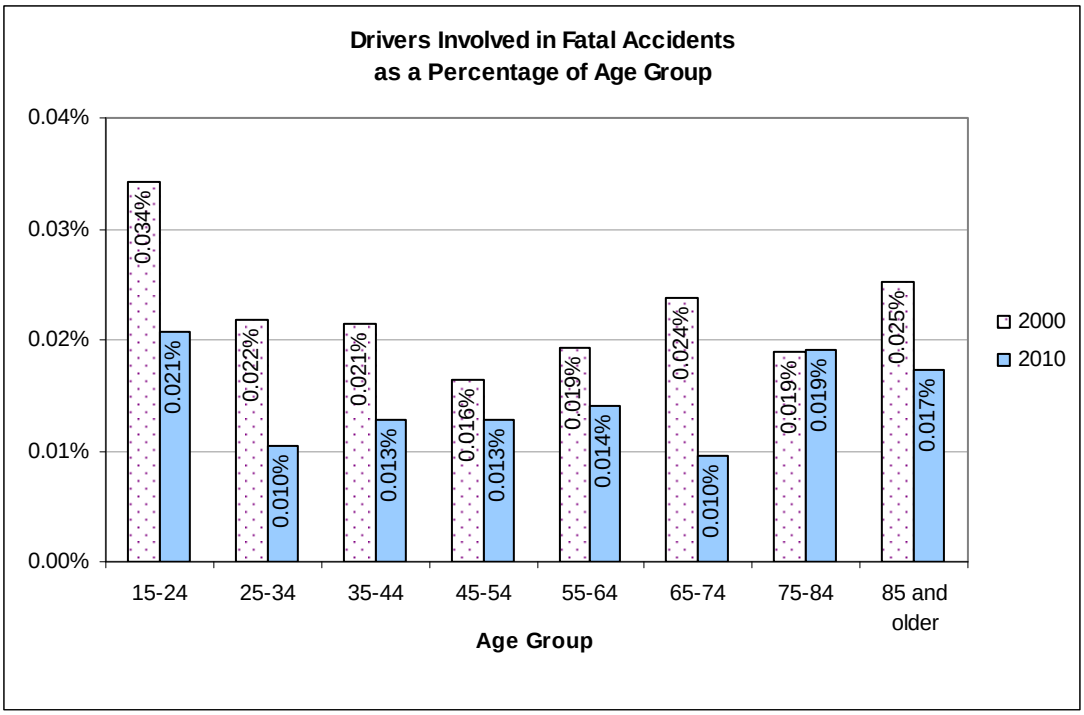
Year	*# of Drivers Involved in Crashes*	*# of Drivers Involved in Injury Crashes*	*# of Drivers Involved in Fatal Crashes*	*Oregon Driving Population (>15 years old)*
2010	***80,453***	***38,672***	***419***	***3,113,751***
2009	***75,036***	***34,909***	***486***	***n/a***
2008	***76,295***	***32,971***	***519***	***n/a***
2007	***81,275***	***34,000***	***582***	***n/a***
2000	***89,139***	***34,505***	***635***	***2,721,822***

Source: DMV Driver License Statistics Report and ODOT Oregon Traffic Crash Data (compiled by the Transportation Data Section)

In order to compare age groups, the crash statistics were broken down into 10-year increments up to age 84 and all ages over 85. See the three graphs that follow.







Source: DMV Driver License Statistics Report and ODOT Oregon Traffic Crash Data (compiled by the Transportation Data Section)

The graphs show that the percentage of drivers within each age group involved in crashes overall and injury crashes specifically have not changed significantly over the past 10 years. The numbers are fairly constant. When comparing age groups, older drivers – those over 65 – as a percentage of their population are consistently in fewer crashes or injury crashes than any of their younger counterparts. In other words, drivers in all age groups under 65 have a higher incidence of getting in a crash, with or without an injury, than drivers over age 65.

However, when compared to the number of drivers within their population, drivers over 75 are involved in more fatal crashes than any age group other than the youngest population of drivers. This data indicates that while older drivers get in fewer crashes, when they do crash, they are more likely to die. This may be attributed to the frailty of the older driver, more than any other factor. “Frailty” is sometimes used to describe a situation when the death of an older driver occurs as the result of a crash. A similar crash may have only injured a younger driver, but because the bodies of older drivers are less able to withstand the impact of a crash, older drivers may be more likely to die as a result of injuries they receive from a crash.

The work group reviewed the crash data to identify whether older drivers had committed significantly more driving errors, or specific types of driving errors, compared to other drivers. Based on the information available, the older driver in Oregon committed fewer total errors than drivers in other age groups. This age group’s most frequently committed error – “did not have right of way” – is the second most common error for all age groups.

Based on the crash data reviewed, it was evident to the work group that older drivers are the least likely segment of the driving population to be involved in a crash. All the statistical evidence indicates that older drivers are in the fewest crashes, and they get in fewer accidents as a percentage of their age group and commit fewer errors than any other age group.

5. Recommendations

HB 3185, Section (2)(a): Evaluate the department's current system for mandatory reporting on persons with cognitive or functional impairments.

Current Situation

The At-Risk Driver Program's current mandatory reporting requirements were implemented statewide in 2004. Primary care providers and other designated health care providers submit reports on a Mandatory Impairment Referral form. DMV reviews the information submitted to determine if the report meets all criteria for acceptance as a mandatory report as outlined in OAR 735-074-0140. Reports that do not meet the criteria are reviewed as a voluntary report. If accepted as a mandatory report, DMV will issue a notice of "immediate" suspension (i.e., a five-day pre-dated suspension notice) to the reported individual. A driver has the right to an administrative hearing to dispute the suspension action. A person may also choose to surrender their driver license and receive a free "quit driving" photo identification card.

To regain privileges, a person must be medically cleared for testing by DMV. The process followed by a driver is dependent on the type of impairment(s) reported. Vision, knowledge and drive tests are required with strictly functional impairments. If a cognitive impairment is reported, the report is reviewed first by one of DMV's Medical Determination Officers (MDO). If a clearance from the MDO is received, the person must then pass the vision, knowledge and drive tests. These are the same tests given to drivers obtaining a license for the first time. A drive test is not given until a driver passes the vision and knowledge tests. The pass/fail criteria for knowledge and drive tests is the same as for all other drivers, and all rules regarding waiting periods for re-testing and the number of times a particular test may be taken within a one-year period are the same as for all other drivers. A person's driving privileges remain suspended until all required tests are passed.

Passage of the drive test results in reinstatement of a person's driving privileges. If warranted, the driver's license may be restricted to certain situations, such as driving during daylight hours only or driving on a limited route. When a driver successfully regains their driving privileges, DMV's Driver Safety Unit sends a notification letter to inform the health care provider who reported the driver.

A driver who regains driving privileges may be required by the MDO to medically recertify in three- to 12-month intervals, to ensure that they are still safe to drive. Driving privileges will be suspended if the driver does not submit the required medical information, or does not pass all tests (vision, knowledge and drive) required for recertification. A person also will be suspended if the MDO reviews the medical information submitted and determines the driver is not medically qualified to continue driving.

Information Reviewed

An evaluation of the At-Risk Driver Program was conducted by Portland State University in 2009. The evaluation included an extensive literature review and analysis of safety risks posed by at-risk drivers. Highlights of the findings include:

- National medical associations are divided in their position on mandatory reporting. The American Academy of Neurology (AAN) supports optional reporting. The American Medical Association (AMA) supports reporting as dictated by the states' mandatory reporting laws and standards of medical practice. Both the AAN and the AMA support reporting when public safety is at issue.
- The medical community generally recognizes its responsibility to protect against threats to public safety that are associated with medically-impaired drivers, although physicians have also expressed concern about their ability to identify the point where a medical condition begins to compromise a patient's safety on the roadway. Physicians are also concerned about their legal liability associated with reporting.
- Evidence indicates that as driving performance deteriorates, whether as a result of a medical impairment or as a consequence of aging, drivers modify their behavior to reduce safety risk. An exception may be the case of cognitive impairments, where individuals are sometimes unaware of the condition.
- Analysis of the safety risks associated with medically-impaired drivers shows their incidence of crashes is generally higher than the crash incidence among the general driving population but far less than drivers involved in driver improvement programs.
- Recommendations for improving the effectiveness of DMV's At-Risk Driver Program include providing information and outreach activities to educate medical providers on the mandatory reporting requirements, and supporting initiatives to expand insurance coverage to include driving assessment and rehabilitation services.

The Portland State University evaluation included an analysis of the characteristics of drivers reported under the mandatory reporting program. An update of the analysis was conducted in 2010, and the results were very similar to those found in the 2009 PSU study.

