



Amy Loudenbeck

REPRESENTING WISCONSIN'S 31ST ASSEMBLY DISTRICT

Testimony of Rep. Amy Loudenbeck
Assembly Bill 736
Assembly Committee on Health
February 3, 2016

Good Morning Committee members and Chairman Sanfelippo and thank you for the opportunity to testify on Assembly Bill 736. This bill would require all transit bus drivers in Wisconsin to undergo the same periodic medical fitness exams that are required of other Commercial Driver's License (CDL) holders, like truck drivers and school bus drivers.

Federal law requires all drivers of commercial vehicles driving *interstate* to pass a medical exam every two years. Federal law makes only a few specific exemptions to this requirement such as fire trucks, certain farm equipment, drivers of school buses, and drivers for a political subdivision (including transit buses).

Drivers in *intrastate* commerce do not cross state lines, and are governed only by state law. Many states have applied the federal medical requirements to other safety-sensitive transportation employees. In Wisconsin: Like many other states, school bus drivers are required to have a periodic fitness exam. Transit bus drivers, however, remain exempt from periodic fitness exams. Other states: States such as Minnesota, Arizona, Massachusetts, Washington, Tennessee, and Kentucky require their mass transit drivers to pass medical fitness requirements.

The periodic medical fitness exam as provided under the bill will allow municipal transit systems to be pro-active in helping drivers treat issues that may have gone unnoticed and could endanger the lives of their passengers, pedestrians, or other drivers. Driving a 5-ton - or more - bus (or truck) is not like driving a passenger vehicle. Things like stopping time and distance, blind spots, and limited maneuverability require drivers to be in top driving condition. It is important for drivers to be alert to changes in traffic and be able to make quick, controlled decisions. Quite simply, making the right decisions saves lives.

Thank you for the opportunity to testify on AB 736 and I will be happy to answer any questions at this time.

PHYSICAL EXAMINATION REPORT

For S or P Endorsement

Wisconsin Department of Transportation (WisDOT)

MV3030B 8/2015 Ch. 343 Wis. Stats. & Trans. 112 Admin. Code

Incomplete forms will be returned for completion.

Medical Review, PO Box 7918, Madison, WI 53707-7918

Telephone: (608) 266-2327 FAX: (608) 267-0518

Email: dmvmedical@dot.wi.gov



Applicant Name		Driver License Number		Birth Date	
Street Address		City	State	ZIP Code	(Area Code) Telephone Number

Note: Pursuant to Trans 112, Wis. Admin. Rules (copy available upon request); this report is to be completed prior to consideration for licensing. The Secretary of the Department of Transportation is, by statute, responsible for the decision of driver's licensing. Any charges or fees for the medical or vision examinations and the preparation or completion of this form are responsibility of the applicant (driver).

VISION SECTION – REQUIRED

Numerical readings must be provided.			YES	NO	
ACUITY	UNCORRECTED	CORRECTED	<input type="checkbox"/>	<input type="checkbox"/>	Is the temporal field of vision at least 70 degrees from center in each eye?
Right Eye	20/	20/	<input type="checkbox"/>	<input type="checkbox"/>	Can the applicant recognize and distinguish the colors red, amber, and green?
Left Eye	20/	20/	<input type="checkbox"/>	<input type="checkbox"/>	Are corrective lenses required when driving?
			Medical License No. (if different from below)		Date (m/d/yyyy)

X

(Examining Authority Signature)

SECTION A		APPLICANT completes section A when holding/applying for P and S endorsement.	HEALTH CARE PROFESSIONAL completes section B for applicant holding/applying for S endorsement.		SECTION B	
YES	NO		YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol or other drug abuse or dependency within the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol or other drug abuse or dependency within the past 12–24 months not controlled by treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Neuro/Muscular disease, e.g., ALS, MS, Head Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes or elevated blood sugar controlled by: <input type="checkbox"/> Diet <input type="checkbox"/> Pills <input type="checkbox"/> Insulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Heart disease or heart attack, stroke, other cardiovascular condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Heart surgery (valve replacement/bypass, angioplasty, pacemaker, AICD) Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary disease or condition, positive TB communicable form, emphysema, COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Required oxygen use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Loss of body control, or altered consciousness Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Seizures, epilepsy Date of last episode: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease, dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Blood pressure over 180/105 (If yes, provide 3 BP readings taken over a 2-week period, separated by at least 1 day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Mental/Emotional Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Missing or impaired hand, arm, foot, leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A	N/A	Inability to hear instructions given in normal conversational tone <input type="checkbox"/> Corrected by Hearing aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A	N/A	Any medication that would interfere with the safe operation of a school bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPLICANT:		For any YES answers, indicate onset date, diagnosis and any current limitations. List all medications (including over-the-counter medications) used regularly or recently.				

I certify that the answers and statements made on this report are true and correct. I authorize the examining health care professional to release full details of an examination upon request to my employer, the School Board and the Wisconsin Department of Transportation.

X

(Applicant Signature)

(Date – m/d/yyyy)

HEALTH CARE PROFESSIONAL:	For any YES answers, indicate onset date, diagnosis and any current limitations. List all medications (including over-the-counter medications) used regularly or recently. Please use the back of this form for additional comments, if needed.
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Would you recommend any additional medical evaluation?

Additional Comments:

This report must be based on an examination conducted within the past 90 days. I certify that I have examined this applicant and that I am licensed to practice (MD, DO, PA-C, DC, MSN, FNP, GNP, RN).

Print Name	Patient Examination Date
Medical License No.	(Area Code) Office Telephone No.

X

(Authorized Signature)



Department of Transportation

Metro Transit

Chuck Kamp, General Manager

1245 East Washington Avenue, Suite 201

Madison, Wisconsin 53703

Administration: (608) 266-4904

Fax: (608) 267-8778

Customer Service: (608) 266-4466

mymetrobus@cityofmadison.com

www.mymetrobus.com

Date: February 3, 2016

To: Members of the Assembly Committee on Health

Thank you for the opportunity to speak today. The bill before you would require medical examinations periodically for our transit drivers, similar to requirements for interstate bus drivers and Wisconsin school bus drivers. If passed, this would become an important part of our safety program at Metro Transit here in Madison, where I currently serve as General Manager. Before serving here, I was the manager of the transit system in the Fox Cities for 15 years where I began to see the need for this as part of the overall transit safety program there. In Madison, we have had incidents where medical issues are related to accidents or near-accidents, and I believe there is a need for this tool to improve how we provide safe service to our passengers in Madison and the surrounding community.

I would be happy to try to answer any questions.



Office of the Mayor

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February 3, 2016

To: Members of the Assembly Committee on Health
From: Nick Zavos, Mayor's Office
Re: Support for AB 736

Thank you for the opportunity to address the committee. Assembly Bill 736 would require municipal transit drivers meet the same medical fitness requirements that school bus drivers and truckers currently meet.

Municipal transit drivers are safety-sensitive positions in our community. Municipal transit drivers deal with safety sensitivity, where occasional incidents involving loss of consciousness or other medical issues pose potentially serious consequences. In Madison, transit drivers serve as the primary transportation method for many school children, providing over 1.5 million transit rides per year to K-12 school children.

Under federal law, all drivers of commercial vehicles driving in *interstate* commerce (across state lines) must have a medical fitness exam every two years. Drivers in *intrastate* commerce (who do not cross state lines) are governed only by state law; the "FedMed" law does not apply. Many states have chosen to require similar medical fitness exams for intrastate drivers. Wisconsin currently requires all school bus drivers to have periodic physical fitness exams. This bill will extend the same requirement to transit drivers.

Thank you for your consideration of this important safety issue.