



PERMANENT ADMINISTRATIVE ORDER

DMV 12-2025

CHAPTER 735

DEPARTMENT OF TRANSPORTATION

DRIVER AND MOTOR VEHICLE SERVICES DIVISION

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RULES:

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AMEND: 735-074-0050

RULE TITLE: Policy and Objective

NOTICE FILED DATE: 04/29/2025

RULE SUMMARY: DMV proposes to amend this rule to clarify that DMV may accept a mandatory report as a non-mandatory report when the report fails to meet the mandatory reporting requirements, but does meet the non-mandatory reporting requirements.

RULE TEXT:

- (1) It is the policy of DMV to promote safety for all persons who travel or otherwise use the public highways of this state.
- (2) The underlying policy of the Department's rules on medically at-risk drivers is to preserve the independence, dignity, and self-esteem that result from providing one's own mobility, so long as it is possible to do so without risk to oneself or to others.
- (3) It is therefore an objective of these rules, OAR 735, division 074, to establish a program for the mandatory reporting to DMV of those drivers who have functional and cognitive impairments that may affect the person's driving ability. OAR 735, division 076, also authorizes acceptance of a mandatory report as a non-mandatory report when the report fails to meet mandatory reporting requirements, but does meet non-mandatory reporting requirements.

STATUTORY/OTHER AUTHORITY: ORS 184.619, 802.010, 807.710

STATUTES/OTHER IMPLEMENTED: ORS 807.710

AMEND: 735-074-0060

RULE TITLE: Purpose

NOTICE FILED DATE: 04/29/2025

RULE SUMMARY: DMV proposes to amend this rule to clarify the purpose of the division 074 rules.

RULE TEXT:

(1) DMV recognizes that some persons have, or may develop, cognitive or functional impairments that affect driving ability. DMV acknowledges that the purpose of these OAR 735, division 074, rules is to prevent injury or death by establishing requirements for the mandatory reporting by physicians and health care providers of those persons with severe and uncontrollable cognitive or functional impairments affecting a person's ability to safely operate a motor vehicle.

(2) These OAR 735, division 074, rules designate:

(a) Those physicians and health care providers required to report and the cognitive or functional impairments that must be reported to DMV under ORS 807.710;

(b) The procedures for making a mandatory report to DMV;

(c) The process followed by DMV when it receives a report; and

(d) The process a person who wants to keep or regain their driving privileges must follow.

STATUTORY/OTHER AUTHORITY: ORS 184.619, 802.010, 807.710

STATUTES/OTHER IMPLEMENTED: ORS 807.710

ADOPT: 735-074-0072

RULE TITLE: Designating At-Risk Medical Determination Standards

NOTICE FILED DATE: 04/29/2025

RULE SUMMARY: DMV proposes to adopt this rule to adopt the “At-Risk Medical Determination Standards” as the standards used by DMV’s Medical Determination Officers when determining a person’s eligibility for driving privileges and add the “At-Risk Medical Determination Standards” to the rules.

RULE TEXT:

DMV adopts the “At-Risk Medical Determination Standards,” revised May 2025, as the standards used by DMV’s Medical Determination Officers when determining a person’s medical eligibility for driving privileges and whether one or more of the following are required:

- (1) Additional medical information;
- (2) Successful completion of DMV tests; and
- (3) Medical recertification at a later date.

STATUTORY/OTHER AUTHORITY: ORS 184.619, 802.010, 807.710

STATUTES/OTHER IMPLEMENTED: ORS 807.710



At-Risk Program **Medical Determination Standards:**

Decision Points,
Determination Factors,
Criteria

DMV At-Risk Driver Program

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Effective January 15, 2006

Revised May 2025

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I. Decision-making Considerations

There are two primary decision-making considerations DMV's Medical Determination Officer(s) (MDO) utilize when assessing reports submitted to DMV's At-Risk Driver Program under both Mandatory and Non-Mandatory rules:

1. **Is the person medically eligible for a driver license?**
2. **Does the person need to recertify eligibility at a future date?** To verify that the condition remains well controlled¹ and stable, resolved, or when there is the potential for future exacerbations of the condition or treatment non-compliance.

II. Determination Factors

A. Initial Reports

In making an initial determination of medical eligibility, the MDO considers the Driver's case, including the initial report and any/all medical information submitted to DMV, as follows:

- Medical eligibility to take DMV tests.

When there are differing medical opinions received from multiple medical professionals on the same driver for the same impairment, they are weighted as follows:

1. The long-term established treating source for the impairment, such as a Primary Care Provider (PCP) independent of their specialty, receives primary weight.
2. A treating sub-specialist opinion, such as a Cardiologist or Neurologist, is weighted over the primary provider's opinion.
3. An established or sub-specialist provider's opinion is weighted over a one-time provider.
4. An Occupational Therapist (OT) or Physical Therapist (PT) provider can offer opinions related to an established impairment that requires specialized evaluation and testing in conjunction with a treating provider's opinion. Where an OT/PT opinion is based on direct behind-the-wheel experience, positive consideration may be given.

NOTE: All physicians, physician assistants, and nurse practitioners licensed in OR are qualified to establish the presence, severity and functional impact of a cognitive

¹ "Controlled" is defined as: 1. Supervised, overseen, or closely monitored; or 2. Effectively treated (*2009 Farlex Partners: medical-dictionary.thefreedictionary.com/controlled*). A condition that is "controlled," as described under either meaning of the term, meets the requirement for a "well controlled" condition.

impairment independent of their specific licensures (e.g., DO, MD, PA, or NP) or specialty (e.g., Family Medicine, Internal Medicine, Neurology, Gerontology, etc.).

- The need to take DMV knowledge, vision and skills tests, where required by Rule or the Medical Determination Officer.

Once eligible, DMV may require the person to take and pass DMV tests (vision, knowledge, and drive). Eligibility to take DMV tests is valid for the duration of medical eligibility, after which time they are required to receive a new determination to take tests. The MDO may waive the testing requirement in cases of Loss of Consciousness where there is no additional functional or cognitive effect on knowledge, skills or ability.

- The need to recertify eligibility.

When Recertification is not required, successfully passing all DMV-required tests achieves release from the Program (unless waived by the MDO).

- Frequency of recertification, if required.

Frequency intervals for recertification are defined under Criteria later in this document. Intervals other than those established by criterion will be supported by medical evidence, such as health care provider recommendation, rapidly progressing disease processes, or driving record justification (i.e., current, repeat DUI offenders).

B. Recertification Reports – Mandatory and Non-Mandatory

In making a determination of medical eligibility for recertification, the MDO considers: the most recent Driver Medical Report submitted for recertification, as well as the Driver's case including the initial report and all medical information submitted to DMV. When the person is required to take DMV tests and is actively doing so, DMV still requires the person to recertify medical eligibility. Recertification assessment considers the following:

- Medical eligibility. Has the person's condition remained medically well-controlled and stable?

When medically eligible, DMV may also require the person to take and pass DMV tests (vision, knowledge, and drive).

- The need to recertify eligibility. Do standards (*see **Criteria below***) require recertification at a future date?

When Recertification is not required, as soon as the driver passes all required DMV tests they are released from the At-Risk Program.

- Frequency of recertification, if required.

Frequency standards are defined below for each condition.

- The need for testing.

Does the nature of the condition, such as Progressive, give the MDO reason to believe the person needs to demonstrate, again, their qualifications for a license by passing DMV vision, knowledge, and drive tests?

III. Criteria: Impairment Levels, Impairment Profiles with Recertification Guidelines

A. Impairment Levels

- High Risk, Permanent and Uncontrollable
- High Risk, Reversible or Controllable
- Moderate Risk
- Minimal Risk

An individual's initial risk category and recertification frequency may be modified based upon documented medical evidence and advice from the patient's Oregon-licensed physician or healthcare provider, including mental health providers.

B. Impairment Profiles with Recertification Guidelines

1. Functional

a. Vision

To be eligible to drive in Oregon, in addition to statutory and rule requirements, a driver's vision must have an intact horizontal visual field of 110 degrees as determined by a diagnostic tool that measures 360 degrees and provides the ability to document the presence of a continuous horizontal visual field using a V target size and 4e intensity. The field must be standardized, current and legible. When a driver has usable vision in only one eye, the horizontal field must include temporal and nasal vision.

b. Mobility Impairments (*sensory and motor*)

Mobility impairments can be severe and uncontrollable or acute and generally stable in nature.

- Severe and uncontrollable impairments can be caused several ways: an acute traumatic event; acute illness such as a stroke (CVA); a chronic progressive disease process such as arthritic conditions, vascular disease, immunological disorders, and neurological disease; and/or morbid obesity.
- Impairments that are generally stable in nature, are often caused by acute trauma that causes long-term mobility impairments which can be compensated for with use of prosthetic or assistive devices. These drivers may not be appropriate for mandatory reporting.

Once the ability to drive safely has been demonstrated, this category of impairment does not require continued monitoring. Impairments resulting from an acute illness or a chronic progressive disease process, however, may warrant continued monitoring. The following profile provides guidelines for determining the latter.