- Drivers reported tend to be older than the general population of Oregon drivers. More than 60% of individuals reported were age 70 or older, although drivers over 70 only represent 11% of the driving population.
- Cognitive impairments are present in the majority of individuals reported. Judgment & Problem Solving (49%), Memory (43%), and Attention (39%) are the most frequently reported.
- Approximately 16% of individuals suspended under the mandatory reporting program attempted to regain their driving privileges by submitting updated medical information and passing DMV's tests. However, fewer than 10% of these individuals were successful in regaining their driving privileges.

Under Oregon administrative rule, a health care professional serving as a primary care provider (PCP) is considered a mandatory reporter. A PCP is a medical professional who is most likely to be a physician, nurse practitioner or physician assistant with a specialty area of internal medicine, family practice/family medicine or general practice. Information obtained from Oregon's medical licensing boards indicates that there are about 5,300 Oregon licensed medical providers who have one of the identified PCP specialties and an active status license. In 2010, mandatory reports were received from less than 10% of these providers.

Discussion

The work group concluded that DMV has successfully implemented and managed the At-Risk Driver Program. The educational materials and presentations to medical groups have resulted in a growing number of mandatory reporters who understand the program and submit appropriate reports. There are few complaints from the public about the program. Medically at-risk drivers are being reported and evaluated as the law intended. The mandatory reporting program is effective in identifying drivers whose medical conditions and/or impairments make them at risk for unsafe driving. Very few drivers identified and suspended through this program regain their driving privileges.

However, only a small number of practicing primary care providers has submitted a mandatory report. There may be opportunities to improve the number of PCPs who submit reports. A survey of PCPs was conducted in January 2012 to identify issues that may prevent them from reporting. The results of the survey are addressed under the next section of this report, labeled "**HB 3185, Section (2)(b)**."

The work group believes that an active, continuous collection of data is necessary to effectively evaluate the program. Benchmarks should be established in order to determine the continuing impact of the At-Risk Driver Program on roadway safety.

Recommendations

1. Establish benchmarks for the At-Risk Driver Program. DMV should complete short-term and long-term goal projections for each benchmark. This will allow DMV to determine the impact of each of the areas selected for measurement. Benchmarks should include: number of unique reporters; number of mandatory reports submitted; number of drivers suspended; and amount of educational material distributed.
2. Increase efforts to encourage drivers who may be unsafe due to declining driving skills or diminished functional or cognitive abilities to voluntarily surrender their driving privileges. Provide education to the public and the medical community about driver safety classes, "retiring" from driving, and alternative transportation options.

HB 3185, Section (2)(b): Identify barriers to reporting, if any, by health care professionals.

Current Situation

The work group asked DMV to conduct a survey to assist in the identification of barriers that health care professionals may face when reporting medically at-risk drivers. In January 2012, a survey was mailed to approximately 2,000 randomly selected medical professionals. Eighty-three percent went to physicians, and the remaining 17% were sent to nurse practitioners and physician assistants. (See Appendix E)

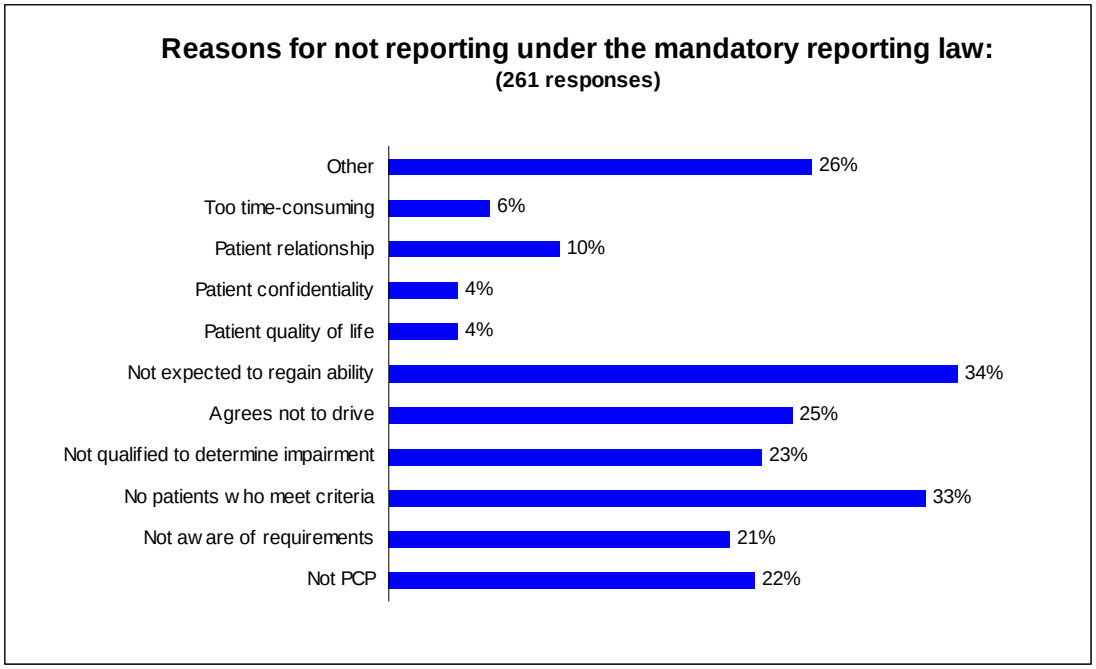
The survey was designed to obtain input from medical providers who currently qualify as mandatory reporters under the current reporting law. Approximately 5,300 health care providers in Oregon currently qualify as mandatory reporters with active practice status. During a three-year period (2008 through 2010), only 1,700 different health care providers (about 30%) submitted one or more mandatory reports.

In addition to determining what barriers exist to reporting, the objectives of the work group included obtaining input on the following: expanding mandatory reporting; modifying current standards for reporting; requiring reporting of incapacitated patients; and providing additional training on reporting requirements.

Information Reviewed

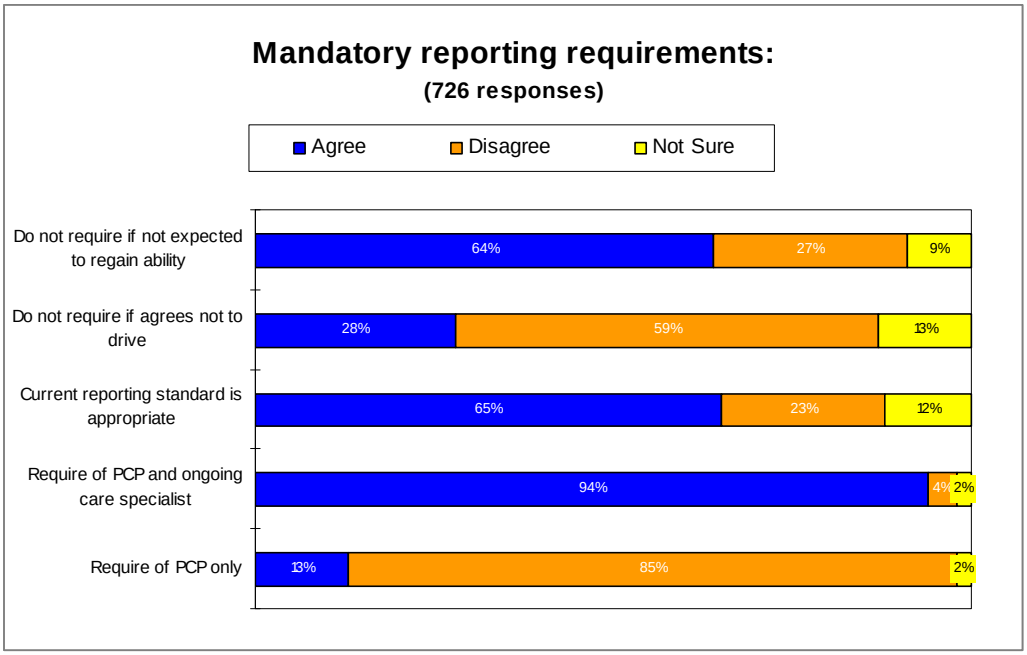
The response rate to the survey was very high: approximately 40% of the individuals responded (almost 800). Results were tabulated on 726 completed surveys. (Incomplete surveys were not included in the final results.) Seventy-two percent (72%) of the respondents indicated that they had reported a patient under the mandatory reporting law.

The survey listed ten reasons for not reporting, as well as the opportunity to provide any additional reasons under "Other". Respondents could choose as many responses as they wished. The table below provides the percentage of respondents who chose each of the reasons for not reporting.



The most frequently cited reasons under the "Other" category include: 1) unaware of the reporting requirements; 2) no patients who meet the criteria for reporting; and 3) not a primary care provider.

The survey also asked respondents to indicate their level of agreement with five statements about the mandatory program. The five statements are shown in the table below, followed by the percentage of respondents who agreed with the statement, or disagreed, or were not sure.



The results of the survey indicate that the majority of respondents agree with the following statements:

- Mandatory reporting should not be required if a patient is not expected to regain the ability to drive.
- Mandatory reporting should be required even if the patient agrees not to drive.
- The current standard for mandatory reporting (i.e., when a patient's impairment(s) reaches the threshold of severe and uncontrollable) is appropriate.
- The responsibility for mandatory reporting should be expanded to include medical professionals who provide ongoing specialist care.
- Mandatory reporting should not be the responsibility of the PCP only.

