August 23, 2017

Ms. Christine Hydock  
Chief of the Medical Programs Division  
Federal Motor Carrier Safety Administration  
1200 New Jersey Ave, SE  
Washington, DC 20590-0001  
SENT VIA EMAIL: fmcsamedical@dot.gov

Dear Ms. Hydock:

On behalf of the board of directors of the American Academy of Sleep Medicine (AASM), I am writing to express great disappointment in the recent decision by the Federal Motor Carrier Safety Administration (FMCSA) and the Federal Railroad Administration (FRA) to withdraw the advance notice of proposed rulemaking concerning obstructive sleep apnea (OSA) among individuals occupying safety sensitive positions in highway and rail transportation. The AASM urges both the FMCSA and FRA to take alternative steps to address the conspicuous absence of adequate OSA screening for commercial motor vehicle (CMV) and rail operators.

In the official announcement published Aug. 8, 2017, in the Federal Register, you rightly acknowledged that OSA remains a concern “because it can cause unintended sleep episodes and resulting deficits in attention, concentration, situational awareness, and memory, thus reducing the capacity to safely respond to hazards when performing safety sensitive duties.” However, we strongly disagree with your assessment that this pervasive threat to transportation safety will be sufficiently addressed by current safety programs and FRA’s rulemaking addressing fatigue risk management.

A National Transportation Safety Board (NTSB) report about the role of undiagnosed OSA in the Dec. 1, 2013, Metro-North passenger train derailment noted that its investigations have implicated fatigue or sleepiness related to undiagnosed or inadequately treated OSA in 10 other accidents and incidents it investigated between 2000 and 2013. The NTSB has urged the FMCSA to improve its guidelines for its certified medical examiners, specifically citing the lack of a complete screening process for OSA as a safety risk that needs to be addressed. Similarly, NTSB has urged the FRA to mandate a comprehensive screening process for OSA, noting that fatigue risk management programs must be combined with science-based regulations to reduce fatigue-related accidents.
Therefore, we are encouraged by the language in the Federal Register indicating that FMCSA will consider using the updated August 2016 Medical Review Board recommendations as a basis for updating the January 2015 “Bulletin to Medical Examiners and Training Organizations Regarding Obstructive Sleep Apnea.” We strongly urge FMCSA to expedite the release of this revised bulletin, as the FMCSA currently provides insufficient guidance for the medical examiners who must identify drivers who are at risk for OSA. We also urge FRA to ensure that OSA screening is implemented as part of a comprehensive medical certification system for rail operators.

In the absence of mandated evaluation, NTSB’s reports continue to attribute serious incidents and accidents to unidentified cases of OSA. What is currently being done is not enough. We invite you to discuss these issues in more detail by contacting AASM Executive Director Steve Van Hout at (630) 737-9700.

I thank you for your consideration of these comments, and I hope that the AASM can be a resource for you as we work together to improve public safety and the health of transportation personnel.

Sincerely,
Ilene M. Rosen, MD, MS
President

cc: Steve Van Hout, AASM Executive Director
Dr. Amanda Emo, FRA Fatigue Program Manager
Honorable Robert L. Sumwalt, NTSB Chairman