



Oklahoma Guidelines for Medically at-risk Drivers

This information package regarding the State guidelines for medically at-risk drivers in Oklahoma has been compiled for DriveABLE™ client use only, using the sources indicated below* .

Physician / medical reporting

Physicians are permitted to report to the Department of Public Safety any patient whom they have reasonable cause to believe is incapable of safely operating a motor vehicle.

Immunity

Any physician reporting in good faith and without malicious intent shall have immunity

Legal Protection

By statute the physician has full immunity.

Link to licensing authorities' website homepage

www.dps.state.ok.us

More detailed information is available in the following pages; feel free to contact us if you have a question, you will find our contact information at www.driveABLE.com

*** Sources**

- *Lococo K, Staplin L. Strategies for Medical Advisory Boards and Licensing Review. Washington, DC: National Highway Traffic Safety Administration; 2005.*
<http://www.nhtsa.dot.gov/people/injury/research/MedicalAdvisory/pages/contents.html>
- *Wang CC, Kosinski CJ, Schwartzberg JG, Shanklin AV. Physician's Guide to Assessing and Counseling Older Drivers. Washington, DC: National Highway Traffic Safety Administration; 2003.*
<http://www.ama-assn.org/ama1/pub/upload/mm/433/chapter8.pdf>

Oklahoma

Driver licensing agency contact information	Oklahoma Department of Public Safety Driver License Services PO Box 11415 Oklahoma City, OK 73136-0415 www.dps.state.ok.us	405 425-2059
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Licensing Requirements

Visual acuity	Each eye with/without correction.....20/60 Both eyes with/without correction20/60 If one eye blind—other with/without correction.....20/50 Absolute visual acuity minimum20/100 in better eye with restrictions. Are bioptic telescopes allowed?.....No. Laws do not allow for consideration of licensing or restrictions.
Visual fields	Minimum field requirement70° in the horizontal meridian with both eyes together. Visual field testing device.....Not specified.
Color vision requirement	None
Type of road test	Non-fixed course.
Restricted licenses	Restrictions are based on physician recommendations and can include daylight driving only, speed limitations, or local driving only.

License Renewal Procedures

Standard	Length of license validation.....4 years Renewal options and conditionsIn-person Vision testing required at time of renewal?.....No Written test required?.....No Road test required?.....No
Age-based renewal procedures	None

Reporting Procedures

Physician/medical reporting	Physicians are permitted to report to the Department of Public Safety any patient whom they have reasonable cause to believe is incapable of safely operating a motor vehicle.
Immunity	Any physician reporting in good faith and without malicious intent shall have immunity from civil liability that might otherwise be incurred.
Legal protection	By statute the physician has full immunity.
DMV follow-up	The driver is notified in writing of the referral and required to appear for an interview at the Department. The Department also requires a current medical evaluation from a qualified practitioner.
Other reporting	Will accept information from any verifiable source with direct knowledge of the medical condition that would render a driver unsafe.
Anonymity	Not available.

Medical Advisory Board

Role of the MAB	The MAB advises the Department of Public Safety on medical issues regarding individual drivers. Actions are based on the recommendation of the majority and/or specialist.
MAB contact information	Oklahoma Department of Public Safety Executive Medical Secretary PO Box 11415 Oklahoma City, OK 73136-0415 Attn: Mike Bailey

Oklahoma

Organization of the Medical Program

Driver licensing in Oklahoma is administered by the Department of Public Safety (DPS). Oklahoma has a Medical Advisory Committee (MAC) that was established in 1977 to advise the DPS on medical criteria and vision standards for licensing. The MAC consists of seven private-practice physicians representing the following medical specialties: ophthalmology, internal medicine, neurology, orthopedics, psychiatry, and pulmonary disease. The MAC physicians are volunteer consultants to the DPS who serve 2- or 3-year terms. Two physicians (the ophthalmologist and orthopedic surgeon) are appointed by the Commissioner of Health, one physician (the psychiatrist) is appointed by the Speaker of the House, one physician (specializing in internal medicine) is appointed by the Senate Pro Tem, three physicians (specializing in internal medicine, pulmonary disease, and neurology) are appointed by the Commissioner of Public Safety, and one physician (the neurologist) is appointed by the Governor.