Discussion

The work group believes the results of the survey provide a representative sample of the opinions of primary care providers in Oregon. The results were reviewed by the group, and there was agreement to support the majority opinions expressed by the respondents.

A number of work group members thought that medical specialists who provide ongoing specialist care may have a more comprehensive skill set regarding the evaluation of impairments than would a primary care provider. The results of the survey indicate that primary care providers would like to expand the number of mandatory reporters to include medical professionals who provide ongoing specialist care.

Physicians in the work group and respondents to the survey voiced concerns about losing patients if they choose to report. Comments were made that it may be easier for a physician to obtain an agreement from a patient not to drive. However, physicians have no way of knowing if a patient actually stops driving, despite the submission of a report or an agreement from the patient not to drive.

There was considerable discussion around assisting drivers with the decision to "retire" from driving. If a patient voluntarily gives up their driving privileges, there may not be a need for a physician to submit a report. Currently, DMV requires individuals to sign a form that states the person admits they are "no longer competent" to drive. (See Appendix F) This language has a very negative connotation and should be modified to be more respectful of the person's decision. DMV could provide these forms to physicians, who would discuss the option with patients. This would allow a patient to turn in their license and obtain an identification card at no cost.

There was also a concern expressed that while over 1,700 individuals reported over a three-year period, there are still many more mandatory reporters who have not submitted a report. The work group believes ongoing education of the medical community must continue to ensure that as many health care providers as possible are aware of – and understand – the At-Risk Driver Program and reporting requirements.

Recommendations

1. Modify the administrative rules to state the following:
    a. Mandatory reporting is not required if a patient is incapacitated and not expected to regain the ability to drive; and
    b. Expand mandatory reporting to include medical professionals who provide ongoing specialist care.
2. Modify the language on the form that allows drivers to surrender their driving privileges and obtain a no-fee identification card. Provide these forms to physicians for use during patient visits. Encourage physicians to discuss this option with patients.
3. Continue to provide education to mandatory reporters about DMV's At-Risk Driver Program. Continue to educate law enforcement, social workers and other non-mandatory reporters about identifying and reporting at-risk drivers.

HB 3185, Section (2)(c): Consider evidence-based assessment tools that may be used by health care professionals or the department to inform the department's decision as to whether a person lacks the cognitive or physical abilities to safely maintain their driving privileges.

Current Situation

DMV requires every person applying for a driver license for the first time to pass a vision, knowledge and drive test. Individuals applying for an Oregon license who hold a current license from another state are only required to take a vision and knowledge test, although

DMV also can require a drive test if there is reason to believe the person may not be able to operate a motor vehicle safely.

DMV field office staff is trained to observe all customers visiting a field office for functional and cognitive impairments. If a person exhibits signs of a functional impairment that may require a license restriction (e.g., loss of a lower limb that may require operation of vehicles with automatic transmission only), DMV may require the customer to take a drive test to determine the need for a restriction. If a person exhibits signs of a cognitive impairment, such as an inability to follow simple instructions, DMV staff may refer the customer to DMV's Driver Safety Unit by submitting a request for evaluation. The Driver Safety Unit reviews the request and determines the appropriate actions needed to establish whether the customer is safe to drive. The person may be required to pass DMV tests (vision, knowledge and drive) and/or submit medical information and obtain a medical clearance from DMV's Medical Determination Officer.

Reports by DMV staff fall under the voluntary reporting program. Law enforcement, social workers, friends and family members also report under this program. Health care professionals acting as primary care providers submit reports under the mandatory reporting program. In all cases, the Driver Safety Unit and the Medical Determination Officer follow the same protocol when determining if tests and/or medical information and clearances are required. The DMV-administered tests are the same for all drivers.

Additionally, DMV requires all drivers over the age of 50 to pass a vision test when renewing their driver license. DMV uses the OPTEC 1000 to test visual acuity and field of vision.

Information Reviewed

An extensive, detailed list of the best-documented and most used evidence-based assessment tools was compiled. The tools were broken down into the three areas that are most commonly assessed: 1) cognitive impairments; 2) visual/visual-perception/visual processing; and 3) driving skills. The tools were rated based on a review of the literature, and ranked with regard to each tool's ability to: 1) predict on-road drive test performance; 2) predict crash risk; and 3) identify unsafe or potentially unsafe drivers requiring further assessment.

Some of these tools are actually combinations of all or parts of other tools. Some states employ combinations of tools to assess drivers. Medical professionals currently use many of the cognitive screening tests as part of their practices. However, research results for many of the cognitive screening tests are not directly correlated to driving-related performance. A poor performance on a single test does not consistently or reliably predict driving behavior.

California recently completed a 20-year study of a pilot program in which they researched, developed and tested a three-tiered series of screening and assessment tools that could be applied to drivers of any age. The screening tools were designed to identify drivers who, at the time of license renewal, were in need of further assessment of their driving abilities due to impairments in vision, cognition and /or function. The "Three-Tier Driving-Centered Assessment System" put drivers through three levels of assessment. The first tier included two vision tests, a brief memory recall test, and simple observations by DMV staff of possible impairments. The second tier consisted of a standard DMV knowledge test and a test of visual processing speed (i.e., the Perceptual Response Test). The final tier included a

standard DMV on-road drive test and customers were provided educational materials. The pilot program had a start-up cost of $1.6 million and annual costs of over $4 million.

An evaluation of the pilot program was completed in 2011. The study focused on the program's effectiveness in identifying functional impairments, reducing crashes and extending safe driving years. The researchers found that the screening tests had very little impact on renewals; most customers retained their driving privileges. There was some evidence that the assessment process increased the time to complete the renewal process, which increased the odds that some customers would not renew their licenses. The Perceptual Response Test was a good predictor of recent past crashes, but not of future crashes. As a result of the evaluation, the researchers recommended against implementing the Three-Tier Driving-Centered Assessment System statewide. They also recommended not implementing any of the screening tests used in the pilot program.

Discussion

The work group agreed that evidence-based assessment tools must be able to predict future crash risk if they are to be implemented. Furthermore, assessment tools should not be used for a specific age group, unless the crash statistics for that age group are higher than other age groups.

With these parameters in mind, the work group reviewed the data related to the evidence-based assessment tools. The extensive study completed by California's DMV, in which many of the most commonly used assessment tools were researched and tested, provided strong evidence that there is limited benefit to implementing any of these screening tools. In addition, California's researchers recommended against requiring any of the assessment tools. Based on the California study and the additional research presented, the work group concluded that no single assessment tool, or combination of tools, provided any significant value in predicting future crashes and thereby reducing crash risk. They determined that there is no justification for requiring Oregon DMV to implement any additional assessment tools.

Recommendations

1. Do not implement the use of additional evidence-based tools by health care providers or DMV staff.
2. Continue to monitor research to determine if any tests or other means of assessment prove effective in predicting future crash risks.
3. Continue to encourage DMV staff to actively observe customers and submit requests for evaluation of customers who exhibit cognitive or functional impairments

HB 3185, Section (2)(d): Consider the value of and cost and methodology for developing a new evidenced-based assessment tool.

Current Situation

There is no current effort by DMV to develop a new evidence-based assessment tool.

Information Reviewed

As noted in this report under *Information Reviewed* for **HB 3185, Section (2)(c)**, the work group reviewed all the evidence-based assessment tools currently available, as well as the results from California's multi-year effort to develop the Three-Tier Driving-Centered Assessment System. There is no evidence that currently available cognitive assessment tools are able to predict future crash risks. Additionally, researchers recommended not implementing any of the assessment tools used during California's three-tiered assessment pilot program.

Discussion

Many experienced researchers and other experts have worked to develop the assessment tools currently available. California spent a considerable amount of time, money and employee resources in an attempt to find a means to screen possible at-risk drivers. Yet none of these efforts have resulted in a tool that can reliably assess a person's driving skills or risk for future crashes. With this in mind, the work group concluded that the probability of Oregon developing a new evidence-based assessment tool that predicts future crashes is not favorable. The cost to the agency to coordinate such an effort with limited potential for success cannot be justified.

The work group is aware that researchers continue to work on developing new assessment tools, such as driving simulation software. Other efforts to assess driving skills using new technology, like the use of in-car cameras, are ongoing as well. These efforts may produce useful assessment tools in the future. The work group believes DMV should monitor future developments, and consider implementing those tools that are evidence-based and proven to be effective.

Recommendation

Do not pursue the development of a new evidence-based assessment tool.

HB 3185, Section (2)(e): Consider the value of and cost and methodology for developing age-based renewal and testing requirements.

Current Situation

Oregon DMV requires all Oregon license holders to renew their driving privileges in person every eight years. For individuals age 50 or older, a vision test is also required at renewal. There are no other age-based renewal or testing requirements.

