FMCSA Regulatory Update for the 2016 NASDPTS Annual Conference

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Safety Fitness Determination (NPRM, January 21, 2016)

Revised methodology would determine when a motor carrier is "unfit" and provide the Agency with the ability to issue proposed ratings based on:

- The carrier's safety performance in relation to the Behavioral Analysis and Safety Improvement Categories (BASICs);
- An investigation; or
- A combination of on-road safety data and investigation information.

Current Regulatory Factors

- Factor 1 General: Parts 387 and 390.
- Factor 2 Driver: Parts 382, 383, 391.
- Factor 3 Operational: Parts 392 and 395.
- Factor 4 Vehicle: Parts 393 and 396.
- Factor 5 HM (Parts 397, 171, 177 and 180.
- Factor 6 Accidents (Recordable Rate, with preventability review).

Current Safety Rating Table (49 CFR 385, Appendix B)

Factor Ratings		Overall Safety Rating
Unsatisfactory	Conditional	
0	2 or fewer	Satisfactory
0	More than 2	Conditional
1	2 or fewer	Conditional
1	More than 2	Unsatisfactory
2 or more	0 or more	Unsatisfactory

Proposed Safety Fitness Determination Process

- Only one fitness determination "Unfit;" no Satisfactory or Conditional ratings.
- If the carrier is not "Unfit," the company may continue to operate.
- Carriers are compared to fixed failure standard not percentiles (as in SMS);
 - Not impacted by changes in other carriers' scores.
- Crash Data: Preventability review still required.

3 Paths to Proposed Unfit

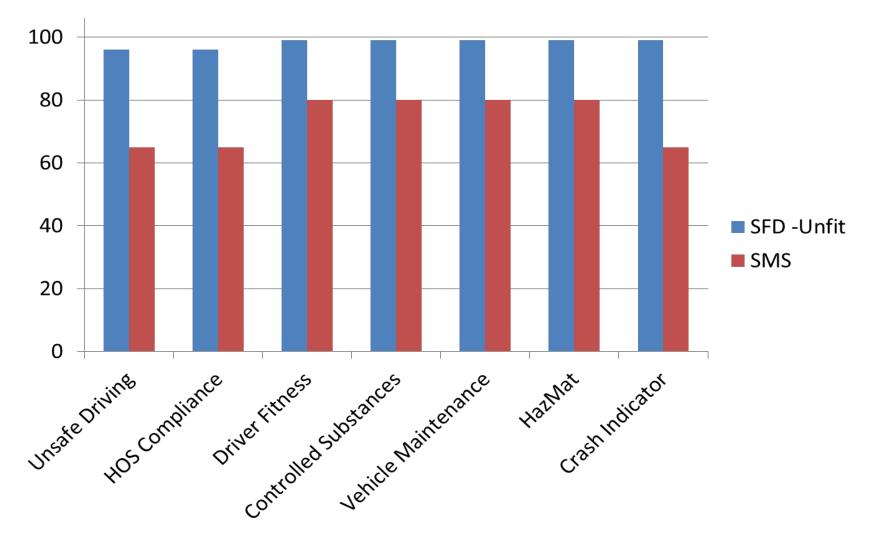
- 2+ BASICs above the failure standard (= 96/99th percentile) based on roadside inspection data (must have 11 or more inspections with violations);
- Violations of revised critical and/or acute regulations that result in 2 failed BASICs found in an investigation;
- 1 failed BASIC from investigation + 1 failed BASIC from roadside (*must have 11 or more inspections with violations*);

On Road Safety Data BASICs

Absolute performance measures would be specified in the rule, equivalent to the following percentiles:

- Hours of Service Compliance 96th percentile;
- Unsafe Driving 96th percentile;
- Vehicle Maintenance 99th percentile;
- Driver Fitness 99th percentile;
- Hazardous Materials Compliance 99th percentile
- Crash Indicator <u>Investigations only (99th</u> <u>percentile);</u>
- Controlled Substances/Alcohol <u>Investigations</u> only (99th percentile).

