“Established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his or her ability to control and drive a commercial motor vehicle safely.” (49 CFR 391.41(b)(5))
OSA is a respiratory disorder characterized by a reduction or cessation of breathing during sleep coupled with symptoms such as excessive daytime sleepiness.

OSA may culminate in:
- unpredictable and sudden incapacitation (e.g., falling asleep at the wheel)
- potential for crashes, injuries, and fatalities

It is clear that FMCSA has considered OSA a respiratory dysfunction that interferes with oxygen exchange.

It is important for medical examiners and training organizations to recognize certain risk factors for OSA and request additional information from the driver and his or her treating healthcare professional.
FMCSA Bulletin to Medical Examiners and Training Organizations Regarding Obstructive Sleep-Apnea (2015)

Medical examiners may exercise their medical judgment determining risk factors for having OSA determining whether additional information is needed issue the driver a medical certificate duration of that medical certification.

**Screening:** With regard to identifying drivers with undiagnosed OSA, FMCSA's regulations and advisory criteria do not include screening guidelines.
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>22. Blood clots or bleeding problems</td>
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<td>23. Cancer</td>
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<td>24. Chronic (long-term) infection or other chronic diseases</td>
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<td>25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring</td>
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<td>26. Have you ever had a sleep test for sleep apnea?</td>
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<td>27. Have you ever spent a night in the hospital?</td>
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<td>28. Have you ever had a broken bone?</td>
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<tr>
<td>29. Have you ever used or do you now use tobacco?</td>
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<td>30. Do you currently drink alcohol?</td>
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<td>31. Have you used an illegal substance within the past two years?</td>
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<tr>
<td>32. Have you ever failed a drug test or been dependent on an illegal substance?</td>
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</tbody>
</table>
FMCSA Bulletin to Medical Examiners and Training Organizations Regarding Obstructive Sleep Apnea (2015)

common OSA symptoms such as:
- loud snoring
- witnessed apneas
- sleepiness during the major wake periods
- body mass index (BMI)
- neck size
- involvement in a single-vehicle crash, etc.

MEDICAL REVIEW BOARD
RECOMMENDATIONS
August 23, 2016

A. CMEs must screen drivers presenting for medical certification for OSA diagnostic testing in accordance with Recommendation III.B.

MEDR Recommendations: Individuals with the following should be referred for diagnostic sleep evaluations:
- Individual with a BMI ≥ 40 mg/kg
- Individual with a BMI ≥ 33 and < 40 mg/kg in addition to and at least 3 or more of the following:
  - Hypertension (treated or untreated);
  - Type 2 diabetes (treated or untreated);
  - History of stroke, coronary artery disease, or arrhythmias;
  - Platygnathia or retrognathia;
  - Loud snoring;
  - Witnessed apneas;
  - Small airway (Mallampati Classification of Class 3 or 4 – see photos of Mallampati Classification below);
  - Neck size > 17 inches (male), 15.5 inches (female);
  - Hypothyroidism (untreated);
  - Age 42 and above or;
  - Male or post-menopausal female.

Small airway Mallampati Classification of Class 3 or 4
In-laboratory polysomnography should be considered when the clinician suspects:

- Another medical disorder occurring during sleep (e.g., a seizure disorder, restless leg syndrome, narcolepsy, central sleep apnea), and/or
- The individual has significant co-morbidities (e.g., neuromuscular disorder or COPD).

HSAT - at-home sleep apnea testing that ensures chain of custody.
All sleep studies must be interpreted by a board-certified sleep specialist.
If the CME, in consultation with the sleep specialist, determines that the in-home sleep study is inadequate, then an in-laboratory test must be performed.
**DETERMINATION**

The driver should be **disqualified** if:
- Has been involved in a single vehicle crash
- Excessive wake time sleepiness
- Non-compliant with treatment

**DETERMINATION**

The driver should be given a **60-90 day certification**
- Referred for sleep testing
- Initiation of treatment if OSA+
- Compliance report upon recertification
- Certify for **one year** if treated and compliant
If a driver *fails to meet compliance standards*, the CME may provide a 30-day certification to allow the driver to produce 30 days of consecutive PAP use data that meets the minimum compliance standard.
A driver may be certified initially for up to 1 year (per Section II.A) if the following conditions are met:

1. The driver must document PAP use for a time period no less than 30 consecutive days (minimum records requirement – initial certification) (Note: The CME has the discretion to extend the certification for no more than 30 days).
2. The driver’s PAP use records must demonstrate at least 4 hours per night use on 70 percent of nights (minimum compliance standard).
3. The driver does not report excessive sleepiness during the major wake period.

Q&A

What kind of weight do you place on those drivers that have an AHI of <20 and deny any OSA issues.

Do you use this number as a guide to requiring treatment regardless if they say they have issues?

Some drivers tell me they were told they don’t need treatment but I receive the report and the AHI is >20 but only sleep hygiene was recommended.

Q&A

... do you require confirmation of negative HSAT for OSA via PSG!

Confirmatory PSG will NOT be covered by health insurance and best costs are $1,750... have seen $3,000 and up.

Push back from driver will be... I just spent (~$150-400) for this HST that said I DON’T HAVE sleep apnea and now you want me to spend $1,750 or up for a new test saying the same thing?
If you are getting a HSAT done — do you certify them for 3 months until you get the test done or disqualify them?

Do you consider Mallampati score while evaluating for Sleep Apnea?