Information Reviewed

By the year 2030, according to a 2009 study by the National Highway Transportation Safety Administration (NHTSA), almost one in five Americans will be 65 years of age or older. As individuals age, they experience a natural decline in visual acuity, cognitive abilities, and physical functioning. These impairments can place older individuals who continue to drive at a greater risk for involvement in vehicle crashes, and more vulnerable to injury or death. The number of individuals over 65 who retain their driving privileges and continue to drive will only grow. There is a concern held by some legislators that Oregon is not prepared for this increase in older drivers who may possibly be impaired and unsafe to drive.

A list of all the states' standard renewal cycle times was compiled by DMV, including any differences in renewal times for drivers over 55 years of age. DMV was not able to determine the reasons some states had different renewal times for older age groups. The research identified many variances among the states:

- Renewal cycle times in the U.S. range from four years to ten years. One state does not require renewal until the licensee is 65 years old.
- The renewal cycle is shortened for older drivers in 19 states.
- In-person renewals are required every-other renewal cycle in 26 states.
- An in-person renewal is required for older drivers (usually over age 70) in 10 states.
- A medical clearance is required at age 70 for licensees in Washington, DC.
- Many states require vision testing at renewal, either for all ages or after a certain age.
- There are no renewal or testing requirements based on age alone in 22 states.

Aside from vision testing, only one state requires any other form of testing based on age: Illinois requires drivers at age 75 to take a drive test. Several other states have rescinded age-based renewal and testing requirements over the years. For instance, in 2011, New Hampshire's legislature repealed a 46-year-old law requiring testing at renewal for all drivers age 75 and older. According to news reports, statistics provided during testimony on the bill showed that, as a group, drivers age 75 and older are some of the safest drivers on the road. New Hampshire concluded that there was no justification for testing based on age alone. DMV was unable to find any study or data to indicate that the elimination of age-based testing by any state has had a negative impact on traffic safety.

Several studies on the impact of age-based testing have been conducted in different jurisdictions. A study in 1995, in which data from all U.S. states were used, found that testing of visual acuity was associated with a statistically significant reduction in fatal crash risk for drivers age 70 and older. The study also found that requiring knowledge tests did not provide a statistically significant reduction in the fatal crash risk for seniors.

Two studies in Australia in 1986 and 2004, in which two Australian states were compared – one with age-based testing and the other with none – found no demonstrable safety benefits from age-based assessments or testing. A more recent study in 2008 by Monash University in Australia similarly evaluated the effect of different licensing policies on fatality rates of older drivers. One of the comparison states requires drivers aged 80 years and older to provide annual medical certifications, and after age 85, drivers are required to pass on-road drive tests. Again, the study found there was no safety benefit from mandatory, age-based assessment programs.

Requiring individuals to renew their driving privileges in person does appear to have an impact on older drivers. In the 2004 study *Elderly Licensure Laws and Motor Vehicle Fatalities* for the Journal of the American Medical Association, research found that "in-person license renewal was related to a significantly lower fatality rate among the oldest old drivers. More stringent state licensure policies such as vision test, road tests, and more frequent license renewal cycles were not independently associated with additional benefits."

The estimated costs for implementing mandatory testing or more frequent renewals for older drivers would be substantial. If all drivers over 75 years of age were required to renew and take a drive test every two years, the estimated cost per biennium is $14.75 million. If the same age group were only required to renew their driving privileges every two years (no testing required), the cost is estimated to be $5.66 million. Both scenarios would require hiring additional DMV staff and opening new DMV field offices to handle the increase in volume of customer visits.

Discussion

In considering the value of age-based renewal and testing requirements, the work group looked for evidence of any safety benefits, such as reduced crash rates or fatalities, which would result from implementing these measures. The group recognizes that the possibility of having impairments increases as drivers age. However, after reviewing the data provided by DMV, and the studies conducted over the years, the group concluded that current research does not support the implementation of aged-based renewals or testing.

However, the research does support in-person renewals. Research shows it has been associated with a reduction in fatalities among the oldest drivers. Oregon already requires that renewals be in person for all ages. The work group strongly supports the continuation of this requirement.

The work group expressed concern over the general public perception that older drivers are bad drivers. Statistics and research do not support this belief. Requiring more stringent criteria for older drivers to retain their driving privileges is not warranted. Instead, DMV should encourage aging drivers to take safety classes, like those offered through AARP, to increase their awareness of how functional and cognitive impairments affect a person's ability to drive safely.

Recommendations

1. Do not implement or attempt to develop new age-based renewal or testing requirements.
2. Continue in-person renewals for all license holders.
3. Ensure DMV staff are well-trained in observing customers and identifying possible cognitive and functional impairments that may necessitate testing or submission of medical information to determine if a person's driving ability is negatively affected.

HB 3185, Section (2)(f): Consider whether the standards for "cognitive or functional impairment" under ORS 807.710 (2) and "severe and uncontrollable impairment" under the department's administrative rules are the appropriate standards for mandatory reporting and whether other terms such as "persistent" and "episodic" should be added to the department's administrative rules or to the Oregon Revised Statutes, the purpose of which is to further highway safety by removing driving privileges from those who no longer possess the ability to safely operate a motor vehicle.

Current Situation

Oregon Revised Statute 807.710 requires designated health care providers to "report to the department a person whose cognitive or functional impairment affects that person's ability to safely operate a motor vehicle." The statute also states that a person's driving ability "may not be based solely on a diagnosis of a medical condition or cognitive or functional impairment, but must be based on the actual effect of that condition or impairment on the person's ability to safely operate a motor vehicle."

Oregon Administrative Rule states that designated medical providers must report to DMV when a patient's cognitive or functional impairment is "severe and uncontrollable" and affects the patient's ability to safely operate a motor vehicle.

"Severe" is defined in rule and means "the impairment substantially limits a person's ability to perform activities of daily living, including driving, because it is not controlled or compensated for by medication, therapy, surgery or adaptive devices. Severe does not include a temporary impairment for which the person is being treated by a physician or health care provider and which is not expected to last more than six months."

"Uncontrollable" is also defined in rule and means "the impairment cannot be controlled or compensated for by medication, therapy, surgery, or adaptive devices."

Information Reviewed

Results of DMV's 2012 survey of primary care providers indicated that 65% of the respondents agree "the current standard for mandatory reporting (i.e., when a patient's impairment(s) reaches the threshold of severe and uncontrollable) is appropriate." As part of the survey, respondents were given the opportunity to provide additional comments. Comments were received from 142 individuals; however, none of the comments suggested that the standards for cognitive or functional impairments should be changed.

Only six states, including Oregon, require reporting by health care providers. Only Oregon and New Jersey require reporting based on a person's impairments, as opposed to a diagnosis of a condition. The other four states have a diagnosis-based mandatory reporting system, similar to one Oregon had in place prior to 2003, in which only "disorders resulting in a loss or lapse of consciousness" are required to be reported.

Discussion

The work group discussed the definitions of "severe and uncontrollable" and "persistent" and "episodic". The group asked itself five questions in an attempt to determine if changes should be made to the current standard for reporting:

1. What would be different by changing "severe and uncontrollable" to "persistent and episodic"?
2. Would there be an advantage to adding "persistent" and/or "episodic" to the current language?
3. Would a change improve the clarity of the reporting requirement for the reporter?
4. Would a change increase the number of reporters submitting reports?
5. Would a change increase the number of potentially unsafe drivers assessed?

The work group could find no advantage to changing the mandatory reporting standard of "severe and uncontrollable" to "persistent and episodic". Therefore, this change to administrative rule is not necessary. The work group also noted that the cognitive and functional impairments listed in administrative rule were identified by medical professionals who were members of the 2002 Medical Work Group. They remain confident that these impairments are the most likely to affect safe driving.

There was a concern that changing administrative rule to expand the definition of "severe and uncontrollable", or an attempt to define it further, may only serve to confuse primary care providers. This could be seen as an attempt to venture into medical management, which is not the responsibility of DMV. However, after discussing the difficulty some primary care providers have in determining the point at which an impairment becomes "uncontrollable", the work group recommended clarifying the definition of "uncontrollable" in administrative rule to include a reference to "persistent".

Comments received as feedback to the survey also indicate there are physicians who may not submit reports because they are not trained to evaluate impairments in relation to the skills needed for safe driving. The work group believes that an emphasis on educating health care providers will continue to improve the current program and contribute to highway safety.

Recommendations

1. Do not change the language in administrative rule to substitute "persistent" and "episodic" for "severe and uncontrollable."
2. Do not change the language in administrative rule by adding the term "episodic".
3. Modify the definition of "uncontrollable" in administrative rule to include the term "persistent".
4. Modify the mandatory reporting form to clarify that the term "uncontrollable" includes impairments that are "persistent".

HB 3185, Section (2)(g): Determine whether other components of the mandatory reporting system need to be examined and evaluate those components if necessary.