Proposed SFD Thresholds and SMS Intervention Thresholds



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http://www.regulations.gov Docket No. FMCSA-2015-0001

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Electronic Logging Devices (ELDs) (Final Rule, December 16, 2015)

- (1) Prescribes minimum technical standards for ELDs.
- (2) Subject to a limited exception, requires drivers who need to keep RODS to use ELDs.
- (3) Establishes explicit requirements for HOS supporting documents, specifying the "number, type and frequency."
- (4) Prohibits harassment of drivers and establishes a complaint process for drivers, due process for carriers and specifies civil penalties.

ELD Mandate: Carriers and Drivers

- Motor carriers subject to the RODS (logbook) requirements under 49 CFR Part 395 must ensure that drivers use ELDs beginning <u>December 18, 2017</u>.
- Motor carriers currently using automatic on-board recording devices (AOBRDs) to satisfy the RODS requirement must make the transition to ELDs no later than <u>December 16, 2019</u>.

Carrier Safety Administration

Exceptions to the ELD Mandate

- Drivers that are required to prepare RODS no more than <u>8 days within any 30-day period;</u>
- Drivers in a <u>driveaway-towaway operation</u> in which the vehicle being driven is part of the shipment being delivered;
- Drivers operating a commercial motor vehicle manufactured before <u>model year 2000</u>.

HOS Supporting Documents

- Motor carriers must retain <u>up to 8</u> supporting documents for every 24-hour period;
- Documents should contain the following:
 - Driver name or carrier-assigned identification number
 - Date
 - Location (including name of nearest city, town, or village; and,
 - Time

HOS Supporting Documents (Cont.)

Supporting documents consist of the following five categories:

- Bills of lading, itineraries, schedules, or equivalent documents that indicate the origin and destination of each trip;
- Dispatch records, trip records, or equivalent documents;
- Expense receipts;
- Electronic mobile communication records, reflecting communications transmitted through a fleet management system (FMS);
- Payroll records, settlement sheets, or equivalent documents that indicates payment to a driver.

Prohibition Against Harassment

- "Harassment" covers an action by a motor carrier toward one of its drivers that the motor carrier know, or should have known, would result in the driver violating § 392.3, concerning ill or fatigued operation of a CMV, or violating the requirements under Part 395.
- Harassment must involve information available to the motor carrier through an ELD or other technology used in combination with and not separable from an ELD.

Drug & Alcohol Clearinghouse (Final Rule)

- Motor carriers, Medical Review Officers (MROs), Substance Abuse Professionals (SAPs), and consortia/third party administrators (C/TPAs) to report:
 - Verified positive, adulterated, and substituted drug test results, positive alcohol test results, test refusals, negative return-to-duty test results, and information on follow-up testing.
- Motor carriers would be required to report actual knowledge of traffic citations for driving a commercial motor vehicle (CMV) while under the influence (DUI) of alcohol or drugs.
- *Status:* Final rule was cleared by OMB on October 31, 2016.

Entry-Level Driver Training (NPRM, March 7, 2016)

- Section 32304 of MAP-21
- The regulations must address knowledge and skills for drivers, with specific requirements for drivers seeking a passenger or hazmat endorsement.
- Classroom and behind-the-wheel training is required.
- Rules must require that training providers demonstrate that their training meets the Federal standards.
- February 2015 May 2015: Negotiated Rulemaking Committee meetings were conducted.