Profile: Mobility Impairments		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
High Risk, Permanent/Uncontrollable i.e., Severe, permanent mobility impairment without potential for improvement, (e.g., spinal rigidity or problems with use of hands/feet from OA, severe vascular disease affecting arms or legs, or extreme intractable morbid obesity).	No Review for change in severity when - medical evidence indicates impairment/condition is improved or well-controlled and stable.	NA – Permanent/Uncontrollable
High Risk, Reversible/Controllable i.e., <u>Acute</u> impairment with potential for improvement with treatment and/or time (e.g., CVA, arthritic flare, extreme morbid obesity responding to treatment, nonunion of fracture or pseudoarthrosis).	No. Certificate of Eligibility will be granted when medical evidence indicates impairment/condition is well-controlled and stable. We may also require OT/PT evaluations.	R: Once medically eligible. F: 6-month intervals, until well-controlled and stable for six months; then discontinue.
Moderate Risk i.e., Permanent, <u>progressive</u> mobility impairment. Still able to perform activities of daily living, including driving.	Yes.	R: Once medically eligible. F: 12-to-24-month intervals, ongoing; until medical evidence indicates impairment/condition is not progressive; then discontinue.
Low Risk i.e., (1) Early stage <u>progressive</u> disease process with mild to minimum impairment; <u>or</u> (2) Acute impairment of mobility, resolved with minimal residual effects.	Yes.	No. When continued monitoring advised by provider increase impairment level.

c. Disorders - Cardiovascular

When reviewing cardiac-related reports to the At-Risk Program, DMV's Medical Determination Officer(s) (MDO) use the American Heart Association Guidelines as follows:

1. Patients with heart disease but no limitations of physical activity. Ordinary physical activity causes no undue dyspnea, anginal pain, fatigue, or palpitations. (NYHA Class I)
(NHYA Class II)
2. Patients with slight limitations of physical activity. They are comfortable at rest and with mild exertion. They experience symptoms only with the more strenuous grades of ordinary activity.
3. Patients with marked limitations of physical activity. They are comfortable at rest but experience symptoms even with the milder forms of ordinary activity. (NYHA Class III)
4. Patients with inability to carry on any physical activity without discomfort. Symptoms of cardiac insufficiency or of the anginal syndrome may be present, even at rest, and are intensified by activity. (NYHA Class IV)

Supraventricular Arrhythmia and Cardiac Syncope

In more severe cases, due to the intermittent, unpredictable, and potentially very severe degrees of impairment associated with arrhythmias, careful documentation of both subjective and objective findings is required.

Ventricular Tachycardia (VT) and Ventricular Fibrillation (VF)

Implantable anti-tachycardia devices (automatic implantable cardioverter defibrillators (AICDs), pacemaker-cardioverter-defibrillators (PCDs), etc.) present special circumstances and problems.

When...	Driving Impact
A patient receives an implantable anti-tachycardia device as treatment for these conditions.	They should not drive for three months.
A period of stability shows that recurrence of such an event has been effectively treated by the device, with no further loss of consciousness,	Driving may resume.
A patient with non-syncopal rhythms receives an implanted device,	Driving may resume immediately post-operatively.

d. Disorder - Non-Cardiovascular

Diabetes Mellitus / Metabolic Conditions Impairment

Metabolic conditions cause many symptoms from generalized asthenia², muscle weakness, and spasm or tetany³ to sudden episodes of dizziness or unconsciousness. While parathyroid conditions, thyroid disorders, and hypoglycemia can present symptoms that may affect driving safety, diabetes mellitus is the most prevalent metabolic disease that may have implications for the patient who drives.

Assessment considers:

- The extent to which the disease is under medical control;
- Whether the individual is under regular medical supervision;
- Whether insulin is required;
- Patient compliance with medication and dietary regimen;
- Susceptibility to hypoglycemic attacks; and
- Whether a warning is experienced before onset of any symptoms.

The uncontrolled diabetic is not able to safely operate a motor vehicle. A diabetic who has had any severe hypoglycemic reactions (defined as a loss of consciousness or control requiring hospitalization or other medical intervention with parenteral glucose or glucagons) in the past three months is not able to safely operate a motor vehicle.

Profile: Diabetes Mellitus / Metabolic Conditions		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
High Risk, Permanent/Uncontrollable i.e., Severe cognitive impairment due to recurrent episodes of hypoglycemia and/or small vessel cerebro-vascular disease or uncontrolled DM with severe hypo- and hyperglycemia.	No. Review for change in severity when medical evidence indicates impairment/condition is improved or well-controlled and stable. Certificate of Eligibility will be granted when medical evidence indicates impairment and/or condition is well-controlled and stable for more than three months.	R: Once medically eligible. F: 6-to-12-month intervals, until medical evidence indicates condition/impairment has been stable for 12 months; then discontinue.

² abnormal physical weakness or lack of energy.

³ Involuntary muscle contractions and overly stimulated peripheral nerves.

Profile: Diabetes Mellitus / Metabolic Conditions <i>(continued)</i>		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
High Risk, Reversible/Controllable i.e., Severe Diabetic Keto-acidosis or severe insulin reaction in past three months, or severe end-organ damage noted. Poor control.	No. Certificate of Eligibility will be granted when medical evidence indicates impairment and/or condition is well-controlled and stable for more than three months.	R: Once medically eligible. F: 6-to-12-month intervals, until medical evidence indicates condition/impairment has been stable for 12 months; then discontinue.
Moderate Risk i.e., Severe DKA/Insulin reaction within past-3 to 12 months, difficult DM control, or milder end-organ damage noted.	Yes.	R: No - unless otherwise advised by treating provider or MDO. F: At six months when so advised; then discontinue.
Low Risk i.e., DM well controlled. No severe insulin reactions in past 12 months. No end-organ damage noted.	Yes.	R: No. F: NA.

2. Cognitive, *including Loss of Consciousness or Control*

a. Brain and Spinal Cord Disorders

Relative to the ability to drive safely, brain trauma, spinal cord trauma, brain tumors, infections and cerebrovascular events have more similarities than differences. They are combined in a single impairment profile for this reason. With all four conditions, there is typically an abrupt onset of findings followed by a varying period of recovery.

With brain tumors, clinical findings often do not surface for a longer period of time. Once they do, the findings and associated interventions provide similar acute and recovery phases.

With brain or spinal cord trauma, the impairment and functional recovery is more static. Once recovered and safe driving has been demonstrated, an ongoing period of medical monitoring is not required.

Profile: Brain and Spinal Cord Disorders		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
High Risk, Permanent/Uncontrollable i.e., Persistent, profound motor, sensory, coordinative, visual, or cognitive deficits six months or longer post onset or longer of findings that prevent adequate self-care in spite of appropriate adaptive equipment.	No Review for change in severity when medical evidence indicates impairment/condition is improved or well-controlled and stable.	R: Once medically eligible. F: Six-months
High Risk, Reversible/Controllable i.e., motor, sensory, coordinative, visual, or cognitive deficits within six months of onset of the defining event.	No Certificate of Eligibility will be granted when medical evidence indicates impairment/condition is well-controlled and stable.	R: Once medically eligible; <u>except</u> for brain or spinal cord trauma. No recertification for brain or spinal cord trauma. F: 6-to-12-month intervals for one year post defining event; then discontinue.
Moderate Risk i.e., Recurrence of deficits after recovery from initial defining event.	No. Certificate of Eligibility will be granted when medical evidence indicates impairment/condition is well-controlled and stable.	R: Once medically eligible; <u>except</u> for brain or spinal cord trauma. No recertification for brain or spinal cord trauma. F: Initially, six-months; then 6-to-12-month intervals, until medical evidence indicates impairment/condition is stable, then discontinue monitoring.
Low Risk i.e., History of above events with no recurrence in one year.	Yes.	No.

b. Neurological Disorders

Progressive or potentially progressive neurological conditions such as multiple sclerosis, ALS, muscular dystrophy, myasthenia gravis, polyneuropathy, and Parkinson's disease may affect the ability to drive safely. The common element among these is the disturbance of sensory, motor, coordination and cognitive functioning.

Stable conditions may only require behind-the-wheel testing to demonstrate full recovery and the ability to safely operate a motor vehicle. Others not yet stable have the probability of progression or a need for medication which may require periodic monitoring through the recertification process.

Recertification intervals are flexible due to variations in the expected timelines for potential worsening of each of these conditions.

Profile: Neurological Disorders		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
High Risk, Permanent/Uncontrollable i.e., Persistent profound motor, coordinative, visual, cognitive deficits which prevent adequate self-care despite appropriate adaptive equipment.	No Review for change in severity when medical evidence indicates impairment/condition is improved or well-controlled and stable.	R: Once medically eligible. F: Initially, six-months; then 6-to-12-month intervals, until medical evidence indicates impairment/condition is stable, then discontinue monitoring.
High Risk, Reversible/Controllable i.e., Severe motor, sensory, visual, coordinative, or cognitive deficits developing in the course of a likely progressive disease.	No. Certificate of Eligibility will be granted when medical evidence indicates impairment/condition is well-controlled and stable.	R: Once medically eligible. F: 6-to-12-month intervals, ongoing; until medical evidence indicates impairment/condition is medically stable, then discontinue.
Moderate Risk i.e., Dx of any progressive neurological/muscular disease associated with deficits less severe than in A/B which permit most activities of daily living.	Yes.	R: Once medically eligible. F: 6-to-12-month intervals, ongoing; until medical evidence indicates impairment/condition is medically stable, then discontinue.
Low Risk i.e., Dx of a progressive neurological/muscular disease with early or minimal findings.	Yes.	No.

c. Dementia and Other Cognitive Disorders

Dementia refers to a condition manifested by multiple cognitive deficits which vary in severity and functional impact. Those deficits include but are not limited to:

- Memory impairment,
- Coordination problems,
- Judgment and problem solving, and
- Planning and sequencing difficulties.