Current Situation

The required evaluation of DMV's At-Risk Driver Program as a result of HB 3185 covered all significant components of the program.

Information Reviewed

Relevant statistics, recent reports and related research was evaluated for each of the components of DMV's At-Risk Driver Program listed in HB 3185, Section 2 (a) through (g), and Section 3. The information reviewed can be found in the previous sections of this report.

Discussion

The work group believes all significant components of DMV's At-Risk Driver Program were identified and evaluated as a result of the requirements of HB 3185. The group felt that the research conducted and the group's subsequent review of the information was very thorough. There are no other components of the program that need to be examined.

Recommendation

No additional examination or evaluation of any component of DMV's At-Risk Driver Program is necessary.

HB 3185, Section (3): The work group may evaluate the current system for voluntary reporting by individuals to determine whether it needs to be modified in conjunction with mandatory reporting system.

Current Situation

As the name implies, reports submitted under the voluntary reporting program are not required. These reports come from a number of sources: law enforcement, physicians and health care providers, social workers, friends and family members. These are reports that are either submitted by non-mandatory reporters, or are reports that do not meet the threshold for mandatory reporting. This includes reports submitted under the mandatory program in which the information reported does not meet mandatory reporting standards. Individuals who report under this program are not immune from civil liability.

DMV screens the information submitted to determine if a report provides all the information necessary for processing as a voluntary report. If a report is not accepted, DMV advises the reporter the information provided is not sufficient. If accepted, the driver is typically given a 60-day time frame in which to demonstrate their ability to safely operate a motor vehicle. They are required to take DMV's vision, knowledge and drive tests. Just as in the mandatory program, once all tests are passed, a person's driving privileges are reinstated. The Medical Determination Officer may also require a person to medically recertify after a period of time, ensuring that the person is still safe to drive. A driver also has the right to an administrative hearing to dispute the suspension action.

Information Reviewed

DMV receives approximately 2,800 reports annually that are processed through the voluntary reporting program. Law enforcement submits the most (42%), followed by medical professionals (28%), citizens such as family and social workers (18%), and others like DMV employees and courts/judges (12%).

Almost every state allows voluntary reporting. The reporter is immune from civil liability in approximately 29 states.

Discussion

The work group supports providing immunity from civil liability to medical professionals who report under the voluntary reporting program. By providing immunity, Oregon would be consistent with the protection provided by the majority of states. This protection is also

recommended by the “best practices” guidelines in AAMVA’s “Reporting of Driver Impairment Model Law”.

The work group also believes that providing immunity may encourage more physicians to report patients whose impairments don’t meet the threshold of “severe and uncontrollable” but still may not be safe to drive. However, the lack of protection from liability has rarely been cited by physicians as a reason for not reporting. So, it’s difficult to estimate the impact a change in law would have on the number of reports submitted.

Continuing to provide information about the voluntary reporting program to law enforcement, physicians, social workers and the public may have the most impact on increasing the number of reports submitted to DMV. Aside from the medical community, law enforcement officials, social workers and friends, and family members come in contact the most with potentially at-risk drivers. Ensuring that these different groups are aware of DMV’s reporting program is critical to receiving reports of unsafe drivers. The work group believes education is a key to the success of the program.

Recommendations

1. Change statute to provide immunity from civil liability when a health care provider submits a report in good faith under the voluntary reporting process.
2. Continue to provide education to law enforcement, medical professionals, and the public about the benefits and methods of voluntary reporting.

6. Conclusion

The passage of HB 3185 provided an opportunity to convene a work group of experts to evaluate DMV's At-Risk Driver Program, and to offer valuable feedback and recommendations for enhancing the program.

After reviewing a considerable amount of information and engaging in active discussions, the work group concluded that the Oregon At-Risk Driver Program is working well. The impairment-based model used by Oregon for reporting at-risk drivers is consistent with nationally-recognized best practices. The standards used by DMV to process incoming reports from health care providers are appropriate. DMV is using the best methods currently available to assess an individual's ability to safely operate a motor vehicle. Establishing license renewal or testing requirements based solely on age cannot be supported by any evidence. Crash rate statistics indicate that "older" drivers are among the safest drivers on the roads.

While the program has been successful in identifying unsafe drivers and suspending their driving privileges, the work group agrees that it still can be improved. Establishing benchmarks would allow DMV to measure the impact of the program on roadway safety. There should be an easy means for individuals to "retire" from driving. Providing continuing education to the medical community, law enforcement agencies and the public would increase the awareness of the mandatory and voluntary reporting programs. The work group also recommends designating medical specialists who provide on-going care as mandatory reporters, and provide immunity from liability to all physicians who report. These steps will lead to the identification of more at-risk drivers and increase the number of reports submitted to DMV.

As the driving population continues to age, there likely will be new research on the effects of aging on the cognitive and functional skills necessary to drive safely. It's also possible that new tools for assessing these skills will be developed. Ongoing management of the At-Risk Driver Program must include active monitoring of research being conducted in these areas.

The findings and recommendations contained in this report represent the dedicated efforts of each member of the HB 3185 Work Group to improving the safety of all drivers and passengers on the roads of Oregon. It is the hope of the work group that this report provides Oregon's legislators and Department of Transportation with the information necessary to make informed decisions about DMV's At-Risk Driver Program.

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APPENDIX A

76th OREGON LEGISLATIVE ASSEMBLY--2011 Regular Session

Enrolled
House Bill 3185

Sponsored by Representative BERGER; Representatives MATTHEWS, OLSON

CHAPTER .....

AN ACT

Relating to driving privileges; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. (1) There is created in the Department of Transportation a work group on reports of persons with persistent, episodic or other cognitive or functional impairment consisting of the members appointed by the Director of Transportation, including but not limited to:

(a) An employee of the department who is knowledgeable about the regulation of driving privileges in this state.

(b) An employee of the department who is knowledgeable about research methods.

(c) A physician in general practice.

(d) A physician specializing in geriatrics or an expert in gerontology.

(e) An expert in identifying and treating medical conditions that impair cognitive and physical abilities.

(f) An expert in how persistent, episodic or other cognitive and functional impairments affect driving ability.

(g) An expert in the complex task of operating a motor vehicle, such as a person whose profession is to train or evaluate others in driving.

(h) A person who is an advocate for senior citizens.

(i) A representative of the Oregon State Police.

(2) The work group shall:

(a) Evaluate the department's current system for mandatory reporting on persons with cognitive or functional impairments.

(b) Identify barriers to reporting, if any, by health care professionals.

(c) Consider evidence-based assessment tools that may be used by health care professionals or the department to inform the department's decision as to whether a person lacks the cognitive or physical abilities to safely maintain their driving privileges.

(d) Consider the value of and the cost and methodology for developing a new evidenced-based assessment tool.

(e) Consider the value of and the cost and methodology for developing age-based renewal and testing requirements.

(f) Consider whether the standards for "cognitive or functional impairment" under ORS 807.710 (2) and "severe and uncontrollable impairment" under the department's administrative rules are the appropriate standards for mandatory reporting and whether other terms such as "persistent" and "episodic" should be added to the department's administrative rules

or to the Oregon Revised Statutes, the purpose of which is to further highway safety by removing driving privileges from those who no longer possess the ability to safely operate a motor vehicle.

(g) Determine whether other components of the mandatory reporting system need to be examined and evaluate those components if necessary.

(3) The work group may evaluate the current system for voluntary reporting by individuals to determine whether it needs to be modified in conjunction with mandatory reporting system.

(4) A majority of the members of the work group constitutes a quorum for the transaction of business.

(5) Official action by the work group requires the approval of a majority of the members of the work group.

(6) The work group shall elect one of its members to serve as chairperson.

(7) If there is a vacancy for any cause, the director shall make an appointment to become immediately effective.

(8) The work group shall meet at times and places specified by the call of the chairperson or of a majority of the members of the work group.

(9) The work group may adopt rules necessary for the operation of the work group.

(10) The work group shall submit a report, including findings and recommendations for legislation, to the interim legislative committees relating to transportation no later than October 1, 2012.

(11) The department shall provide staff support to the work group.

(12) Members of the work group are not entitled to compensation or reimbursement for expenses and serve as volunteers on the work group.

(13) All agencies of state government, as defined in ORS 174.111, are directed to assist the work group in the performance of its duties and, to the extent permitted by laws relating to confidentiality, to furnish such information and advice as the members of the work group consider necessary to perform their duties.

SECTION 2. Section 1 of this 2011 Act is repealed on the date of the convening of the 2013 regular session of the Legislative Assembly as specified in ORS 171.010.

SECTION 3. This 2011 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2011 Act takes effect on its passage.