The MAC physicians meet weekly as a group to provide guidance to the DPS regarding licensing laws for medical conditions. They also assist in developing standardized, medically acceptable report forms, and provide advice regarding procedures and guidelines. The MAC does not review individual cases for fitness to drive, but they may be made aware of cases currently under review by the staff Medical Consultant and Hearing Officer Supervisor. MAC members are immune from legal action and their identities are anonymous.

A separate unit within the DPS—referred to as the Medical Advisory Board (MAB)—reviews individual fitness to drive cases. This Board is staffed by a Medical Consultant to the DPS who is an internist specializing in occupational health (and reviews cases for one-half of a day every week), the DPS Hearing Officer Supervisor who is a Nationally Registered Emergency Medical Technician, and a third member who is a licensed Psychologist, and reviews mental health cases. These three individuals review approximately 600 cases per year, of which 160 are denied driving privileges following evaluation. The recommendation of the MAB is the final licensing decision made by the Department. The medical conditions referred to this Board include the following: orthopedic and neuromuscular; cardiovascular; diabetes/hypoglycemia; vision; alcohol and narcotics; psychological/cognitive; syncopal/non-neurological; epilepsy; and neurological.

MAB members are immune from legal action and their identities are anonymous. Records and deliberations of the Board are confidential with the exception that the driver may receive a copy upon request and reports may be admitted as evidence in judicial review proceedings.

Identification of Drivers with Medical Conditions and Functional Impairments

Application Form

Drivers with medical conditions and functional impairments come to the attention of the DPS in a number of ways. Original applicants are required to answer the following medical questions when they complete their license application:

- *Are you now addicted to any drug or have you received treatment for alcohol or drug addiction within the last year?*
- *Have you ever been diagnosed with or are you now receiving treatment for any type of mental health disorder?*
- *Do you have any of the following (circle those which apply): Diabetes, Epilepsy, blackouts, fainting spells, heart disease, amputation, paralysis, Multiple Sclerosis, Muscular Dystrophy, Cerebral Palsy, Parkinson's, loss of memory; or do you have any other type of medical condition which may affect your ability to safely operate a motor vehicle? _____ If yes, please explain: _____.*
- *Are you deaf or hard of hearing? _____ Do you wear a hearing aid? ____.*
- *Do you wear corrective lenses? _____ Do you have any type of eye injury or progressive eye disease (such as glaucoma, diabetic retinopathy, macular degeneration, etc.)? _____ If yes, explain: _____.*

Applicants who respond in the affirmative are required to have a form completed by their treating physician based on an examination performed within the past 60 days, and returned to the Medical Advisory Board in the Department of Public Safety. In addition to providing specific medical information describing the medical condition(s), the physician is asked to provide a medical/professional judgment regarding whether the patient's condition is controlled, whether the DPS should retest the patient's driving ability, and whether the patient is physically and mentally capable of operating a motor vehicle safely.

Renewal applicants are not asked to complete a form that contains questions about their medical conditions; they simply go to a Motor License/Tag Agent and have their photograph taken.

Vision Screening and Vision Standards

Original applicants must take and pass a vision screening test. Renewal applicants do not undergo vision screening. An applicant may be considered for a license if visual acuity is 20/60 or better with or without corrective lenses, or 20/50 or better in one eye, with or without corrective lenses. Individuals who cannot meet the acuity requirements may apply for a restricted license (e.g., speed limit, locale, time) if the visual acuity is no worse than 20/100 in one eye or both eyes, with or without corrective lenses. The visual field requirements are at least

70 degrees in the horizontal meridian in one eye alone or with both eyes. A person who cannot meet the standard may apply for a restricted license if the field of vision is not narrower than 60 degrees in the horizontal meridian in one eye alone or in both eyes. Individuals who wear telescopic lenses may not be licensed. Applicants with progressive eye diseases must meet the standards, and submit periodic vision reports. Those who cannot meet the Department's standards when screened by a Driver Examiner must have their eyecare specialist complete a form based on an examination performed within the past 60 days. In addition to providing acuity and field of vision readings, the eyecare specialist is asked whether the patient has any eye disease or injury (and what steps are being taken to correct the condition); how often the patient should be reexamined for driving purposes; what restrictions should be placed on the license as a result of the visual exam; whether, in the eyecare specialist's judgment the patient's condition is controlled; and whether the eyecare specialist is aware of any other significant medical conditions.