ELDT Advisory Committee Recommendations

- Class A CDL 30 hours of behind-the-wheel (BTW) training; Class B CDL – 15 hours of BTW training.
- All CDL training providers would be listed on a <u>Training Provider Registry</u>; training providers would complete an identification report and provide a biennial update.
- Training providers must submit training certificates to FMCSA; FMCSA will transmit the certificates to the State licensing agency.
- *Status:* Final Rule expected in late 2016; *the rule was submitted to OMB on August 30.*

National Registry of Certified Medical Examiners (NRCME)

- <u>April 20, 2012</u> Final rule to establish minimum training and testing requirements for all medical examiners who issue medical certificates for interstate truck and bus drivers.
- <u>May 21, 2014</u> (*Compliance date*) All medical cards issued on or after that date must be provided by examiners on the registry.
- Examiners must complete training course and testing, and submit medical certificate information to FMCSA on everyone who applies for a medical card.

Relationship Between Medical Certification & CDL (49 CFR 383.71) All CDL holders must self-certify which of the following categories cover their operation:

- <u>Non-excepted interstate</u>; subject to FMCSA medical standards;
- <u>Excepted interstate</u>; not subject to FMCSA medical standards;
- <u>Non-excepted intrastate</u>; subject to State medical standards (which may be identical to FMCSA's rules);
- <u>Excepted intrastate</u>; not subject to State medical standards.

National Registry Statistics: May 21, 2014 – August 31, 2016

- **49,777** certified examiners; **7 million** distinct CDL holders; **1.5 million** distinct non-CDL drivers.
- 11,869,908 medical examinations were conducted.
 - 11,454,608 drivers received medical certificates (96.5%)
 - 6,928,214 (60.5%), 2-year medical cards
 - 3,749,011 (32.7%), 1-year medical cards
 - 609,626 (5.3%), 3-month medical cards
 - 167,757 (1.5%), < 3-month medical cards
 - 227,083 drivers were temporarily disqualified (1.98%).
 - 114,591 drivers were medically disqualified (1.0%).

National Registry II (Final Rule)

- On April 23, 2015, FMCSA published the Medical Examiner's Certification Integration final rule (*80 FR 22790*).
 - Require medical examiners to submit medical certificates to FMCSA on a <u>daily</u> basis for each driver they examine.
 - FMCSA will transmit the medical certificates to the State driver licensing agencies for CDL holders (**June 2018**).
 - State licensing agencies will also be able to download the medical certificates from FMCSA for CDL holders and CDL applicants (<u>June 2018</u>).
- The rule will decrease the risks of falsification of medical cards.

National Registry (FAST Act – Veterans Administration)

- Section 5403 Veterans may obtain their medical certificates to operate CMVs in interstate commerce from the VA. The VA doctor must:
 - Be employed by the VA;
 - Be familiar with the standards for medical certification;
 - Have never "acted fraudulently."
- DOT must develop a process for qualified physicians to perform medical exams and provide medical certificates – including listing on the National Registry of Certified Medical Examiners.
- *Status:* NPRM anticipated in Fall 2016.

Obstructive Sleep Apnea (ANPRM, March 10, 2016)

FMCSA and FRA jointly issued the ANPRM to gather information about:

- The prevalence of moderate-to-severe obstructive sleep apnea (OSA) among individuals occupying safety sensitive positions in rail and highway transportation;
- The potential economic impact and safety benefits associated with regulatory actions that would result in transportation workers in these positions, who exhibit <u>multiple</u> risk factors for OSA, undergoing evaluation by a healthcare professional with expertise in sleep disorders, and subsequent treatment.

Obstructive Sleep Apnea -Medical Review Board (MRB)

- August 22-23, 2016 MRB meeting.
- <u>Recommendations</u> for diagnostic sleep evaluations:
 a. Individuals with a BMI ≥ 40 mg/kg2.
 - b. Individuals with a BMI ≥ 33 and < 40 mg/kg2 with <u>3 or more other risk factors</u>, such as:
 - Hypertension (treated or untreated);
 - Type 2 diabetes (treated or untreated);
 - Neck size > 17 inches (male), 15.5 inches (female);
 - Age 42 and above; etc.
- See full details at <u>https://www.fmcsa.dot.gov/mrb</u>.

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