Passed by House April 26, 2011

Repassed by House May 24, 2011

.....
Ramona Kenady Line, Chief Clerk of House

.....
Bruce Hanna, Speaker of House

.....
Arnie Roblan, Speaker of House

Passed by Senate May 18, 2011

.....
Peter Courtney, President of Senate

Received by Governor:

.....M.,....., 2011

Approved:

.....M.,....., 2011

.....
John Kitzhaber, Governor

Filed in Office of Secretary of State:

.....M.,....., 2011

.....
Kate Brown, Secretary of State

APPENDIX B

DMV
DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

MANDATORY IMPAIRMENT REFERRAL

(OAR CHAPTER 735 DIVISION 74)

For Official Use Only – DMV
Ref#: _____ Action: _____
Date: _____ MV#: _____

THE MEDICAL INFORMATION IN THIS REPORT IS CONFIDENTIAL AND WILL BE USED BY THE DRIVER AND MOTOR VEHICLE SERVICES (DMV) ONLY TO DETERMINE THE QUALIFICATIONS OF THE PERSON TO OPERATE MOTOR VEHICLES.

LAST NAME (PLEASE PRINT)	FIRST NAME	MIDDLE NAME	SEX	ODL / CUSTOMER NUMBER	DATE OF BIRTH

RESIDENCE ADDRESS	CITY	STATE	ZIP CODE	COUNTY

The underlying medical condition or diagnosis is: _____

IMPAIRMENT(S) IS: ☐ CHRONIC ☐ PROGRESSIVE **DATE OF MOST RECENT EXAM:** _____

The patient named above is over 14 years of age and has the impairment(s) checked or described below. The impairment(s) is documented as **severe and uncontrollable** and not correctable by medication, therapy and/or surgery, driving device and/or techniques. Submission of this form may result in an immediate suspension of the patient's driving privileges.

Checking one or more of the boxes below indicates that the above referenced patient has one or more severe and uncontrollable functional and/or cognitive impairments listed on the reverse side unless otherwise described below.

FUNCTIONAL IMPAIRMENTS: (Check all that apply.)

☐ VISUAL ACUITY and/or FIELD OF VISION
Patient is unable to meet the state vision standards listed below, even with correction:
- Acuity must be no worse than 20/70 in the best eye
- Horizontal field of vision of 110 degrees or greater (includes temporal and nasal vision of persons with usable vision in only one eye)

☐ STRENGTH
☐ PERIPHERAL SENSATION
☐ FLEXIBILITY
☐ MOTOR PLANNING & COORDINATION
☐ OTHER (describe): _____

COGNITIVE IMPAIRMENTS: (Check all that apply.)

☐ ATTENTION
☐ JUDGMENT & PROBLEM SOLVING
☐ REACTION TIME
☐ PLANNING & SEQUENCING
☐ IMPULSIVITY
☐ VISUOSPATIAL
☐ MEMORY
☐ OTHER: _____
☐ LOSS OF CONSCIOUSNESS OR CONTROL
– Date of Last Episode _____
– Medication to prevent recurrence _____

Describe how the patient is affected by the impairment(s) checked above. Please provide any information relevant to the patient's ability to safely operate a motor vehicle. Relevant information includes but is not limited to: chart notes; pertinent test results; prescription or OTC medications that may interfere with safe driving behaviors; problem drug, alcohol, or inhalant use; or other factors that may contribute to the impairment.

_____
_____
_____
_____
_____
_____
_____
_____

Are you the patient's primary care provider (PCP)? ☐ **YES** ☐ **NO***
* If "NO," does the patient have a PCP? ☐ **YES** ☐ **NO**

HEALTH CARE PROVIDER'S NAME (PLEASE PRINT)		SPECIALTY	LICENSE or CERTIFICATE #
MAILING ADDRESS		FAX #	TELEPHONE #
CITY	STATE	ZIP CODE	COUNTY
SIGNATURE OF HEALTH CARE PROVIDER X			DATE SIGNED

735-7230 (1-08)

FAX or Mail Instructions on Reverse of form

STK# 300457

INSTRUCTIONS TO HEALTH CARE PROVIDER

1. Please complete the first page with your findings and recommendations. Attach any additional information, including test results and chart notes, that will assist DMV in determining a patient's ability to safely operate a motor vehicle.

2. **FAX** *or mail* medical information and completed forms on the patient to:

DMV - DRIVER SAFETY UNIT	Phone:	(503) 945-5083
1905 LANA AVE NE	TTY:	(503) 945-5001
SALEM, OR 97314-4120	**FAX:**	**(503) 945-5329**

Submission of this Mandatory Impairment Referral form is in compliance with HIPAA regulations for the release of medical information.

IMPAIRMENT DEFINITIONS

The definitions listed below are to be used by physicians and health care providers as an aid to correctly identify the impairment listed on the front of this form. The definitions apply to those impairments that are documented as severe and uncontrollable, **and** not correctable by medication, therapy and/or surgery, **and** not correctable by driving device and/or technique.

PERIPHERAL SENSATION OF EXTREMITIES (Including but not limited to):
- Tingling and numbness and loss of position sense in extremities affecting the ability to feel, grasp, manipulate or release objects or use foot controls effectively.

STRENGTH (Including but not limited to):
- The inability to consistently maintain a firm grip on objects.
- The inability to apply consistent pressure to objects with legs and feet.
- Weakness or paralysis of muscles affecting the ability to maintain sitting balance.
- Weakness or paralysis in extremities affecting the ability to feel, grasp, manipulate or release objects or use foot controls effectively.

FLEXIBILITY (Including but not limited to):
- Rigidity and/or limited range of mobility in neck, torso, arms, legs or joints.

MOTOR PLANNING AND COORDINATION (Including but not limited to):
- Difficulty and slowness in initiating movement.
- Vertigo, dizziness, loss of balance or other motor planning conditions.
- Involuntary muscle movements.
- Loss of muscle control.

ATTENTION (Including but not limited to):
- Decreased awareness.
- Reduction in ability to efficiently switch attention between multiple objects.
- Reduced processing speed.

JUDGMENT AND PROBLEM SOLVING (Including but not limited to):
- Reduced processing speed.
- An inability to understand a cause and effect relationship.
- A deficit in decision-making ability.

REACTION TIME (Including but not limited to):
- A delayed reaction time.

PLANNING AND SEQUENCING (Including but not limited to):
- A deficit in the ability to anticipate and/or react to changes in the environment.
- Problems with sequencing activities.

IMPULSIVITY (including but not limited to):
- Lack of emotional control.
- Lack of decision–making skills.

VISUOSPATIAL (Including but not limited to):
- Problems determining spatial relationships.

MEMORY (Including but not limited to):
- Problems with confusion and/or memory loss.
- A decreased working memory capacity.

LOSS OF CONSCIOUSNESS OR CONTROL

APPENDIX C

DMV
DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OR 97314

DRIVER EVALUATION REQUEST

Clear Form
Print

INSTRUCTIONS:

1. Complete this form when requesting Driver and Motor Vehicle Services (DMV) to re-evaluate a driver's ability to drive safely.
2. **Sign this request** in the signature block provided. Anonymous requests will not be honored.
3. Mail or fax completed request to: DMV, Driver Safety Unit, 1905 Lana Avenue NE, Salem Oregon 97314; FAX: (503) 945-5329.

NAME OF PERSON TO BE RE-EVALUATED (last, first, middle)	ODL / CUSTOMER NUMBER	DATE OF BIRTH

STREET ADDRESS	CITY	STATE	ZIP CODE

DMV may require re-evaluation only when there is reason to believe that a driver may no longer be qualified to hold a license. The individual may be required to take vision, knowledge or driving tests or obtain a medical clearance. In the space below, please provide specific information such as events, dates and places which caused you to question the individual's ability to drive safely. If you believe that the individual has a medical condition/impairment which impacts safe driving, please provide information about the condition/impairment and its impact on the individual's ability to safely operate a motor vehicle. The information provided on this report will help DMV identify the tests or clearance necessary to determine the driver's qualifications. (If additional space is needed, please use the back of this form.)

REQUESTS BASED ON AGE, DIAGNOSIS AND/OR GENERAL HEALTH ALONE WILL NOT BE HONORED.

☐ **Check here if you want your name kept confidential. DMV may not be able to keep this request confidential if the driver requests a hearing or files a lawsuit against DMV.**

YOUR RELATIONSHIP TO SUBJECT:

☐ Law Enforcement ☐ Physician ☐ Health Care Provider (explain): _____

☐ Relative ☐ Friend ☐ DMV Employee ☐ Court ☐ Other (explain): _____

YOUR NAME (please print)	SIGNATURE	DATE
	X	

YOUR MAILING ADDRESS (city, state, zip code)	DAYTIME TELEPHONE NUMBER	FAX NUMBER

SECTION FOR MEDICAL PROFESSIONALS ONLY

Is the patient's condition progressive? ☐ Yes* ☐ No ☐ Unknown

If Yes*, do you recommend that DMV periodically re-evaluate the patient's qualifications to drive? ☐ Yes* ☐ No ☐ Unknown

If Yes*, when? ☐ in 6 months ☐ in 12 months ☐ in 24 months ☐ other: _____

If the reported impairments are severe and uncontrollable and you are the patient's primary care provider, please review the need for referral under Oregon DMV's Mandatory Reporting Program. Additional information can be found at: www.oregondmv.com (click on "Medical Professionals").