Dementia can be associated with many conditions, such as:

- Alzheimer’s disease,
- Parkinson’s disease,
- Pick’s disease,
- Korsakov’s dementia,
- HIV,
- Head injury,
- Pulmonary disease with chronic hypoxia,
- Lewy body dementia, and
- Multiple Sclerosis.

These conditions share many of the same cognitive deficits and impact upon function. As these impairments progress, the ability to drive safely may regress.

Profile: Dementia and Other Cognitive Disorders		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
High Risk, Permanent/Uncontrollable i.e., Late-stage dementia characterized by substantial decline in one or more of the following: verbal skills, recognition, comprehension, sleep disturbances, or mood changes (irritability and agitation).	No Review for change in severity when medical evidence indicates impairment/condition is improved or well-controlled and stable.	R: No, the nature and severity of the condition preclude regaining medical eligibility.
High Risk, Reversible/Controllable i.e., Subacute, severe dementia. Potential for improvement with treatment.	No. Certificate of Eligibility will be granted when medical evidence indicates impairment/condition is well-controlled and stable.	R: Once medically eligible. F: 6-to-12-month intervals; based upon the nature of the impairment, information in the file, and provider recommendation.

Profile: Dementia and Other Cognitive Disorders		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
Moderate Risk i.e. , Significant and obvious changes in cognition. Simple tasks become more difficult. Increased difficulty problem solving & performing routine tasks.	Yes. Consider recommendation for restricted license for limited travel routes and times.	R: Once medically eligible. F: 6-to-12-month intervals, ongoing; based on individual circumstances or treating provider advice.
Low Risk i.e. , (1) Early-stage dementia with mild cognitive impairment, e.g., difficulty learning new information and handling complex tasks; (2) Acute delirium, resolved.	Yes.	No. Unless continued monitoring recommended by provider; frequency determined based on provider recommendation.

d. Seizure-related Loss of Consciousness or Control Disorders

Episodic losses of consciousness or control can occur in a wide spectrum of conditions, including but not limited to:

- Seizure disorders,
- Pseudo-seizures – non-epileptic events causal for seizure (*also known as Functional Neurologic Symptom Disorder*),
- Hypoglycemia,
- Hyperventilation,
- Migraine,
- Vertiginous syndromes,
- Narcolepsy,
- Sleep apnea,
- Cough syncope,
- Cardiac arrhythmias,
- Neuro-cardiogenic syncope, and
- Substance abuse.

Due to the wide variability in severity, efficacy of treatment, and potential for recurrence, this profile requires additional flexibility and relies on the provider's advice and opinion.

Reasonable considerations for discontinuing medical monitoring include those seizures:

- That are so limited as not to interfere with control, if stable for one year (low/minimum risk);
- Recurring when medication has been reduced on treating provider advice to change or discontinue medication and a corrective change has been made as recommended by the PCP; and

- That are provoked by a clearly identified etiology that is not likely to recur.

Profile: Seizure-related Loss of Consciousness or Control Disorders		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
High Risk, Permanent/Uncontrollable <i>i.e.</i> , Uncontrollable seizure or sleep disorder; <u>or</u> required medication levels that impede driving.	No. Review for change in severity when medical evidence indicates impairment/condition is improved or well-controlled and stable.	R: Once medically eligible. F: Six-months
High Risk, Reversible/Controllable <i>i.e.</i> , LOC or control within the last three months, with unknown/uncertain risk of recurrence.	No. Time period required for Certificate of Eligibility to be determined, when applicable. Certificate of Eligibility will be granted when medical evidence indicates impairment/condition is well-controlled and stable.	R: Once medically eligible. F: 6-to-12-month intervals, until under medical control for 12 months; then discontinue.
Moderate Risk <i>i.e.</i> , (1) - A Single or multiple LOC or control within past 12 months; under medical control at least three months; cause known or unknown. (2) - A controlled seizure disorder where anticonvulsant medications are being discontinued at treating provider discretion.	Yes, to both examples.	R: Yes. F: (1) 6-to-12-month intervals, until under medical control for 12 months; then discontinue. (2) 6-month intervals, until under medical control for six months; then discontinue.

Profile: Seizure-related Loss of Consciousness or Control Disorders <i>(continued)</i>		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
Low Risk (Minimum Risk) i.e., (1) - No single or multiple LOC or control, cause known or unknown, for at least 12 months; (2) - A single recent episode considered related to an adverse reaction to medication or situation (e.g., sleep or dietary deprivation) and no further events after discontinuation thereof; (3) - A seizure or LOC provoked by a clearly identified cause and treating provider indicates it is not likely to recur; (4) - Seizures recurring when medication has been reduced on treating provider advice to change or discontinue medication, a corrective change has been made as recommended by PCP, and treating provider indicates seizures are not likely to recur; (5) Seizures occurring with prolonged prior warning that allows the driver to discontinue driving safely; and (6) Seizures occurring exclusively during sleep.	Yes , to all examples at left.	No. When continued monitoring advised by PCP, increase impairment level.

e. Other Loss of Consciousness or Control Disorders

Episodic loss of consciousness (LOC) or control that does not involve another identified conditions (seizure, cardiac, etc.) – such as hyperventilation, migraine, vertiginous syndromes, narcolepsy, sleep apnea, cough syncope – requires even more flexibility due to the varied causes of LOC.

It is reasonable to discontinue medical monitoring when:

- There is indication that LOC does not happen while driving (positional syncope)
- The driver is able to anticipate an episode in enough time to allow for safe exit from traffic until recovery from the episode permits safe driving.
- Treatment monitoring (CPAP logs) indicate that driver is compliant with treatment.

Profile: Other Loss of Consciousness or Control Disorders		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
High Risk, Permanent/Uncontrollable Uncontrollable condition; <u>or</u> required medication levels that impair driving.	No. Review for change in severity when medical evidence indicates impairment/condition is improved or well-controlled and stable.	R: Once medically eligible. F: Six-months
High Risk, Reversible/Controllable LOC or control within the last three months, with unknown/uncertain risk of recurrence; etiology known or unknown.	No. A 3-month period of medical stability is required before consideration for medical eligibility. Certificate of Eligibility will be granted when medical evidence indicates impairment and/or condition is well-controlled and stable for more than three months.	R: Once medically eligible. F: 6-to-12-month intervals, until under medical control for 12 months; then discontinue.
Moderate Risk (1) Single or multiple LOC or control within past 12 months; under medical control at least three months; cause known or unknown. (2) Treatment for LOC discontinued under advice of treating provider or Specialist. Recurrence of symptoms uncertain.	Yes, to both examples at left.	R: Yes, for both examples at left. F: (1) 6-to-12-month intervals, until under medical control for 12 months; then discontinue. (2) 6-month intervals, until under medical control for six months; then discontinue. When continued monitoring advised by PCP, increase impairment level.

Profile: Other Loss of Consciousness or Control Disorders <i>(continued)</i>		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
Low Risk (1) No single or multiple LOC or control, cause known or unknown, for at least 12 months; <u>or</u> (2) A single recent episode considered related to an adverse reaction to medication, sleep or dietary deprivation and no further events; or (3) LOC provoked by a clearly identified cause and the treating provider indicates it is not likely to recur	Yes, to all examples.	No. If continued monitoring is advised by provider, increase impairment risk level.

f. Mental Health Impairments

Given the similarities across mental health impairments, they are reflected in the single impairment profile below. This profile remains flexible – due to the variability in severity, efficacy of treatment and the unpredictable nature of the impairments – to accommodate the recommendations of the treating provider(s).

Profile: Mental Illness Impairments		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
High Risk, Permanent/Uncontrollable Chronic unstable psychotic state with suicidal tendencies, paranoid delusions, violent or aggressive behavior despite treatment or due to noncompliance with treatment.	No Review for change in severity when medical evidence indicates impairment/condition is improved or well-controlled and stable.	R: Once medically eligible. F: Six-months

Profile: Mental Illness Impairments <i>(continued)</i>		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
High Risk, Reversible/Controllable Acute psychotic episode or aberrant behavior disorder in last three months; or increased risk due to medication side effects.	No Certificate of Eligibility will be granted when medical evidence indicates impairment/condition is well-controlled and stable.	R: Once medically eligible. F: 6-to-12-month intervals, until under medical control for 12 months; then discontinue.
Moderate Risk Chronic psychoses documented stable for more than three months.	Yes.	R: Once medically eligible. F: 6-to-12-month intervals, until under medical control for 18 months; then discontinue.
Low Risk A history of psychosis without overt psychotic episode or impairment from medication side effects in past 12 months.	Yes.	No. When continued monitoring advised by PCP, increase impairment level.

Addiction, Substance Abuse/Use – Alcohol/Drug

According to the National Institutes of Mental Health, substance use disorder (SUD) is a treatable mental disorder that affects a person's brain and behavior, leading to the **inability to control the use of substances** like legal or illegal drugs, alcohol, or medications⁴. There are seven types of SUD⁵:

- Alcohol Use Disorder
- Caffeine Use Disorder
- Cannabis Use Disorder
- Phencyclidine Use Disorder and Other Hallucinogen Use Disorder
- Inhalant Use Disorder
- Opioid Use Disorder
- Sedative, Hypnotic, or Anxiolytic Use Disorder.

