

September 15, 2017

Elaine L. Chao
Secretary
Department of Transportation
1200 New Jersey Ave, SE
Washington, DC 20590

Dear Secretary Chao,

The undersigned organizations write you today to express our deep concern over the administration's recent announcement withdrawing the advance notice of proposed rulemaking regarding, the prevalence of moderate-to-severe obstructive sleep apnea among individuals occupying safety sensitive positions in highway and rail transportation, and its potential consequences for the safety of highway and rail transportation [Docket Numbers FMCSA-2015-0419 and FRA-2015-0111].

As representatives of the medical research, clinical, and public health communities, we stress that the recent rule-making process reflects decades of peer-reviewed and journal-published research on this topic as well as our current understanding of life-saving interventions. Obstructive sleep apnea is an extremely common condition. The major risk factor for obstructive sleep apnea is obesity and hence its prevalence is increasing. Sleep apnea results in disrupted sleep, loss of the deeper stages of sleep and excessive sleepiness during the day. Not surprisingly, therefore, multiple studies show that it is a primary risk factor for crashes. Fortunately, there is an effective treatment available for sleep apnea, continuous positive airway pressure, which is known to reduce crash rates. Screening individuals occupying safety sensitive positions ensures they are properly diagnosed and treated, thus allowing them to perform in those positions effectively and reducing a substantial risk to public safety (most individuals do not even know they are impacted).

In addition to preventing numerous avoidable deaths on our nation's highways, common-sense screening for sleep apnea could have played a key role in preventing two recent rail accidents involving loss of life. Both the derailment of the Metro North train that killed 4 people in 2013 and the incident in Hoboken in 2016 when a driver failed to stop and drove the train into the station, killing one person and injuring more than 100 others, have been attributed to undiagnosed sleep apnea.

Making the current decision to withdraw the advance notice more perplexing is the fact that such screening efforts are widely-supported by industry. Given the established literature in this area, many large transportation and rail companies have already voluntarily implemented screening programs for their drivers. However, the safety of individuals on our roadways and railways should not be dependent on voluntary efforts by stakeholders. Diagnosis of sleep apnea is inexpensive with new technology, and we have a safe, cheap, effective treatment. In fact, much of the community's current understanding of the problem and its solution has been obtained from studies funded by the Department of Transportation.

Considering the lack of any downside to these efforts and the tremendous opportunity to quickly and inexpensively improve public health and safety, we urge you to initiate a new rulemaking process to advance efforts to implement screening for obstructive sleep apnea among individuals occupying safety sensitive positions in highway and rail transportation. We would gladly serve as a resource in this regard. Please let us know if you have any questions or if you would like any additional information. Thank you for your time and your consideration of this request.

Sincerely,
American Academy of Sleep Medicine
American Lung Association
American Thoracic Society
Sleep Research Society

CC:

Christine Hydock
Chief
Medical Programs Division
Federal Motor Carrier Safety Administration
1200 New Jersey Ave, SE.
Washington, DC 20590

Amanda Emo, MD
Fatigue Program Manager
Risk Reduction Program Division
Office of Safety Analysis
Federal Railroad Administration
1200 New Jersey Avenue, SE
Washington, DC 20590