Referral Sources

Other mechanisms for bringing a potentially unsafe driver to the attention of the DPS include reports from physicians; police officers; the courts; family, friends, and other citizens; hospitals; and occupational and physical therapists. Physicians in Oklahoma are not required to report patients with medical conditions and functional impairments that may impair safe driving ability to the DPS, but they may voluntarily report drivers. Physicians report drivers by submitting a Request for Driver Review form, on which they must describe in detail the circumstances that led to the request, and they may recommend that specific examinations be included, such as a medical examination, visual examination, written examination, driving skills examination, or other examination. Physician reports are not confidential; however, Oklahoma State Law specifically allows for full immunity for a physician to report to the DPS in good faith without malicious intent towards the patient.

Others who wish to report a potentially unsafe driver also use the Request for Driver Review form, and must provide their name—if the person reporting the unsafe driver is not identified, the request will not be processed. The DPS does not investigate any reports before contacting a driver for possible evaluation.

The circumstances under which a person may be required to undergo evaluation include referral by any of the above-mentioned sources (including self-report of a medical condition), as well as when a license has expired for 3 years, and upon application for handicapped parking privileges. When a driver applies for handicapped parking privileges, his or her physician is asked to provide information about the condition that qualifies the individual for such privileges, and is asked whether the condition adversely affects the ability to safely operate a motor vehicle. If the physician responds in the affirmative, the MAB will require the driver to undergo medical evaluation and possibly a driving test. There are no requirements for License/Tag Agents (those who process renewal applicants) to refer drivers to the DPS if they observe signs of impairment. There are no guidelines or training for such observations, nor is it within the realm of duties performed by such Agents. There have never been any referrals to the DPS of potentially unsafe drivers from License/Tag Agents.

Evaluation of Referred Drivers

Procedures

When the DPS becomes aware of a driver with a medical condition or functional impairment that could affect safe driving ability, the MAB staff mail the driver a medical form or visual form that must be completed by the driver's physician or eyecare specialist. Medical information is reviewed by the DPS Medical Consultant and the Hearing Officer Supervisor, who have 35 years and 10 years of medical experience, respectively. A licensing decision may be based on information contained in the medical reports as it relates to the Office of Administrative Rules Chapter 10, Subchapter 5: Medical Aspects for Driver Licensing, developed by the Medical Advisory Committee. A driver for whom an unfavorable medical report is submitted, will not be licensed. The MAB may require a driver to undergo a DPS vision test, a DPS knowledge test, and/or a DPS road test.

Medical Guidelines

The Medical Advisory Committee has formulated licensing standards for the following medical conditions: Metabolic Diseases (Diabetes Mellitus and Hypoglycemia); Cardiovascular Diseases; Vision Standards and Problems; Musculoskeletal Problems; Neurological Disorders (Epilepsy, Multiple Sclerosis, Parkinson's disease; Cerebral Palsy, and Progressive Neuromuscular Disorders), Mental Ability; and Alcohol and/or Other Intoxicating Substance Abuse. These standards are provided below for drivers of passenger vehicles (Class D), with the exception of vision standards, as they were presented earlier, and alcohol.

Metabolic diseases

(a) Diabetesmellitus. A person who has diabetes, about whom the Department has received a report from a law enforcement officer or from a licensed physician indicating the person is incapable of properly controlling a motor vehicle, must submit proof from his or her physician that the disease is under reasonable control without either hypoglycemic or hyperglycemic reactions severe enough to impair driving ability. Future periodic medical reports may be required.

A person having been diagnosed by his or her physician as having insulin-dependent diabetes shall be required to have driving restriction code number six, "Food, fruit, or candy within reach of driver," on the person's driver license.

(b) Hypoglycemia. A person with severe or uncontrolled hypoglycemia (diagnosed low blood sugar) shall not be licensed until proof has been submitted from his or her physician that the condition is under control by proper care and diet.