SECTION FOR LAW ENFORCEMENT AGENCY OR COURT ONLY

Request is a result of:	DATE OF INCIDENT	AGENCY PHONE NUMBER
☐ Traffic Accident (attach report) ☐ Traffic Stop		

What was the reason for contact with driver?

Was the driver issued a traffic citation?	Citation for:	Is this request submitted instead of a citation?
☐ YES ☐ NO		☐ YES ☐ NO

735-6066 (4-12) STK # 300230

APPENDIX D

American Association of Motor Vehicle Administrators (AAMVA) Best Practices – Reporting of Driver Impairment Model Law

REPORTING OF DRIVER IMPAIRMENT MODEL LAW

§ (1) DRIVER LICENSING-

(a) No license may be issued to an applicant the department determines would not be able to operate a motor vehicle safely because of a physical or mental disability.

(b) The Department shall suspend or revoke a person's license or issue a limited license, or impose conditions and limitations that in its judgment are necessary to assure the safe operation of a motor vehicle by the licensee, including:

(i) limiting operation to a particular vehicle or vehicles;
(ii) limiting operation to a particular class or classes of vehicles;
(iii) limiting operation to a specific time of day and/or location;
(iv) limiting operation to a specified duration of time if the impairment is determined to be temporary; and/or;
(v) requiring special devices on a motor vehicle or the wearing of a prosthesis by the licensee when operating a motor vehicle.

The Department may impose other limitations applicable to the licensee that the Department determines to be appropriate to assure the safe operation of a motor vehicle by the licensee. The limited license issued by the Department shall specify the limitations imposed.

(c) If the driving impairment was determined likely to be temporary, after the period of time specified as covering the impairment period, the applicant or licensee may reapply to the Department for an unrestricted license if the application is accompanied by a report from a physician certifying that the temporary condition has elapsed.

(d) A violation of any restriction imposed on a license is equivalent to driving without being licensed and is subject to the same penalties and other sanctions.

(e) A driver operating under a limited license shall have the license in his possession at all times when operating a vehicle.

§ 2 MEDICAL ADVISORY BOARD - DEFINITION OF DISORDERS, DISABILITIES OR DISEASES AFFECTING DRIVING CAPABILITY, REVIEW PANEL

(a) The Department shall establish a Medical Advisory Board comprised of licensed physicians and other professions deemed necessary and may set compensation for Board members.

(b) The Department shall refer to the Medical Advisory Board for an advisory opinion in the case of any licensee or applicant for a license if the Department believes that the driving of a vehicle by that person would be contrary to public safety and welfare because of an existing or suspected physical or mental condition. The Advisory Opinion shall include a recommendation for appropriate action by the Department.

(c) In the formulation of the requested advisory opinion, the Medical Advisory Board may ask questions and request any tests it deems necessary to develop that advisory opinion.

(d) The Chairman of the Medical Advisory Board shall designate individual members of the board to act as the review panel of the Medical Advisory Board and conduct evaluations of applicants or licensees and make recommended findings, as authorized pursuant to subsection 2(b).

(e) The Medical Advisory Board shall define and publish a list of disorders characterized by lapses of consciousness and other mental or physical disabilities and diseases affecting the capability of a person to drive safely. The list is intended to provide guidance to health care providers who may contemplate reporting of a driver for medical review by the Board. This list shall not be construed to limit in any way the review performed by the Board.

(f) The medical advisory board shall meet in-person or by teleconference or videoconference at least one time a year to review this list of medical or physical disabilities and diseases and conduct the administrative work of the Board.

(g) The number of members, and the governing and administrative rules of the board, shall be determined and implemented by Department regulation. The Department shall provide administrative support to assist the Medical Advisory Board in the development of advisory opinions. Members shall be appointed by the Commissioner, with the assistance of the Department of Public Health.

(h) Any member of the Medical Advisory Board shall be presumed prima facie to be acting in good faith and in doing do shall be immune from any administrative, civil, or criminal liability that otherwise might be incurred or imposed because of the recommendations, reports or other official actions made by the Medical Advisory Board.

§3 REPORTS BY HEALTH CARE PROVIDERS

(a) Health care providers, authorized to diagnose or treat diseases, disorders, disabilities, or conditions specified by the Medical Advisory Board as potentially rendering a person incompetent to drive, may notify the Department in writing of the full name, date of birth and address of every person 15 years of age or older diagnosed as having a disease, disorder, disability or condition which may impair driving to a degree that precludes the safe operation of a motor vehicle, and which is either:

1. uncontrollable (either through medication, therapy or surgery; or by driving device or technique);
2. controllable, but the patient does not comply with the recommendations of the health care provider for treatment or restricted driving; or
3. the extent of driver impairment is unknown but potentially significant.

(b) Reports, recommendations or opinions, findings or advice received or made by the Department for the purpose of determining whether a person is qualified to be licensed to drive are for the confidential use of the Department and may be admitted in proceedings to suspend, revoke or impose limitations on the use of the driver's license. Any official conducting a license examination may compel a heath care provider to provide relevant records, written opinion or testimony concerning observations and findings made pursuant to subsection (a). Reports, recommendations, opinions, findings or advice received or made by the Medical Advisory Board or the Department for the purpose of determining whether a person is qualified to be licensed to drive may not be used in any proceedings to establish or prove competencies other than qualification to operate a vehicle.

(c) Any health care provider participating in the making of a notification pursuant to this section shall be presumed prima facie to be acting in good faith and in doing do shall be immune from any civil, administrative or criminal liability that otherwise might be incurred or imposed because of such notification. Compliance with, or failure to comply with the requirements of this section does not constitute negligence, nor may compliance or noncompliance with the requirements of this section be admissible as evidence of negligence in any civil or criminal action.

(d) If the Department receives a report on an out-of–state resident, it shall forward a copy of that report to that person's home State Department.

§ 4 DRIVER'S LICENSE EXAMINATIONS

(a) Having been notified a licensed driver or applicant for licensure may lack the capacity to drive safely due to one or more mental or physical conditions, including but not limited to a notification by a health care provider of a driver's medical or physical disability, the Department, upon at least five-days written notice to the licensee, may require such person to submit to a behind-the-wheel road test of the person's driving capability, a road safety knowledge test, or it may request an Advisory Opinion of the Medical Advisory Board as provided for in §2(b), or it may do any or all three..

(b) Refusal or neglect of the licensee or applicant to submit to a behind-the-wheel road test, a road safety knowledge test or to cooperate with the evaluation of the Medical Advisory Board shall be immediate grounds for suspension or revocation of such person's license.

(c) Once the behind-the-wheel road test, the road safety knowledge test, and/or the evaluation of the Medical Advisory Board is completed, the Department shall make a determination as to whether the licensed driver or applicant has an impairment that effects the person's ability to operate a motor vehicle safely and immediately implement the appropriate licensing action.

(d) The Department shall notify the person tested, the Medical Advisory Board, and the reporting heath care provider (if any) of any impairment determination and/or licensing action within 30 days of the determination. Any licensing action the Department orders is effective immediately.

(e) Within 30 days after notification by the Department, the licensed driver or applicant tested may forward to the Department a written report or request for a reconsideration by a health care provider of the driver's or applicant's choice. The request for reconsideration may specify review by a different physician member of the Medical Advisory Board.

(f) Upon the conclusion of its reconsideration, the review panel of the Medical Advisory Board may sustain the Department decision, or recommend any one of the following actions:

(i) suspend or revoke the license of such person;
(ii) permit such person to retain the license;
(iii) issue a license subject to restrictions as to the type or class of vehicles that may be driven, and/or to the type of driving, including daytime driving only, area-restricted driving, driving restricted as to the type of roads driven, or other limitations applicable to the licensee the review panel determines to be appropriate to assure the safe operation of a motor vehicle by the licensee; and/or
(iv) require periodic medical re-examinations and/or periodic road tests to ensure a driver with a progressive medical condition maintains the capability to continue to drive safely.

The review panel shall report its findings and recommendations to the Department, the applicant or licensee, and to a court if such report is requested.

(g) Upon receiving a recommendation from the review panel of the Medical Advisory Board concerning an applicant or licensee, which differs from the Department's original determination, the Department shall accept the recommendation of the review panel and provide the licensed driver or applicant with the final determination in writing within 15 days of receiving the Medical Advisory Board's recommendation. Any licensing action takes immediate effect with this final notification.