Evaluation of how Addiction and Substance Abuse/Use impairs the ability to drive safely is compounded by the:

- Impulsive nature of substance abuse,

⁴ [www.nimh.nih.gov/health/topics/substance-use-and-mental-health#:~:text=Substance%20use%20disorder%20\(SUD\)%20is,most%20severe%20form%20of%20SUD.](http://www.nimh.nih.gov/health/topics/substance-use-and-mental-health#:~:text=Substance%20use%20disorder%20(SUD)%20is,most%20severe%20form%20of%20SUD.)

⁵ www.ncbi.nlm.nih.gov/books/NBK519702/

- Addictive nature of chronic substance abuse, and
- Compulsive nature of addiction, where chronic, recurrent intoxication is a symptom of a problem condition (*ORS 813.040*).

This makes assessing the actual level of impairment difficult. Alcohol abuse in combination with other drugs can create significant impairment affecting the level of consciousness, control, reaction time and attention.

Additionally, recurrent intoxication(s) do have permanent structural effects on the brain.

- Multiple studies have documented that individuals who abuse alcohol and other drugs tend not to report or underreport the degree of alcohol and substance use. Additionally, there is wide individual variation in the effects of such substances.
- The interaction of prescribed psychoactive medications (antidepressants, benzodiazepines, neuroleptics, sedatives, hypnotics), even when taken in appropriate doses, with or without alcohol or illicit drugs, may hamper driving ability.
- There is increasing evidence that marijuana may affect driving by causing changes in depth perception, unpredictable alteration in reaction time, illusions of distance, impairment of accuracy of sensory perception, impairment of judgment, and periodic lapses of attention, acutely as well as after chronic use. Oregon's allowance of recreational and medical marijuana use may be a consideration in evaluating the effect of drug use and driving safety for an Oregon driver.

For consideration of medical eligibility when there is evidence of active substance abuse/use by an individual, the MDO will require:

- Residential or outpatient ETOH⁶/substance use treatment for three consecutive months if there is evidence of active substance abuse. This can be from a third party, law enforcement officer and/or treating provider, and
- A Certificate of Completion in association with a current Driver Medical Report signed by the treating provider.

The MDO will not require residential or outpatient ETOH/substance use treatment for:

- A one-time substance abuse/use occurrence by individuals who do not have a history of chronic ETOH/substance abuse. This may require additional clarification from the individual's established treating provider.

An ETOH/substance use formal assessment by a qualified addiction provider can be submitted initially for a one-time relapse in lieu of automatic requirement for a three-month period of substance abuse treatment. Further requirements are based upon the results of the evaluation once received and reviewed by the MDO.

- A history of ETOH/substance abuse/use but no evidence of active disease for two or more years.

⁶ Chemical abbreviation for ethyl alcohol, also known as grain alcohol or drinking alcohol.

When an individual is required to undergo formal residential or outpatient substance use treatment, the individual may undergo a formal assessment by a qualified addiction provider to determine whether a substance use disorder is present. If no disorder is identified, the results of the evaluation in association with a current DMR signed by the treating provider can be submitted for consideration.

Regular attendance and participation in an AA/NA program is accepted as Proof of Treatment only when all four of the following are submitted:

1. Proof of attendance and participation at AA/NA meetings, once daily over a three-month period (total of 90 days) without a break of more than three days; and the individual must obtain a sponsor during this period.
2. Proof of attendance and participation in the program, by way of copies of the respective meeting ledger(s) co-signed by the sponsor. Multiple ledgers must each individually be co-signed by the sponsor.
3. Proof of “control” for three months, in the form of the treating provider’s signature, professional license number and phone number on the ledger(s).
4. The driver must submit letters from three other individuals, including their contact information (phone number, email, address), corroborating that the driver has attended the required number of AA/NA meetings and has remained clean and sober.

The use of multiple alcohol or substance abuse treatment programs is only acceptable when:

1. There is no break in treatment (the individual would need to be discharged from one program one day and enter the second program the next day); and
2. A urine drug screen (UA) is performed on admission to the second program and is entirely negative for any substances.
3. Prior to consideration for medical clearance, a certificate of completion from the treating Residential Treatment Center must be submitted in addition to a current DMR.

Even when the treating provider is aware of abuse and/or combined use, the level of impairment may be underestimated⁷. For these reasons, the following profile is intended to be strict and unyielding.

⁷ ...recall methods in self-report surveys are potentially reasonably accurate measures of actual drinking levels for light to moderate drinkers, but that underestimating of alcohol consumption increases with heavy consumption. (Oxford University: academic.oup.com/alcalc/article-abstract/46/6/709/130169)

Profile: Substance Abuse/Use – Alcohol/Drug

Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
High Risk, Permanent/Uncontrollable Chronic alcoholism or other substance abuse with failed or refused treatment/rehabilitation efforts.	No Review for change in severity when - medical evidence indicates impairment/condition is improved or well-controlled and stable.	R: Once medically eligible. F: Six-months
High Risk, Reversible/Controllable Alcohol/drug problem within past three months without evidence of participation in rehab program.	No Three months of residential or out-patient substance abuse treatment is required for a determination. Certificate of Eligibility will be granted when medical evidence indicates impairment/condition is well-controlled and stable.	R: Once medically eligible. F: 6-to-12-month intervals for one year then 12-month interval, until 24 months post completion of treatment; then discontinue.
Moderate Risk Alcohol/drug problem within past six- months, recovering, entered, and participating in rehab program for at least three months.	Yes.	R: Once medically eligible. F: 6-month intervals for one year, then 12-month interval until 24 months post completion of treatment; then discontinue.
Low Risk History of alcohol/drug problem with documented, sustained recovery period of more than 24 months.	Yes.	No When continued monitoring advised by provider, increase impairment level.

AMEND: 735-074-0080

RULE TITLE: Definitions

NOTICE FILED DATE: 04/29/2025

RULE SUMMARY: DMV proposes to amend this rule to add “health care,” “mental health provider,” “hospitalist,” “intoxicant” and “loss of consciousness or control” to the list of definitions and to remove “recertify” as a defined word. DMV is also amending the definitions of several defined terms and moving some defined terms so they are in alphabetical order.

RULE TEXT:

For the purpose of these OAR 735, division 074, rules, the following definitions apply:

- (1) “DMV” means the Driver and Motor Vehicle Services Division of the Oregon Department of Transportation.
- (2) “Driver Medical Report form” means the DMV form provided to a person or a form approved by DMV used to obtain medical information for determining if the person is eligible or qualified for driving privileges.
- (3) “Health care” means evaluation or treatment intended to:
 - (a) Improve or maintain human function; or
 - (b) Treat or manage pain, disease, condition or injury, and includes but is not limited to a medical or behavioral health disorder, substance use disorder, and mental health care.
- (4) “Health care provider” has the meaning set forth in ORS 807.710 and, for the purpose of these rules, OAR 735, division 074, is limited to a chiropractic physician, nurse practitioner, occupational therapist, physical therapist, optometrist, physician associate, podiatric physician or surgeon, and a mental health provider.
- (5) “Hospitalist” means a physician or health care provider who specializes in providing and managing the care and treatment of hospitalized patients.
- (6) “Immediate suspension or cancellation” means the suspension or cancellation of driving privileges or the right to apply for driving privileges before the person is given an opportunity for a hearing to contest the suspension or cancellation.
- (7) “Intoxicant” is as defined in ORS 801.321.
- (8) “Loss of consciousness or control” means an unpredictable medical event experienced at any time by a person in which the normal control of the person’s body is compromised due to the event, rendering the person unconscious, unable to experience normal sensory perception, or unable to initiate the physical motion required to safely operate a motor vehicle. “Loss of consciousness or control” includes, but is not limited to, seizure, syncope, narcolepsy, hypoglycemia, sleep apnea or black-out.
- (9) “Mandatory reporting” or “mandatory report” means a report of a cognitive or functional impairment that is both severe and uncontrollable, submitted by a physician or health care provider as mandated under ORS 807.710 and OAR 735-074-0090 to 735-074-0130
- (10) “Medical Determination Officer” or “MDO” means a physician, nurse practitioner or physician associate, licensed to provide health care services by the State of Oregon, and employed or designated by DMV to make medical determinations of a person’s medical eligibility for driving privileges.
- (11) “Mental health provider” means a person licensed in the State of Oregon who provides clinical treatment and interventions specific to either or both of the following:
 - (a) Mental health impairments, including but not limited to, depression, bipolar and schizophrenia.
 - (b) Behavioral health impairments, including but not limited to, substance abuse, addiction and self-harm.
- (12) “Physician” has the meaning set forth in ORS 807.710.
- (13) “Primary and secondary driving controls” mean the steering wheel, gas pedal, brake, clutch (if applicable), gear shift lever or stick, turn signal controls, headlight controls, windshield wiper controls, defrost control and horn of a motor vehicle.
- (14) “Primary care provider” means a physician or health care provider who is responsible for supervising, coordinating and providing a person’s initial and ongoing health care, as of the date of exam reflected on a Mandatory Impairment

Referral (Form 735-7230) or a Driver Medical Report (Form 735-6587) , including initiating consultations, referrals for health care outside of the provider's scope of practice, and specialist care to assure continuity of a person's medically appropriate health care.

(15) "Recertification" means the process for requiring the person to reestablish medical eligibility at periodic intervals by submitting updated medical or vision information.

(16) "Severe" means that the impairment substantially limits a person's ability to perform Instrumental Activities of Daily Living (IADLs), including driving, because the impairment is not controlled or compensated for by medication, therapy, surgery or adaptive devices. "Severe" does not include a temporary impairment for which the person is being treated by a physician or health care provider and which is not expected to last more than six months.