Cardiovascular diseases

A person who suffers from uncompensated congestive heart failure, arrhythmia, carotid sinus sensitivity, syncopal episodes, or myocardial infarction shall not be licensed if the

condition would impair the person's functional capabilities to safely operate a motor vehicle.

Musculoskeletal problems

(a) Musculoskeletal impairment. A person with a significant impairment such as amputation, polio, or any other crippling muscular or skeletal disorder which may affect the person's ability to safely operate a motor vehicle shall not be licensed until a medical report is submitted by his or her physician, if so requested by the Department, and the person is examined for placement of appropriate restrictions on the driver license, as deemed necessary by the Department.

(b) Bi-lateral upper extremity handicapping conditions. For the purpose of this Section, a handicapped person is defined as one with a condition of significant deformity, weakness, or paresis, or with a paralysis of both upper extremities.

(c) Requirements for licensing handicapped persons. The Department may consider licensing a handicapped person upon the recommendation of the Medical Advisory Board or its designated representative; provided, if required by the Department, the applicant will agree to: (1) furnish any necessary medical reports; (2) equip the vehicle properly; (3) consent to extensive examination of driving skills so the Department can better determine the person's endurance, the person's ability to react to and avoid hazardous conditions, and the reliability of the vehicle equipment; and (4) complete a driver education or driver training course approved by the Department.

(d) Limited licensing. Each person with a diagnosis that would place him or her under the provisions of (a) or (b) of this Section, whereby the condition is severe enough to preclude licensing, may be given individual consideration toward limited licensing.

Neurological disorders

(a) Epilepsy.

(1) Conditions. A person shall be issued or allowed to maintain a driver license if currently episode free for a period of six (6) months and a favorable recommendation for driving from the treating physician is received by the Department.

(2) Exceptions. If an episode(s) occurs the person's driving privilege shall not be canceled or denied if:

- the episode(s) was due to a deliberate change in anti-convulsant medication ordered by the person's physician,
- the medical examination indicates episode control has again been established with reasonable certainty, and
- the treating physician gives a favorable recommendation for driving; or

If an episode(s) occurs the person's driving privilege shall not be canceled or denied if:

- the person's physician indicates the episode(s) was an isolated occurrence,

- the medical examination indicates another episode is unlikely to occur with reasonable medical certainty, and
- the treating physician gives a favorable recommendation for driving.

The person's driving privilege shall not be canceled or denied if the episode(s) is the result of a seizure disorder which is diagnosed as strictly nocturnal in nature or occurring only while asleep, unless the treating physician recommends otherwise.

(3) Restrictions. The Department may restrict a person's driving privilege based upon the recommendation of the physician performing the medical examination or upon the recommendation of the Medical Advisory Board if the minimum standards are met.

(4) Reporting requirements. Future periodic medical reporting shall be required. In addition, should another episode occur, the person's driver license shall be voluntarily surrendered to the Department until such time as the person is again determined by the Department to be medically qualified to drive.

(c) Multiple sclerosis. A person with multiple sclerosis shall not be licensed unless a medical report is submitted to the Department by the person's physician stating the person's limitations of visual fields, motor functions of the extremities, and coordination are not affected to a degree which renders the person unable to operate a motor vehicle safely. Future medical reports shall be required since the disease may be progressive.

(d) Parkinson's disease. A person with Parkinson's Diseases shall not be licensed unless a medical report is submitted to the Department by the person's physician verifying ability to operate a motor vehicle safely. Future medical reports shall be required since the disease may be progressive.

(e) Cerebral palsy. A person with rigid or severe athetoid condition shall not be licensed. A person with mild spastic paraplegia and mild athetosis may be licensed provided other simultaneous difficulties, such as organic brain damage or uncontrolled convulsive disorders, are not present.

(f) Progressive neuromuscular disorders. A person with progressive neuromuscular disorders, including but not limited to, Amyotrophic Lateral Sclerosis, Friedreich's Ataxia, and muscular dystrophy, shall not be licensed until a medical report is submitted to the Department by the person's physician and individually approved by the MAB, depending upon the severity of the condition. Future periodic medical reporting and/or driving skills reexaminations, as deemed necessary by the Department, may be required since the disease may be progressive.

