

# **Sleep Apnea.pdf**

Uploaded by: Ken Kerr

Position: FAV

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THE MARYLAND HOUSE OF DELEGATES  
ANNAPOLIS, MARYLAND 21401

**Testimony of Delegate Ken Kerr**

**HB 425 – Motor Vehicle Administration – Sleep Apnea-  
Reporting Requirement - Prohibition**

**At present, the Motor Vehicle Administration, under its Driver Wellness and Safety Division states on its website that Marland requires drivers to notify the MVA if they are diagnosed with any of a number of medical conditions, including:**

- Diabetes that has caused a low blood sugar episode requiring assistance from another person in the last 6 months;
- Epilepsy;
- Seizure;
- A heart condition that has caused a loss of consciousness in the past 6 months;
- Stroke;
- A condition that causes you to have dizzy spells, fainting, or blackouts;
- Sleep apnea or narcolepsy;
- A history of traumatic brain injury (TBI);
- A condition that causes weakness, shaking, or numbness in the arms, hands, legs, or feet that may affect your ability to drive;
- A hand, arm, foot, or leg that is absent, amputated, or has a loss of function that may affect your ability to drive;
- An eye problem which prevents a corrected minimum visual acuity of 20/70 in at least one eye or binocular field of vision of at least 110 degrees;
- Alcohol use problem; or Drug use problem;
- A mental health condition that may affect your ability to drive;
- Schizophrenia; or
- Dementia.

A driver must report the problem when it is diagnosed, or when he or she is applying for a driver's license or renewing an existing driver's license.

When you have reported a condition, the Driver Wellness and Safety Division (DW&S) may send you several forms to complete. They also may send you a form for your physician to complete. After you return the forms, the DW&S Division then will make a decision about whether your situation should be referred for an opinion from the Medical Advisory Board (MAB). The MAB is a group of doctors who works with the MVA in analyzing customers' driving abilities. If the MAB is involved, they (the MAB) may ask you for more information, or to attend a meeting.

**All medical data obtained will be kept CONFIDENTIAL and will only be used for those purposes permitted by law.**

After the doctor assigned by the MAB analyzes your situation, he or she will provide an opinion to the DW&S Division. The DW&S Division will make the final decision about whether your driving privileges should be restricted in any way.

**Our goal is not to take drivers off the road. Our goal is to keep drivers on the road for as long as they remain a low risk for crash involvement. If necessary, to achieve that goal, we will work with drivers on a case-by-case basis.**

**HB 425 exempts individual who have been diagnosed with Sleep Apnea from having to report their diagnosis and risk losing their drivers' licenses.**

**HB0425\_2026\_written\_testimony\_Lizzy\_Graham\_.pdf**

Uploaded by: Lizzy Graham

Position: FWA

HB0425 Motor Vehicle Administration - Sleep Apnea - Reporting Requirement Prohibition - Maryland Legislative Session 2026

**Position: Favorable With Amendments**

A person's diagnosis alone should not be used to determine a person's fitness to be a safe driver. I was diagnosed with obstructive sleep apnea in 2020 after two anesthesiologists pointed out the symptoms to me after two separate upper endoscopy procedures in 2020. My sleep study was conducted in-person in a sleep medicine lab.

I do not believe that the MVA should require drivers to report their diagnosis. I believe it would be more practical to rely on a combination of driving records, Carfax reports, accident reports, and the discretion of a person's doctor or qualified sleep specialist to inform the MVA. A person's healthcare provider is better equipped to know the driver than a doctor who has never met face to face with a person.

Judging a person's ability to drive based on diagnosis alone is prejudicial. For example, Maryland recently passed Eric's ID Law which gives Autistic people the option to disclose they are Autistic and display the established Autism icon on their photo ID. I have a Bachelor's degree in Psychology, I have worked full-time in the autism and developmental disability field for the past 11 years as a case manager, and I am Autistic myself. Every few years I take the National Safety Council online Defensive Driving Course to keep my driving skills current. Scrutinizing my ability to drive safely based on my Autism diagnosis alone is prejudicial.

If the state would like to adopt a universal approach to evaluate and re-evaluate a person's ability to drive safely, it would be ideal to require a driving test at set intervals, like the state requires with emissions testing, with an evaluation of insurance records and moving violations.

Again, determining whether a person can safely drive based on diagnosis alone is unwarranted and is prejudicial. There are other universal methods that the state could ideally adopt to gather information on a driver's capacity to drive safely. I hope the committee takes my feedback and suggestions into consideration.

Sincerely,

Ms. Lizzy Graham  
Silver Spring, MD

# **HB0425 - LOI - MVA - Sleep Apnea - Reporting Requi**

Uploaded by: Patricia Westervelt

Position: INFO

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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 annually<sup>1</sup>.

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 2050<sup>2</sup>.

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

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

<sup>2</sup> 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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