



November 8, 2016

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Mr. Larry Minor
Associate Administrator for Policy
Department of Transportation
Federal Motor Carrier Safety Administration
1200 New Jersey Avenue SE
Washington, DC 20590-0001

Dear Mr. Minor:

RE: Docket No. FMCSA-2005-23151: Medical Review Board Task Report on Insulin Treated Diabetes Mellitus and Commercial Motor Vehicles

The National Rural Electric Cooperative Association (“NRECA”) appreciates the opportunity to comment on the above captioned report by the Medical Review Board. By way of background, NRECA is the national service organization for America’s Electric Cooperatives. The nation’s member-owned, not-for-profit electric co-ops constitute a unique sector of the electric utility industry – and face a unique set of challenges. NRECA represents the interests of the nation’s more than 900 rural electric utilities responsible for keeping the lights on for more than 42 million people across 47 states. Electric cooperatives are driven by their purpose to power communities and empower their members to improve their quality of life. Affordable electricity is the lifeblood of the American economy, and for 75 years electric co-ops have been proud to keep the lights on. Because of their critical role in providing affordable, reliable, and universally accessible electric service, electric cooperatives are vital to the economic health of the communities they serve. As operating utilities, NRECA members employ drivers who must possess a valid commercial driver’s license (CDL) in order to operate the commercial motor vehicles (CMVs) owned by the cooperative.

NRECA supports the FMCSA’s Proposed Rule to allow drivers with stable, well-controlled insulin-treated diabetes mellitus to be qualified to operate commercial motor vehicles. FMCSA’s proposal would reduce the regulatory burden on both employers of drivers with stable well controlled insulin-treated diabetes mellitus, and the Agency itself. The Proposed Rule would not reduce the safety of the nation’s highways.

We submit the following minor comment on the Report of the Medical Review Board:

Section II E 8: While we don't disagree with the recommendation of a complete eye exam every 2 years, we would recommend deleting subsection b as we believe it is duplicative. Subsection b requires certification that the treating clinician has reviewed the results from the required eye exam. This certification would be in addition to the certification recommended in subsection 13 of the recommended form. Section c requires that the patient's most recent eye exam results be made available to the treating clinician. Certification in subsection b in addition to that required in section 13 of the recommended form would be duplicative at best and onerous at worst.

Thank you for the opportunity to comment.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Martha A. Duggan', written over a horizontal line.

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