Mental ability

(a) Performance. When a person's performance on the driver license examination or other information on file indicates a possible lack of mental ability to understand and/or perform properly as a driver, the Department may require timely medical evaluation,

psychological evaluations and/or an adult intelligence test, results of adaptive behavior functioning tests, an estimated reading level, and any other information or test results that would assist the Department in determining the person's skill to operate a motor vehicle and judgment to handle common road hazards and emergency situations. The Department may also require a complete or partial driver examination or reexamination by Department personnel to determine the person's ability to safely operate a motor vehicle.

(b) Impaired ability. A person whose test results reflect impaired ability may be given consideration toward a limited or restricted Class D driver license provided the person can complete all portions of the driver examination and otherwise demonstrate the ability to safely operate a motor vehicle.

(c) Emotional distress. When emotional distress is chronic, inattentiveness, despondency, aggressiveness, and lack of concern for the safety of others may also be chronic. A person with such a condition shall not be licensed until a medical report is submitted to the Department by the person's psychiatrist or psychologist stating the person's reactions have been controlled to a degree which renders him or her able to operate a motor vehicle safely.

(d) Psychological evaluation. A psychological evaluation, when required, shall be administered by a licensed psychiatrist, a psychologist licensed in Oklahoma, or a doctoral level psychologist licensed for independent practice in another State.

Disposition

License Restrictions, Periodic Evaluations, and Remediation

The Medical Advisory Board (Medical Consultant and Hearing Officer Supervisor) consider the physician's report and any DPS-conducted examinations for making a licensing determination. The recommendation is made by a single Board member. The Board may cancel a license for failure to meet minimum standards of driver licensing. The Board may request additional medical information in the form of a neurological examination, an examination by a mental health specialist, or an evaluation by a physician or counselor who specializes in substance abuse problems. License restrictions that the Board may administer include maximum speed; daylight driving only; driving within a specific radius from home; no interstate driving; corrective lenses; left outside rearview mirror; automatic transmission; turn indicators and power steering or steering knob; food, fruit, or candy within reach of the driver; adequate artificial limbs; and other detailed restrictions on license as required.

Requirements for periodic reexaminations or medical statements may be issued by the Board for progressive medical conditions such as Parkinson's disease, muscular dystrophy, multiple sclerosis, eye diseases, and dementia. Drivers diagnosed with dementia may be allowed to continue to drive in Oklahoma if their physician indicates they are presently safe to drive and if they can pass the road test. They will be placed under frequent periodic review.

The Board may also recommend remediation relative to the medical diagnosis. For example, vision would require medical therapy or surgery, a neuromuscular condition would require rehabilitation and annual or semi-annual medical examination, post-cerebral vascular accident would usually require driver rehabilitation. Although the Board may recommend

remediation, the Licensing Agency does not refer drivers for remediation of impairing conditions.

Appeal of License Actions

There is an appeal process for drivers whose driving privilege is suspended or restricted for medical conditions or functional impairments. Drivers may appeal the Department's action to District Court.

Counseling and Public Information and Education

Counseling is provided by the DPS Licensing Services Hearing Officer to drivers with functional impairments, to help them adjust their driving habits appropriately and/or to deal with potential lifestyle changes that follow from limiting or ceasing driving. The counseling does not include the provision of information regarding alternative transportation options.

Public information and educational materials that explain the importance of fitness to drive and the ways in which different impairing conditions increase crash risk are not made available to older drivers by the Licensing Agency

Administrative Issues

Training of Licensing Employees

The DPS does not provide specialized training for its personnel in how to observe applicants for conditions that could impair their ability to drive safely, nor is special training provided that relates to licensing older drivers.

Medical Program Tracking System

The Licensing Agency uses an automated medical record system and automated workflows.

Barriers to Implementing More Extensive Screening, Counseling, and Referral Activities

Oklahoma's medical review process does not rely on NHTSA 402 funding to support its operation. A barrier identified to the implementation of more extensive screening, counseling, and referral activities is the legislative support to fund such alternative programs.