

PRELIMINARY STAFF MEASURE SUMMARY

CARRIER:

House Committee on Transportation & Economic Development

REVENUE: No revenue impact

FISCAL: Minimal fiscal impact, no statement issued

SUBSEQUENT REFERRAL TO:

Action:

Vote:

Yeas:

Nays:

Exc.:

Prepared By: Troy Rayburn, Administrator

Meeting Dates: 3/27

WHAT THE MEASURE DOES: Provides that physician or health care provider may at any time report to Department of Transportation (Department) that person’s cognitive or functional impairment affects person’s ability to safely operate motor vehicle, without regard to whether report is required by the Department. Provides civil immunity for report made in good faith.

ISSUES DISCUSSED:

EFFECT OF COMMITTEE AMENDMENT: No amendment.

BACKGROUND: During the 2011 Legislative Session the legislature passed HB 3185, which directed a work group to be formed to review the At-Risk Driver program administered by DMV and, if needed, to make recommendations for change.

The At-Risk program is in statute and has two parts, mandatory and non-mandatory reporting. First, primary care physicians (PCP) are required to report patients to DMV if that PCP determines the person meets particular criteria such that they may be cognitively or functionally unable to drive. The law provides immunity to those providers for reporting, or not reporting, a patient. The law also allows anyone to report a person whom they believe may need to be retested by DMV. The law provides no immunity for anyone who reports another person under this non-mandatory reporting piece. DMV administers this program, and employs Medical Review Officers to assist in the determinations under the law.

HB 2195 is the sole legislative change the work group recommended: extending immunity to health care providers (along with existing immunity for PCP’s under the mandatory reporting piece) for reporting people to DMV.