(17) "Tests" mean examinations under ORS 807.070 that establish a person's eligibility for driving privileges. "Tests" include a DMV vision screening, a knowledge test and a drive test.

(18) "Uncontrollable" means the impairment persists despite efforts to control or compensate for the impairment by medication, therapy, surgery, or adaptive devices. "Uncontrollable" does not include an impairment for which treatment by medication, therapy, surgery or adaptive devices is currently under evaluation.

STATUTORY/OTHER AUTHORITY: ORS 184.619, 802.010, 807.710

STATUTES/OTHER IMPLEMENTED: ORS 807.710

AMEND: 735-074-0090

RULE TITLE: Physicians and Health Care Providers Required to Report to DMV

NOTICE FILED DATE: 04/29/2025

RULE SUMMARY: DMV proposes to amend this rule to update the list of physicians and health care providers that must submit a report to DMV as described in OAR 735-074-0120. Other changes are for clarity.

RULE TEXT:

(1) If providing health care services to a person meeting the criteria set forth in OAR 735-074-0100 or 735-074-0110, the following physicians and healthcare providers must submit a report to DMV as described in OAR 735-074-0120:

- (a) The person's primary care provider.
- (b) A physician or healthcare provider providing emergency healthcare services.
- (c) A physician or a health care provider providing a specialist evaluation or ongoing specialist healthcare services for a cognitive or functional impairment meeting the criteria set forth in OAR 735-074-0110.
- (d) A hospitalist serving as the primary care provider while the patient is hospitalized.

(2) A physician or health care provider providing a specialist evaluation or specialist healthcare services related to a cognitive or functional impairment meeting the criteria set forth in OAR 735-074-0110, must:

- (a) Submit a report to DMV; or
- (b) Provide one or more of the following to the referring provider:
 - (A) Applicable findings.
 - (B) Test results.
 - (C) An evaluation or treatment report.

(3) Upon receipt of any of the items identified in subsection (2)(b) of this rule, the referring provider must submit a report to DMV when the cognitive or functional impairment meets the criteria set forth in OAR 735-074-0110.

(4) An ophthalmologist or optometrist providing health care services to a person who does not meet the DMV vision standards set forth in OAR 735-062-0050 with corrective lenses or devices must:

- (a) Submit a report to DMV; or
- (b) Provide the findings or test results to the person's primary care provider. Upon receipt of findings from the ophthalmologist or optometrist, the primary care provider must submit a report to DMV.

(5) Notwithstanding section (1) of this rule, a physician or health care provider providing health care services to a person meeting the criteria set forth in OAR 735-074-0100 and 735-074-0110, is not required to submit a report to DMV if the person is incapacitated and not expected to regain the ability to drive.

STATUTORY/OTHER AUTHORITY: ORS 184.619, 802.010, 807.710

STATUTES/OTHER IMPLEMENTED: ORS 807.710

AMEND: 735-074-0120

RULE TITLE: The Mandatory Report to DMV

NOTICE FILED DATE: 04/29/2025

RULE SUMMARY: DMV proposes to amend this rule to add an additional method to submit DMV's Mandatory Impairment Referral form and to update the list of required information on a Mandatory Impairment Referral form that is submitted by a reporting physician or health care provider. The list of required information now includes the date of the person's most recent examination and requires that it be performed within six months of submission. DMV also proposes to update the language in rule to use the term "intoxicant" as defined in Oregon Laws 2023, Chapter 498 (ORS 801.321).

RULE TEXT:

(1) To report a severe and uncontrollable functional or cognitive impairment as required by OAR 735-074-0110, the reporting physician or health care provider must complete and submit to DMV a Mandatory Impairment Referral form (DMV form 735-7230). A report may also be submitted by proxy on a form approved by DMV and substantially similar to DMV Form 735-7230 containing all required content, including the statement "Proxy for DMV's Mandatory Impairment Referral form (DMV form 735-7230)."

(2) To report visual acuity or field of vision not meeting DMV standards as required by OAR 735-074-0100, the reporting physician or health care provider must complete and submit to DMV a Mandatory Impairment Referral form (DMV form 7230). A report may also be submitted by proxy on a form approved by DMV and substantially similar to DMV Form 735-7230 containing all required content, including the statement "Proxy for DMV's Mandatory Impairment Referral form (DMV form 735-7230)."

(3) A form described in section (2) of this rule must contain the following information:

(a) The name, address, date of birth, sex, and Oregon driver license or identification card number (if known) of the person being reported;

(b) The functional or cognitive impairment(s) being reported, as described in OAR 735-074-0100 or 735-074-0110;

(c) A description of how the person reported is affected by the impairment;

(d) The name, professional license or certification number and signature of the reporting physician or health care provider; and

(e) The date of the person's most recent examination, within the prior six months of the date the form is submitted to DMV.

(4) If available, and applicable, the following information may be included on the form:

(a) Any underlying medical diagnosis or condition related to the reported impairments;

(b) The date of the person's last episode of loss of consciousness or control, date of cerebrovascular accident (CVA), cardiac event or intoxicant use or relapse;

(c) Medication prescribed that may interfere with safe driving behaviors or medication prescribed to treat the impairment(s) reported; and

(d) The address and phone number, of the reporting physician or health care provider.

STATUTORY/OTHER AUTHORITY: ORS 184.619, 802.010, 807.710

STATUTES/OTHER IMPLEMENTED: ORS 807.710

AMEND: 735-074-0140

RULE TITLE: DMV Response to Mandatory Report – Suspension, Opportunity to Re-Test, Reinstatement

NOTICE FILED DATE: 04/29/2025

RULE SUMMARY: DMV proposes to amend this rule to clarify information in the rule regarding determinations made by the Medical Determination Officers regarding medical and vision recertification, the order in which testing can be completed, and what DMV will do when a report does not contain all necessary information. Other changes are for clarity.

RULE TEXT:

(1) DMV will review a report received under OAR 735-074-0120 to determine if sufficient information has been provided. If the report does not:

(a) Contain the information required by OAR 735-074-0120, DMV may contact the reporting physician or health care provider or return the form for completion.

(b) Meet the requirements for a mandatory report, but is of a possible mental or physical condition or impairment that indicates the person is no longer qualified to hold a driver license, driver permit or endorsement or may no longer be able to drive safely, DMV will review the report under the non-mandatory program described in OAR chapter 735, division 076, to determine what action, if any, is appropriate.

(2) Using the standards set forth in OAR 735-074-0130, or when otherwise recommended by the Medical Determination Officer based on the Medical Determination Standards defined in OAR 735-074-0072 and current medical knowledge and practice, DMV will suspend driving privileges or the right to apply for driving privileges under ORS 809.419(3), if DMV determines from the report submitted under OAR 735-074-0120 that the person has a mental or physical condition or impairment that affects the person's ability to safely operate a motor vehicle upon the highways. DMV will immediately suspend a person's driving privileges or the right to apply for driving privileges if DMV has reason to believe the person may endanger people or property if not immediately suspended. A suspension under this section shall remain in effect until the person completes all DMV requirements, which may include obtaining a determination of medical eligibility, meeting visual acuity and field of vision standards, and passing DMV tests.

(3) If DMV receives a report that indicates that a person's vision does not meet the vision standards set forth in OAR 735-062-0050, DMV will immediately suspend the person's driving privileges or right to apply for driving privileges under ORS 809.419(3). To be eligible for reinstatement of driving privileges the person must: submit proof from a licensed optometrist or physician who specializes in the diagnosis and treatment of eye diseases that the person's vision, with or without corrective lenses, meets the vision standards set forth in OAR 735-062-0050. A suspension under this section shall remain in effect until the person provides documentation to DMV that the person meets the visual acuity and field of vision standards.

(4) A person whose driving privileges and right to apply for driving privileges are suspended because of a functional impairment may request to be tested by DMV to demonstrate that notwithstanding the impairment, the person is qualified to safely operate a motor vehicle. If the request is granted, DMV will administer a vision test under OAR 735-062-0050, a knowledge test under OAR 735-062-0040 and a DMV drive test under OAR 735-062-0070. DMV will deny the request if it has reason to believe the person is unable to safely operate a motor vehicle during a drive test. If the request is denied, DMV may give the person tests if the person:

(a) Submits proof of successful completion of a driver rehabilitation program conducted by a rehabilitation specialist;

(b) Submits proof of successful completion of a driver training course conducted by an ODOT certified commercial driver training school; or

(c) Submits proof that the person's motor vehicle is equipped with an appropriate adaptive device(s), such as hand controls, and provides documentation that the person knows how to use and has practiced with the adaptive device(s).

(5) A person whose driving privileges and right to apply for driving privileges are suspended because of a cognitive impairment or a cognitive impairment in conjunction with a functional impairment reported under OAR 735-074-0110 may request to be tested by DMV to demonstrate that notwithstanding the disorder or the impairment, the person is

qualified to safely operate a motor vehicle. Before DMV will grant the request to be tested, the Medical Determination Officer must determine that the person is medically eligible to take tests. If eligible for testing, the person must first pass a vision test under OAR 735-062-0050 and a knowledge test under OAR 735-062-0040, and then a DMV drive test under OAR 735-062-0070.

(6) A request for testing under sections (4) and (5) of this rule must be made by contacting DMV headquarters as described in the suspension notice or letter informing the person they are medically eligible to take tests.

(7) For a cognitive impairment or a cognitive impairment in conjunction with a functional impairment, the testing described in section (5) of this rule must be completed prior to a required medical recertification, if any.

