

**Texas Department of State Health Services
Medical Advisory Board
Open Meeting Minutes
December 11, 2020
1:00 pm – 2:15 pm
Virtual Meeting via Microsoft Teams**

There was no physical location for this meeting. Due to health precautions related to the COVID-19 pandemic, this meeting was conducted virtually using Microsoft Teams only.

Minutes

Welcome and call to order by DSHS staff. Announcement of current agenda for this open meeting.

- Introducing Open Meeting Procedures and DSHS Leadership
- Roll call of physicians
- Old business Review – 3 Policy Changes implemented on 8-31-2020
- Two submitted agenda items for discussion
 - Evaluation of Guidelines for establishing visual fields
 - Evaluate Neurological Guidelines as it pertains to the commercial category and restricted category, Public Comment
- New business
- Public comment section
- Adjourn

Agenda Item 1: Introductions

Meeting opened at 1:00 p.m. by introducing Associate Commissioner for Consumer Protection and the Director EMS/Trauma Systems. The EMS/Trauma Systems director provided a persona introduction.

Agenda Item 2: Roll Call of Physicians

Eleven board members present. A quorum was noted.

Agenda Item 3: Old Business

Board members discussed the 3 policy changes from previous meeting:

- Physicians provided an update to the neurological guidelines for restricted and commercial categories. This allows the use of permissible anticonvulsants under the direct care of a provider. ***To be eligible for recommendation to drive a commercial vehicle, transit bus, taxi, or emergency vehicle a person must meet the same medical criteria as for a personal vehicle license. Additionally, the MAB recommends a 5-year period of no seizure activity. The use of anticonvulsants is permissible if under the direct care of a provider and the applicant meets the additional outlined criteria for recommendation by the board. Further criteria may be required through the Department of Transportation and Department of Public Safety for issuance of a commercial license.***

- Physicians provided a new blackout guideline with an updated definition in the guidance document. ***A temporary loss of consciousness or event in which the person has no recall, despite apparently having been conscious at the time and/or there is no explanation for a loss of consciousness.***
- Physicians provided an update to the guideline for metabolic conditions. This allows for Class A and B medical recommendations for insulin dependent diabetics with the presentation of a DOT medical waiver. ***Diabetes Mellitus, when well controlled by insulin is not a contraindication to operation of a vehicle in Class A, B or C. Class A and Class B CDL holders must present proof of the DOT MCSA-5870 and a valid medical card. A period of Diabetic Control (barring any instance of ketosis, hospitalization or altered level of consciousness) for 1-year must be established for all commercial license-grade applicants. For Class C license holders, the 6-month period of diabetic control would be required.***

Agenda Item 4: Proposed Changes to the Eye Defects Guidelines for establishing Visual Fields

Board discussed, at length, the following points of interest:

- The need for evaluation of the vision guidelines pertaining to ***confrontational field.***
- Statistics and that if an individual has had a stroke or glaucoma, a ***Formal Visual Field Assessment*** should be conducted using the Humphrey Method indicated in his proposal.
- To ***exclude diabetic retinopathy.***
- A concern is made that most strokes do not affect the visual field. Request made to table the motion and not vote today.
- Idea of leaving off stroke as the board does not have enough information in the record as to the location of the stroke.
- Asking for an eye exam prior to approval before returning to drive.
- The eye exam does not include a visual field test, it has to be specified.
- Possibility of tracking cases.
- Regarding second stroke reviews, the Board does not always see if this was due to a motor vehicle accident.
- Patients with Glaucoma have visual fields followed regularly but, those visual fields are never shown as part of the records reviewed by the Board.
- Motion to amend Agenda 1. ***A formal visual field test is to be conducted for applicants referred for vision and have a history of glaucoma, macular degeneration, and stroke where there is not sufficient designation of what is affected.***
- Agenda 1 ***passes*** with 7 approved, 3 No's and 1 abstention/motion to table

DSHS Administrative group made the following points:

- Explains the referral process provided by the Department of Public Safety to the Board.
- Documentation can be requested from the Department of Public Safety if required to provide an appropriate opinion.

Agenda 5: Proposed Changes to Neurological Guidelines as it pertains to the Commercial category and Restricted category

Board members discussed the following points of interest:

- How to verify/validate that the anti-convulsant are being properly administered if there is not the recommendation of requirement on the form.
- Have the medical history form reviewed for updating to make more clear suggestions to the examining physicians, should a patient be seen regularly (6 months, 12 months) and have the physician sign it.
- Issue with medication compliance, Board is only provided with the last date of seizure. Suggestion made to make the 3 month period to 6 months with another follow up.

- Suggestion made that if there was a motor vehicle accident with in the 1 year, it would be required to have another evaluation in 6 months.
- Inquiry made as to the process of when the Board requests a follow up in 12 months.

DSHS Administrative group made the following points:

- The board evaluated the guidelines at the August open meeting. The Change allowed permissible anti-convulsants while maintaining the 5 year restriction period.
- The board can request to review at an interval. This request is located on the opinion sheet.
- In response to the required evaluation due to motor vehicle accident, the group may need to discuss this with legal as it is beyond our scope. DPS has to request our medical opinion for a case to be reviewed so if there is not a request or incident, we would not automatically review the case again unless DPS refers them.
- Explanation of the resubmitted case process through the Department of Public Safety provided to the Board.
- Previously reviewed documentation will be made available with the new documentation that is received at each review.

Agenda 6: New Business

Board members discuss the following points of interest:

- Review the active use of Marijuana by a person while driving when they have a history of alcoholism.
- Have a small study group or Adhoc committee to review the efficiency of work flow. Use technology more, make documents more efficient, update the data entry more efficient.
- Change the wording on page 34 about binocular vision so that it tells more what we would view from a visual field as opposed to a tangent screen.
- Schedule a committee with the board optometrists to come up with a proposal for that change.

Profile Levels	Circumstances	Condition Example	Interval for Review
1.	No diagnosed condition	Never sees double	
2.	Condition fully recovered or compensated	Binocular visual field of at least 140° measured with a 10mm white test object at 330 mm, without corrective lenses, in the horizontal meridian	
3.	Active impairment: a. Minimal b. Mild c. Moderate	a. Binocular or monocular visual field of 140° or better b. Binocular or monocular visual field of 140° or better with potential for deterioration c. Peripheral vision of less than 140° but at least 110°. Restricted to right and left outside mirrors.	a. 4 yrs b. 1 yr c. No driving

3. Cont.	d. Severe	d. Permanent visual field of less than 110°.	d. No driving
4.	Condition under investigation	Recent onset of diplopia	As needed

Public Comment

Mr. Kain - concerned with the 5-year period of no seizure activity restriction on the operation of emergency vehicles. Would like to see if physicians reduce the 5-year restriction period if the applicant provides a favorable recommendation from their healthcare provider. Informs the board that DPS uses the HR87 and, by law, a private vehicle becomes an emergency vehicle when responding to a call (ex. Police cruiser).

Board members discuss the following points pertaining to public comment:

- It might not be necessary to change rule as some places are now using private vehicles to respond which only require a Class C.
- Suggestion made that the time frame be looked at in the next meeting.

Adjourn

Motion made to adjourn. Second to adjourn. Meeting adjourned at 2:15 pm, Friday December 11, 2020.