
February 12, 2026

The Honorable Marc Korman
Chair, House Environment and Transportation Committee
250 Taylor House Office Building
Annapolis, MD 21401

RE: Letter of Information – House Bill 425 – Motor Vehicle Administration – Sleep Apnea – Reporting Requirement Prohibition

Dear Chair Korman and Committee Members:

The Maryland Department of Transportation (MDOT) takes no position on House Bill 425 but offers the following information for the Committee’s consideration.

HB 425 would prohibit the Maryland Motor Vehicle Administration (MVA) from requiring an applicant for a driver’s license or licensee interacting with the MVA in an eligible transaction to notify the MVA if that applicant has been diagnosed with sleep apnea.

The MVA is authorized under Maryland law to appoint a Medical Advisory Board (MAB) to advise the MVA on physical and mental conditions that can impact the ability of individuals to safely operate a motor vehicle on highways in the State. The MAB has identified specific conditions that medical research has demonstrated can have such impacts and asks applicants and existing license holders during eligible transactions such as a change of address if they have been diagnosed with any of these conditions.

One of the MAB-identified conditions is sleep apnea. Sleep apnea is a condition in which the airways become obstructed or the brain fails to signal breathing muscles during sleep, leading to abnormal breathing patterns and fragmented sleep. Certain factors increase the likelihood of a sleep apnea diagnosis, including obesity, medical conditions such as heart failure and hypothyroidism, thick necks, and age. The most common type of sleep apnea is obstructive sleep apnea (OSA), but all types of sleep apnea have a range of adverse consequences. Without treatment, sleep apnea can cause patients to spend multiple days without adequate sleep, leading to daytime symptoms such as fatigue and trouble concentrating.

Untreated OSA significantly increases public safety risks, particularly motor vehicle crashes (MVCs) and occupational accidents. Multiple studies have consistently shown that individuals with untreated OSA are two-to-three times more likely to be involved in MVCs compared to those without the condition. In the most severe cases, this is the equivalent to driving with a blood alcohol content over the legal limit, and getting less than four hours of sleep has been

shown to increase the risk of a MVC by 11.5 times. A study in the United States estimated that OSA-related MVCs result in \$15.9 billion in collision expenses and 1,400 fatalities annually¹.

Over the past two decades, there has been a significant increase in diagnoses of sleep apnea in the U.S. Across the U.S., it has been reported that 25% to 30% of men and 9% to 17% of women currently meet the criteria for OSA. These rates represent a substantial increase over the last two decades with relative increases of between 14% and 55% depending on the age group. Part of this increase is because Americans and Marylanders continue to exhibit greater prevalence of risk factors mentioned above and those are projected to continue increasing. Similarly, diagnoses of OSA are projected to increase continuously in the coming decades, with one 2025 study projecting a 37 – 43% increase in moderate to severe OSA cases between 2020 to 2050².

Additionally, the Federal Motor Carrier Safety Administration (FMCSA) defines sleep apnea as a reportable medical condition and requires its review as part of medical exams for commercial product holders. Explicitly barring the MVA from conducting a medical review of drivers diagnosed with sleep apnea could result in a review by the FMCSA and pose the potential that it would issue a ruling decertifying CDL holders from interstate operating authorities.

Finally, it is important to note that over 60% of individuals who self-report sleep apnea have at least one other reportable medical condition. In the event HB 425 passes, these customers will still be subject to medical review for their other reportable medical condition(s).

The MVA understands this risk of untreated sleep apnea extends to all roadway users and conducts its medical review cases accordingly. When customers self-report a medical condition, their medical records are reviewed to confirm their diagnosis and compliance with the prescribed treatment plan. Recognizing the increase in sleep apnea diagnosis and the treating providers knowledge of the customer's diagnosis and compliance with the treatment plan, the MVA has made two significant changes to the process over the past several years. They are:

- A streamlined process for a customer who is compliant with the treating provider's treatment plan. The treating provider completes a simple form called the *OSA Medical Provider Certification* acknowledging that their patient is following standard medical protocol for sleep apnea and stating that they do not have any concerns about the customer's ability to safely operate a motor vehicle because of the customer's sleep apnea diagnosis. For many customers, this process replaced the need to provide results from a sleep study and data showing 180-day use of a Continuous Positive Airway

¹ Iannella, G. et al, "The Global Burden of Obstructive Sleep Apnea," *Diagnostics* (Basel), April 25, 2025.

² Zhang, Ye, et al, "Forecasting the burden of obstructive sleep apnoea", *Lancet Respiratory Medicine Journal*, Vol. 13, No. 12, December 13, 2025.

Pressure (CPAP) machine, the most common treatment protocol for sleep apnea. This process was put in place in mid-2024.

- A way for customers to report their specific reportable medical condition(s). Starting in January 2026, customers performing online transactions can now report their specific medical condition(s). Reporting the specific medical condition means that the MVA can immediately request information related to that condition, rather than waiting for the customer's first submission and then requesting specific information related to those conditions disclosed in the first submission.
 - For customers disclosing sleep apnea during the online transaction, the MVA sends the *OSA Medical Provider Certification* in the first mailing. This simple change means quicker case closure rates and less mailings for the MVA and the customer.

These changes have seen a noticeable decrease in the time needed to close medical review cases, a 9% faster rate compared from January to June 2024 versus the same period in 2025. The MVA continues to proactively examine its policies, procedures, and staff training to ensure as minimally invasive of a process and prompt review of cases as possible as it seeks to further improve these metrics.

The Maryland Department of Transportation respectfully requests the committee consider this information during its deliberation of House Bill 425.

Respectfully submitted,

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