(8) DMV will notify the reporting physician or health care provider if the person's driving privileges are reinstated.

(9) When the person voluntarily surrenders driving privileges as set forth in OAR 735-062-0135(4), DMV will rescind any suspension imposed prior to the voluntary surrender under sections (2) or (3) of this rule. The person may be eligible for a no-fee identification card.

(10) DMV may suspend a person's right to apply for driving privileges under section (2) or (3) of this rule and ORS 809.360 if the person has voluntarily surrendered their driving privileges under section (9) of this rule and DMV subsequently receives information indicating the person is operating a motor vehicle without driving privileges and the person has not received a determination of medical eligibility by DMV's Medical Determination Officer.

(11) If DMV determines a person is medically eligible for driving privileges, DMV may require the person to provide periodic medical or vision information based on the recommendation of either the MDO, or the person's treating physician, health care provider, or vision specialist. The determination of medical eligibility made by the MDO may contain testing and recertification requirements including the time period for recertification.

(12) If the MDO requires medical or vision recertification, DMV shall use the recertification process described in OAR 735-076-0035 for a person who regains or fails to regain driving privileges. If the person fails to regain driving privileges, the person may continue to attempt to pass all required tests until DMV imposes a medical recertification cancellation pursuant to the recertification process unless the person has been denied further testing under OAR 735-074-0180(3)(c). Once a medical recertification cancellation is in effect, the person is no longer eligible to take tests. The person must receive a new determination of medical eligibility prior to attempting to complete the testing requirement.

(13) If DMV requires a person to submit periodic:

(a) Medical information, DMV will send the person a cancellation notice at least 60 days before the recertification is due, and include a Driver Medical Report form (DMV form 735-6587) with instructions to return the Driver Medical Report form and any additional pertinent medical information within 60 days from the date of the notice to avoid cancellation. If the person fails to provide the medical information within 60 days from the date of notice, the cancellation takes effect on the 61st day.

(b) Vision information, DMV will send the person a cancellation notice at least 60 days before the recertification is due, and include a Certificate of Vision form (DMV form 735-24) and instructions to return the Certificate of Vision form showing the person meets state vision standards under OAR 735-062-0050, within 60 days from the date of the notice to avoid cancellation. If the person fails to provide the vision information within 60 days from the date of notice, the cancellation takes effect on the 61st day.

(14) A person may be required to successfully complete DMV testing or may have driving privileges suspended based on information contained in the Driver Medical Report form (DMV form 735-6587) or periodic Certificate of Vision form (DMV form 735-24) submitted under section (10) of this rule. When a person has suffered a loss of consciousness or control and there are no additional functional or cognitive concerns, DMV's Medical Determination Officer may waive testing.

STATUTORY/OTHER AUTHORITY: ORS 184.619, 802.010, 807.340, 807.710, 809.419

STATUTES/OTHER IMPLEMENTED: ORS 807.340, 807.710

ADOPT: 735-074-0185

RULE TITLE: When a Driver Medical Report Form or Certificate of Vision Form is Required

NOTICE FILED DATE: 04/29/2025

RULE SUMMARY: DMV proposes to adopt this rule to describe who may complete a Driver Medical Report form and a Certificate of Vision form, what information must be included on the form and what other information may also be submitted along with the form.

RULE TEXT:

(1) When DMV determines a Driver Medical Report form (DMV form 735-6587) is necessary to determine the person's medical eligibility for driving privileges, as described in OAR Chapter 735, Division 74, DMV will send the form to the person and notify them that the form must be submitted to DMV for a determination of medical eligibility by DMV's Medical Determination Officer. The form must be completed by the person's treating physician or health care provider managing the condition and returned to DMV. The Driver Medical Report form response must include:

- (a) The signature of the person's treating physician or health care provider managing the condition and the date signed;
- (b) The date of most recent clinical contact or exam, which must be after the date of incident or examination on which the report to DMV was based;
- (c) The condition or diagnosis related to the driving concern(s), and responses addressing the condition and all of the reported concerns;
- (d) The nature of the condition, whether it is acute, chronic, progressive, or resolved;
- (e) Whether the patient's condition is new or has increased in severity in the last six months;
- (f) Whether the patient's condition is well controlled, including the duration of stability;
- (g) Whether the patient is compliant with medication and or treatment; and
- (h) The name, professional license or certification number, and signature of the treating physician or health care provider.

(2) When DMV determines a Certificate of Vision form (DMV form 735-024) is necessary to determine the person's eligibility for driving privileges, as described in OAR Chapter 735, division 074, DMV will send the form to the person and inform the person that the form must be completed by their vision specialist and show that their vision meets state standards, as defined in OAR 735-062-0050. The form must be submitted to DMV.

STATUTORY/OTHER AUTHORITY: ORS 184.619, 802.010, 807.340, 809.419

STATUTES/OTHER IMPLEMENTED: ORS 807.340

AMEND: 735-074-0190

RULE TITLE: Tests Required

NOTICE FILED DATE: 04/29/2025

RULE SUMMARY: DMV proposes to amend this rule to align the wording used in rule with the wording used in statute. The rule will now state that DMV may require a vision test, instead of a vision screening that previously stated.

RULE TEXT:

Tests required under these rules may include one or more of the following:

- (1) A knowledge test for the class of license and endorsement(s) held;
- (2) A vision test;
- (3) A drive test for the class of license held including any endorsement(s); or
- (4) Any other examination or test that DMV determines may be necessary in establishing eligibility or fitness to operate a motor vehicle (e.g., special drive test for basic needs license).

STATUTORY/OTHER AUTHORITY: ORS 184.619, 802.010, 807.340

STATUTES/OTHER IMPLEMENTED: ORS 807.070, 807.340

AMEND: 735-074-0210

RULE TITLE: Restricted Licenses

NOTICE FILED DATE: 04/29/2025

RULE SUMMARY: DMV proposes to amend this rule to remove the confusing language regarding the issuance of a Restricted Applicant Temporary Permit. Issuance of the permit does not remove the suspension of the person's privileges, and the suspension is only for the purpose of taking driving lessons for a Class C noncommercial driver license.

RULE TEXT:

(1) DMV may issue a restricted license to a person who passes the required tests when DMV determines a restriction on the license is necessary to insure the safe operation of a motor vehicle by the person. These restrictions may include but are not limited to the following:

- (a) Daylight driving only;
- (b) Driving only on a certain, restricted route;
- (c) Driving only during certain hours of the day; or
- (d) Driving only with certain vehicle equipment or adaptive devices.

(2) A person whose driving privileges are suspended under these OAR 735, division 074, rules, who is otherwise eligible for driving privileges, may obtain a Restricted Applicant Temporary Permit for the express purpose of taking driving lessons for a Class C noncommercial driver license in accordance with OAR 735-074-0212.

STATUTORY/OTHER AUTHORITY: ORS 184.619, 802.010, 807.120

STATUTES/OTHER IMPLEMENTED: ORS 807.120

AMEND: 735-074-0212

RULE TITLE: Restricted Applicant Temporary Permit

NOTICE FILED DATE: 04/29/2025

RULE SUMMARY: DMV proposes to amend this rule to clarify that DMV may issue a Restricted Applicant Temporary Permit when a person's driving privileges are suspended under OAR 735, division 74, to permit the person to take driving lessons or to be evaluated by an occupational therapist or rehabilitative specialist. DMV is amending the length of time the permit is issued so it aligns with ORS 807.310. The permit will be issued for 30 days with the option of an extension of 30 days if there is sufficient cause. Previously, DMV was issuing the permits for 60 days without an extension. Other changes are for clarity.

RULE TEXT:

- (1) When a person does not have Oregon driving privileges, their right to apply for driving privileges is suspended under these OAR 735, division 074, rules and the person has medical or testing requirements that must be met prior to DMV issuing driving privileges, DMV may issue a Restricted Applicant Temporary Permit that allows the person to take driving lessons for a Class C noncommercial driver license or be evaluated by an occupational therapist or other diagnostic or rehabilitative specialist. The permit may be issued for 30 days, and extended for an additional 30 days with sufficient cause pursuant to ORS 807.310(4).
- (2) An applicant for a permit under this rule must meet all eligibility requirements listed in section (10) of this rule.
- (3) Upon issuance of a Restricted Applicant Temporary Permit, the suspension is partially stayed for the period the permit is valid and only for the purpose of operating a motor vehicle when the permit holder is driving with the driving instructor, occupational therapist or rehabilitative specialist identified on the permit. The person's driving privileges otherwise remain suspended.
- (4) At the end of the Restricted Applicant Temporary Permit period, if the person has not successfully completed a driving test given by a DMV employee, or is not otherwise eligible for driving privileges, the Restricted Applicant Temporary Permit expires and the partial stay of the person's suspension is rescinded.
- (5) When the partial stay of a person's suspension is rescinded upon expiration of the Restricted Applicant Temporary Permit under section (4) of this rule, DMV is not required to provide the person with further notice or an opportunity for a contested case hearing.
- (6) If a person's driving privileges are cancelled and the driver is denied further testing under OAR 735-062-0073, the person may apply for a Restricted Applicant Temporary Permit for the express purpose of taking driving lessons if DMV determines that, with driving lessons, the person may learn to safely operate a motor vehicle.
- (7) An applicant for a permit under section (6) of this rule must, in addition to meeting all eligibility requirements listed in section (10) of this rule, provide sufficient information to show that there is a reasonable likelihood that driving lessons will improve the person's ability to safely operate a motor vehicle. Such information may include, but is not limited to:
 - (a) Medical information;
 - (b) Information from a rehabilitation specialist that the person may benefit from lessons to learn to use an adaptive device or technique; or
 - (c) A statement from a person which includes information showing that, with driving lessons, the applicant is likely to learn to safely operate a motor vehicle.
- (8) Driving lessons must be provided by a commercial driving instructor certified by DMV under OAR 735-160-0011, rehabilitation specialist or other licensed driver approved by DMV as an instructor under sections (11) and (12) of this rule.
- (9) A Restricted Applicant Temporary Permit only allows the person to drive with an instructor during driving lessons and at no other time.
- (10) To be eligible for a Restricted Applicant Temporary Permit under section (1) and (6) of this rule, the person must:
 - (a) If required by DMV, receive a determination of medical eligibility from the Medical Determination Officer;