§ (5) Right of Appeal to Court

(a) Any person whose license has been suspended, revoked or limited by the department, after utilizing the administrative appeals process, shall have the right to file a petition for

a hearing on the matter in (*a court of record*) in the county wherein such person resides. This court is hereby vested with jurisdiction. The licensed driver or applicant shall file the petition for review within 30 days of receiving the Department's final written determination, shall state the factual and legal claims upon which the petitioner relies, and shall provide proof of service of the petition upon the Department. The court shall set the matter for hearing upon thirty days' written notice to the Department and thereupon shall take testimony on the record, examining the facts of the case. Filing the petition for appeal shall not stay the suspension, revocation or limitation imposed on the license.

(b) The court shall determine whether the Department properly adhered to its procedures in suspending, terminating or limiting the petitioner's license, and whether petitioner is entitled to a license or is subject to denial, revocation or limitation of license. If the court finds that the Department exceeded its constitutional or statutory authority, made an erroneous interpretation of the law, acted in an arbitrary and capricious manner, or made a factual determination unsupported by the evidence in the record, the court may reverse the Department's determination. Notification to a driver of any driving limitations should be accompanied by information on procedures for appealing the decision.

§ (6) RULE MAKING

The department may adopt regulations necessary to carry out the provisions and intent of this act.

§ (7) DEFINITIONS

(a) "Commissioner" means Commissioner of Motor Vehicles of this State[1].

(b) "Department" means the Department of Motor Vehicles of this State.[2]

(c) "Driver" means a person who drives or is in actual physical control of a motor vehicle.

(d) "Driver's license" means any license to operate a motor vehicle issued under the laws of this State.

(e) "Driving" means operating or being in physical control of a vehicle.

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[1] If the term "Commissioner" is not appropriate in a particular State, then the appropriate term and definition should be substituted.

[2] If the administration of this code is not vested in the Department of Motor Vehicles within a particular state, the above definition should be revised to designate the appropriate department or bureau of the State government to administer this code.

(f) "Health care" means care, services, or supplies related to the health of an individual. Health care includes, but is not limited to, the following:

(1) Preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental condition, or functional status, of an individual or that affects the structure or function of the body; and

(2) Sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.

(g) "Health care provider" means a provider of medical or health services and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.

(h) "Medical Advisory Board" means a health advisory board consisting of {*insert a number or range of numbers*} members, including at least three physicians, appointed by the commissioner *with the assistance of the (State Department of Public Health)*, to advise the commissioner on medical criteria and vision standards relating to the licensing of motor vehicle drivers and provide Advisory Opinions regarding the capacity of individuals to safely operate a motor vehicle.

(i) "Motor vehicle" means every vehicle which is self-propelled, and every vehicle which is propelled by electric power obtained from overhead trolley wires but not operated upon rails, except vehicles moved solely by human power and motorized wheelchairs.

(j) "Notification" means written notification by first class mail sent to the applicant or licensee of the determination of the review panel of the medical advisory Board. Date of the notification is the mail post mark.

(k) "Physician" means a person licensed to practice medicine holding a valid MD or DO (Doctor of Osteopathic Medicine) degree.

(l) "Review panel" means that portion of the Medical Advisory Board designated by that Board to review the driving competency of applicants or licensees.

(m) "Revocation" of driver's license means the termination by formal action of the Department of a person's license or privilege to operate a motor vehicle on the highways, which terminated license or privilege shall not be subject to renewal or restoration except that an application for a new license may be presented and acted upon by the Department after the expiration of the applicable period of time prescribed in this code.

(n) "Suspension" of the driver's license means the temporary withdrawal by formal action of the Department of a person's license or privilege to operate a motor vehicle on the public highways, which temporary withdrawal shall be for a period specifically designated by the Department.

APPENDIX E

DMV
DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

OREGON PRIMARY CARE PROVIDER SURVEY 2012

Provider and Practice Characteristics

1. What is your license type? *(Mark only one.)*
   ☐ DO ☐ MD ☐ NP ☐ PA ☐ Other *(Specify)* _____

2. What is your specialty? *(Mark only one.)*
   ☐ Family Medicine ☐ Family Practice ☐ General Practice ☐ Internal Medicine
   ☐ Other *(Specify)* _____

3. My patient base is primarily: *(Mark only one.)* ☐ Urban ☐ Rural

Mandatory Reporting Law ORS 807.710

Oregon law requires primary care providers* to report to DMV a person with functional and/or cognitive impairments that are severe and uncontrollable,** and as such are likely to render the person unsafe to operate a motor vehicle. The mandatory reporting requirements were developed in consultation with physicians and other medical providers.

* A primary care provider (PCP) is a physician or health care provider who is responsible for supervising, coordinating and providing a person's initial and ongoing health care. The PCP initiates referrals for consultations and specialist care.

** A severe and uncontrollable impairment is one that substantially limits the person's ability to perform many daily activities, cannot be corrected or compensated for by medical therapy, surgery or adaptive devices and is expected to last more than 6 months.

4. Please indicate your level of agreement with the following questions. *(Mark one response for each row.)*	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
a. Mandatory reporting should be the responsibility of the primary care provider only.	☐	☐	☐	☐	☐
b. The responsibility for mandatory reporting should be expanded to include medical professionals who provide ongoing specialist care.	☐	☐	☐	☐	☐
c. The current standard for mandatory reporting (i.e., when a patient's impairment(s) reaches the threshold of severe and uncontrollable) is appropriate.	☐	☐	☐	☐	☐
d. Mandatory reporting should not be required if the patient agrees not to drive.	☐	☐	☐	☐	☐
e. Mandatory reporting should not be required if the patient is physically incapacitated and not expected to regain the ability to drive.	☐	☐	☐	☐	☐

5. Have you ever reported a medically impaired driver under the mandatory reporting law? *(Mark only one.)*
   ☐ Yes ☐ No

For those who answer "Yes," there are no further questions. However, if you would like to provide reasons why you chose not to report in some situations, please answer question #6 on page 2.

For those who answer "No," please answer question #6 on page 2.

1

DMV
DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

OREGON PRIMARY CARE PROVIDER SURVEY 2012

Reasons for Not Reporting

6. I have not reported a driver under the mandatory reporting law for the following reasons: *(Check all that apply)*

- ☐ I am not a primary care provider.
- ☐ I am not aware of the mandatory reporting requirements.
- ☐ I do not have patients who meet the criteria for mandatory reporting.
- ☐ I do not feel qualified to determine if a patient's impairments are severe and uncontrollable as defined by Oregon law.
- ☐ I do not report patients who agree not to drive.
- ☐ I do not report patients who are physically incapacitated and not expected to regain the ability to drive.
- ☐ I do not report because of the potential negative impact on my patient's quality of life.
- ☐ I do not report due to patient confidentiality issues.
- ☐ I do not report because it will negatively affect my relationship with my patient.
- ☐ The process to report is too time-consuming.
- ☐ Other reason(s): (*Specify*) _____

Please provide any additional comments and/or feedback in the space below.

Thank you for your participation!

Please return your completed survey by February 8, 2012

You may mail the completed survey in the enclosed self-addressed, postage-paid envelope or fax the completed survey to DMV (503-945-7515).

For questions or comments about this survey, please contact:

DMV Medical Program Coordinator
Tel: 503-945-5295
Fax: 503-945-7515
E-mail: PCPMedicalSurvey@odot.state.or.us

Additional information about Oregon's mandatory reporting law can be found at www.oregondmv.com (click on "Medical Professionals").

APPENDIX F

DMV
DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

SURRENDER OF DRIVING PRIVILEGE(S)

Please check appropriate box(es), sign and date only the one section that applies to you.

CUSTOMER INFORMATION

NAME (PRINT LAST, FIRST MIDDLE)	DATE OF BIRTH	ODL / CUSTOMER NUMBER

SURRENDER OF PRIVILEGES

I am surrendering my: (Check appropriate box(es).)

- ☐ Commercial Driver License (CDL)
- ☐ Class C License
- ☐ CDL Endorsement(s): _____
- ☐ Instruction Permit
- ☐ CDL Instruction Permit (CDL IP)
- ☐ Motorcycle Endorsement

If I wish to regain the privileges I have surrendered, I understand that I MUST take all appropriate tests and pay all fees required for the license, permit or endorsement requested. My actions have been explained to me and I understand the results of my actions.

SIGNATURE	DATE
X	

QUIT DRIVING

I am surrendering my driving privilege under ORS 807.400 because;

(Check appropriate box.)

- ☐ I recognize I'm no longer competent to drive.
- ☐ My driving privileges are suspended for failure to appear for or pass tests.

In these situations you are eligible for a no-fee "Quit Driving" ID card that is good until the ending date of the license that you are surrendering. The ID card can then be renewed for a fee.

If I wish to regain my driving privileges, I understand that I must provide updated medical information and obtain medical clearance from DMV. In addition, I must pass all required vision, knowledge, and drive tests and pay all fees required for the license or permit. My actions have been explained to me and I understand the results of surrendering my driving privileges.

SIGNATURE	DATE
X	

FOR DMV USE ONLY

TSR ID	DATE LINE STAMP

735-7206 (9-11) STK# 300218