- (b) Apply for driving privileges, and specifically request a restricted permit for the purpose of taking driving lessons prior to taking a drive test;
 - (c) Pass a DMV vision test or submit a Certificate of Vision showing that the person's vision meets DMV standards; and
 - (d) Pass a DMV knowledge test.
- (11) DMV may approve a licensed driver to provide driving lessons to a person as provided under this rule when DMV determines:
- (a) The person lives more than 50 miles from the nearest commercial driving instructor certified by DMV under OAR 735-160-0011 or a rehabilitation specialist; or
 - (b) The person lives closer than 50 miles from the nearest commercial driving instructor certified by DMV under OAR 735-160-0011 or rehabilitation specialist, but DMV determines barriers, other than distance, exist and make it unreasonable for the applicant to take lessons from any commercial driving instructor or rehabilitation specialist that is located within the 50 miles of the person's domicile.
- (12) A licensed driver may qualify to provide driving lessons to a person as provided under this rule when the licensed driver meets all of the following requirements:
- (a) The licensed driver has no familial, personal or social relationship with the applicant;
 - (b) The licensed driver holds a valid, Oregon driver license, unrestricted for anything other than corrective lenses or organ donor, for at least the most recent five-year period;
 - (c) The licensed driver has no preventable crashes, as defined in OAR 735-072-0020, citations for moving violations, or convictions for driving-related offenses for the most recent 5-year period; and
 - (d) The licensed driver has maintained automobile insurance for the most recent 5-year period.

STATUTORY/OTHER AUTHORITY: ORS 184.619, 802.010, 807.120, 807.310, 807.340

STATUTES/OTHER IMPLEMENTED: ORS 807.120, 807.310, 807.340

AMEND: 735-074-0220

RULE TITLE: Hearing Request for Suspension or Cancellation of Driving Privileges Under Division 74 and Division 76 Rules

NOTICE FILED DATE: 04/29/2025

RULE SUMMARY: DMV proposes to amend OAR 735-074-0220 to clarify when a notice becomes the final order.

RULE TEXT:

A person issued a notice of suspension or cancellation under these rules has the right to request a contested case hearing. The following apply to a hearing request:

- (1) Except as provided in section (2) of this rule, a person issued a notice of suspension or cancellation under these rules must request a hearing within 20 days from the date on the notice. Except as provided in section (2) of this rule, the suspension or cancellation will not go into effect pending the outcome of the hearing.
- (2) A person issued a notice of an immediate suspension or an immediate cancellation must request a hearing within 90 days from the date on the notice. The suspension or cancellation will remain in effect and will not be rescinded or stayed by DMV pending the outcome of the hearing.
- (3) A hearing request must be in writing and must include:
 - (a) The person's full name;
 - (b) The person's complete mailing address;
 - (c) The person's Oregon driver license number; and
 - (d) A brief statement of the issues the person proposes to raise at the hearing.
- (4) A hearing request should also include:
 - (a) The person's date of birth;
 - (b) The telephone number where the person can be reached between 8 a.m. and 5 p.m.; and
 - (c) The dates and times the person or the person's attorney cannot appear at a hearing.
- (5) The administrative law judge must give DMV sufficient opportunity to obtain and present in the contested case hearing any testimony or documents deemed necessary by the agency to respond to evidence offered by the person on any factual or legal defense.
- (6) In order for a request for hearing to be timely, the request must be postmarked or received by DMV within the time periods established in sections (1) and (2) of this rule. If the request for hearing is not timely received, the person waives his or her right to a hearing, except as provided in OAR 137-003-0528 and the notice becomes the final order by default. The time periods will be computed as set forth in 137-003-0520(11).
- (7) DMV will not accept a hearing request postmarked or received by DMV more than 60 calendar days after the notice becomes a final order by default.
- (8) To be received by DMV, the hearing request must be:
 - (a) Personally delivered to DMV Headquarters, 1905 Lana Avenue NE, Salem, OR;
 - (b) Delivered by mail to DMV Headquarters, 1905 Lana Avenue NE, Salem OR 97314;
 - (c) Received by facsimile machine at FAX number (503) 945-5521; or
 - (d) Requested on-line at dmv2u.oregon.gov.

STATUTORY/OTHER AUTHORITY: ORS 184.619, 802.010, 809.440

STATUTES/OTHER IMPLEMENTED: ORS 809.440

AMEND: 735-076-0000

RULE TITLE: Policy, Objective and Purpose of the At-Risk Program — Non-Mandatory Reporting

NOTICE FILED DATE: 04/29/2025

RULE SUMMARY: DMV proposes to amend this rule to clarify the wording in the rule and to clarify that a physician or health care provider from another jurisdiction may submit a non-mandatory report.

RULE TEXT:

- (1) It is the policy of DMV to promote safety for all persons who travel or otherwise use the public highways of this state.
- (2) The underlying policy of the Department's rules on at-risk drivers is to preserve the independence, dignity, and self-esteem that result from providing one's own mobility, so long as it is possible to do so without risk to oneself or to others.
- (3) It is therefore an objective of these OAR 735, division 076, rules to establish a program for the non-mandatory reporting to DMV of those drivers who have a mental or physical condition or impairment that may affect driving ability, or drivers who have demonstrated unsafe or dangerous driving behaviors.
- (4) DMV may receive information that indicates a person may no longer be qualified to hold a driver license, driver permit or endorsement or may no longer be able to drive safely. Information about a person may come from many sources, including but not limited to, a report from any of the following:
 - (a) A physician or health care provider;
 - (b) A physician or health care provider from another jurisdiction;
 - (c) Any member of the public, including a family member, friend or neighbor;
 - (d) A report from a police officer or a court;
 - (e) A DMV representative; or
 - (f) The person, when the person seeks issuance, renewal or replacement of their driving privileges from DMV, or when the person voluntarily requests to take a DMV test.
- (5) A report may describe:
 - (a) A possible mental or physical condition or impairment, a vision problem, or a possible problem condition involving an intoxicant that indicates the person is no longer qualified to hold a driver license, driver permit or endorsement;
 - (b) An unsafe or dangerous driving behavior that indicates the person is not able to drive safely;
 - (c) That the person no longer has the skills necessary to safely operate a motor vehicle; or
 - (d) That the person could have a loss of consciousness or control while driving, resulting in loss of control of a motor vehicle.
- (6) These OAR 735, division 076, rules provide procedures for:
 - (a) Review of non-mandatory reports;
 - (b) Obtaining of required information necessary to determine if a person remains qualified for driving privileges; and
 - (c) Taking of necessary action when a determination is made that the person is no longer qualified for driving privileges.

STATUTORY/OTHER AUTHORITY: ORS 184.619, 802.010, 807.340, 809.419

STATUTES/OTHER IMPLEMENTED: ORS 807.340

AMEND: 735-076-0002

RULE TITLE: Definitions

NOTICE FILED DATE: 04/29/2025

RULE SUMMARY: DMV proposes to amend this rule to update the definition of "health care provider" and "unsafe or dangerous driving behavior." DMV is also proposing to add "health care," "intoxicant," "mental health provider," and "physician or health care provider from another jurisdiction" to the list of defined terms.

RULE TEXT:

For the purpose of these OAR 735, division 076, rules, the following definitions apply:

- (1) "DMV" means the Driver and Motor Vehicle Services Division of the Oregon Department of Transportation.
- (2) "Health care" has the meaning set forth in ORS 442.385.
- (3) "Health care provider" means a person licensed, certified or otherwise authorized or permitted by law to administer health care in the State of Oregon. For purposes of these rules, OAR Chapter 735, division 076, "health care provider" is limited to: a chiropractic physician, mental health provider, nurse practitioner, occupational therapist, physical therapist, optometrist, physician associate and podiatric physician or surgeon.
- (4) "Immediate suspension or cancellation" means the suspension or cancellation of driving privileges or the right to apply for driving privileges before the person is given an opportunity for a hearing to contest the suspension.
- (5) "Intoxicant" is as defined in ORS 801.321.
- (6) "Loss of consciousness or control" means an unpredictable medical event experienced at any time by a person in which the normal control of the person's body is compromised due to the event rendering the person: unconscious, unable to experience normal sensory perception, or unable to initiate the physical motion required to safely operate a motor vehicle. "Loss of consciousness or control" includes but is not limited to: seizure, syncope, narcolepsy, hypoglycemia, sleep apnea or black-out.
- (7) "Medical Determination Officer" means a physician, nurse practitioner or physician associate, licensed to provide health care services by the State of Oregon, and employed or designated by DMV to make medical determinations of a person's medical eligibility for driving privileges.
- (8) "Mental health provider" means a person licensed by the State of Oregon who provides clinical treatment and interventions specific to either or both of the following:
 - (a) Mental health impairments, including, but not limited to, depression, bipolar, and schizophrenia.
 - (b) Behavioral health impairments, including, but not limited to, substance abuse, addiction, and self-harm.
- (9) "Non-mandatory reporting" or "non-mandatory report" means a voluntary report to DMV of either a medical condition or impairment that may affect a driver's ability to safely operate a motor vehicle, or a report of actual driving behavior that may indicate the person is no longer able to safely operate a motor vehicle. A "non-mandatory report" does not include a report that must be filed by a physician or health care provider as required under OAR chapter 735, division 074, of a severe and uncontrollable impairment that affects a person's ability to safely operate a motor vehicle.
- (10) "Physician" has the meaning set forth in ORS 807.710.
- (11) "Physician or health care provider from another jurisdiction" means a person who would meet the definition of "physician," "health care provider" or "mental health provider," but for the fact that the physician, health care provider or mental health provider is licensed in another jurisdiction.
- (12) "Recertification" or "recertify" means the process for requiring the person to reestablish medical eligibility at periodic intervals by submitting updated medical or vision information.
- (13) "Tests" mean examinations under ORS 807.070 that establish a person's eligibility for driving privileges. "Tests" include a DMV vision screening, a knowledge test and a drive test.
- (14) "Unsafe or dangerous driving behavior" means a driver is unable to perform basic driving tasks in a safe and responsible manner. Driver actions reflective of this inability include, but are not limited to:
 - (a) Avoiding causing a crash due only to an evasive maneuver by another driver, pedestrian or bicyclist.
 - (b) Impeding traffic or failing to yield the right of way, such as: driving too slowly; driving in more than one lane of traffic;

turning from the wrong lane; or turning into the wrong lane.

(c) Failing to obey or having difficulty obeying a traffic control device, such as: running a red light or stop sign; stopping beyond the designated stop line at a traffic light or stop sign; failing to stop for a pedestrian in a marked crosswalk; or driving the wrong way on a one-way street.

(d) Exhibiting driving-related and other behaviors, as reported by law enforcement, which caused law enforcement to believe there may be a cognitive or functional impairment that contributed to or caused a traffic stop or vehicle crash.

STATUTORY/OTHER AUTHORITY: ORS 184.619, 802.010, 807.340, 809.419

STATUTES/OTHER IMPLEMENTED: ORS 807.340

AMEND: 735-076-0005

RULE TITLE: Reporting Requirements

NOTICE FILED DATE: 04/29/2025

RULE SUMMARY: DMV proposes to amend this rule to clarify the wording in the rule and to include a report from a physician or health care provider from another jurisdiction to the list of sufficient information to give DMV reason to believe the person may no longer be qualified to hold driving privileges. Other changes are for clarity.

RULE TEXT:

(1) In order for DMV to process a non-mandatory report that indicates a person may no longer be qualified for driving privileges or may no longer be able to safely operate a motor vehicle, the report must be in writing and contain:

(a) The name of the person making the report;

(b) Either:

(A) The signature of the person making the report, including a police officer; or

(B) When the reporter is a police officer, the officer's employing law enforcement agency and Department of Public Safety Standards and Training (DPSST) number;

(c) The name and date of birth of the person being reported, or a description of the person sufficient for DMV to identify the reported person from its records; and

(d) Sufficient information to give DMV reason to believe the person may no longer be qualified to hold a driver license, driver permit, or endorsement or may no longer be able to drive safely. For purposes of this rule, sufficient information includes, but is not limited to, one or more of the following:

(A) A physician or health care provider report of a physical or mental condition or impairment that is not reportable as required under OAR chapter 735, division 074, but does provide enough information to give DMV reason to believe the person may no longer be qualified to hold a driver license, driver permit, or endorsement or may no longer be able to drive safely.

(B) A report from a physician or health care provider licensed in another jurisdiction about an Oregon resident, or a person who has an valid Oregon driver license or driver permit, with a physical or mental condition or impairment that includes information that gives DMV reason to believe the person may no longer be qualified to hold a driver license or driver permit or may no longer be able to drive safely.

(C) A report of a physical or mental condition or impairment, and a description of either:

(i) How the person's ability to safely operate a motor vehicle is affected; or

(ii) A description of unsafe or dangerous driving behavior.

(D) A report by a police officer, physician, health care provider, or a physician or health care provider from another jurisdiction where a physical or mental condition or impairment is stated as a cause or possible cause of a crash or unsafe or dangerous driving behavior.

(E) A report of unsafe or dangerous driving behavior and DMV has reason to believe the driving behavior is likely to recur or similar driving behavior has previously been reported to DMV.

(2) All written documentation voluntarily submitted under this rule, including the name of the person submitting the documentation, will be kept confidential and not released to any person unless:

(a) The report was submitted by a police officer or judge acting within the scope of their official duties;

(b) DMV determines the documentation, or any portion thereof, must be released pursuant to the Oregon Public Records Law, ORS 192.410 to 192.505, or the Attorney General or a court orders disclosure in accordance with the Public Records Law; or

(c) The documentation is determined by DMV to be necessary evidence in an administrative proceeding involving the suspension or cancellation of the person's driving privileges or right to apply for driving privileges.

(3) DMV may request more information from the person making the report if the initial report does not have sufficient information to give DMV reason to believe the person may no longer be qualified to hold a driver license, driver permit, or endorsement or may no longer be able to drive safely.

(4) DMV may accept and process multiple reports regarding similar behavior, similar concerns or the same event; if the reports, taken together, include all required elements as described in section (1) of this rule.

STATUTORY/OTHER AUTHORITY: ORS 184.619, 802.010, 807.340, 809.419

STATUTES/OTHER IMPLEMENTED: ORS 807.340

AMEND: 735-076-0007

RULE TITLE: DMV Response to Non-Mandatory Report

NOTICE FILED DATE: 04/29/2025

RULE SUMMARY: DMV proposes to amend this rule to update the list of reasons a person may be required to receive a determination of eligibility from the Medical Determination Officer. DMV is also clarifying what may be required for a person to regain driving privileges after they were immediately suspended under ORS 809.419(3)(c). DMV proposes to update the rule to use the term "intoxicant" because of Oregon Laws 2023, Chapter 498. Other changes are for clarity.

RULE TEXT:

DMV will review a non-mandatory report meeting the requirements under OAR 735-076-0005 to determine the appropriate action to take, which may include any or all of the following:

- (1) No action if the report does not give DMV reason to believe the person being reported is no longer qualified to hold a driver license, driver permit, or endorsement or is no longer able to drive safely. This includes a report:
 - (a) From a physician or health care provider or a physician or health care provider from another jurisdiction indicating the condition or impairment is not likely to recur or does not affect the person's ability to drive safely; or
 - (b) A report of driving behavior that describes a single incident with no indication of a mental or physical condition or impairment affecting the person's ability to safely drive.
- (2) The person may be required to reestablish eligibility by passing DMV tests under ORS 807.070 when the report is one or more of the following:
 - (a) A report of a mental or physical condition or impairment that may affect the person's ability to safely operate a motor vehicle, not including a loss of consciousness or control or a problem condition involving an intoxicant;
 - (b) A report of unsafe or dangerous driving behavior only; or
 - (c) The person was reported as described in OAR 735-076-0005(1)(d)(A) or (B) and the report indicates a concern with the person's ability to safely operate a motor vehicle, not including loss of consciousness or control or a problem condition involving an intoxicant.
- (3) The person may be required to provide a Certificate of Vision form (DMV form 735-024) when the report indicates that the person's vision may not meet the vision standards set forth in OAR 735-062-0050.
- (4) The person may be required to receive a determination of eligibility from the Medical Determination Officer under ORS 807.090 by submitting a Driver Medical Report form (DMV form 735-6587) completed by the driver's treating physician or health care provider, when the report indicates one or more of the following:
 - (a) A loss of consciousness or control is a cause or possible cause of a crash or of unsafe or dangerous driving behavior.
 - (b) The person was reported as described in OAR 735-076-0005(1)(d) and the report is from:
 - (A) A police officer, physician, or health care provider as described in OAR 735-076-0005(1)(d)(D); or
 - (B) A physician or health care provider from another jurisdiction about an Oregon resident, or a person who has a valid Oregon driver license or driver permit, with a physical or mental condition or impairment, and based on clinical contact with the person being reported which occurred within the last six months.
 - (c) A condition or impairment that involves the loss of consciousness or control, or a possible problem condition involving an intoxicant and DMV has reason to believe from the report that the person may no longer be qualified for driving privileges or may no longer be able to safely operate a motor vehicle, including but not limited to:
 - (A) The person was reported as described in OAR 735-076-0005(1)(d)(A) or (B) and the report is of a loss of consciousness or control; or a problem condition involving an intoxicant;
 - (B) Evidence of continued episodes of loss of consciousness or control despite current treatment; or
 - (C) Evidence of a problem condition involving an intoxicant.
- (5) An immediate suspension of the person's driving privileges under ORS 809.419(3)(c), when the report provides DMV reason to believe that the person may endanger people or property if not immediately suspended. To regain driving privileges after an immediate suspension, the person must reestablish eligibility for driving privileges by submitting a Driver Medical Report form (DMV form 735-6587) completed by the driver's treating physician or health care provider

and receiving a determination of eligibility from the Medical Determination Officer under ORS 807.090, and one or both of the following:

(a) Successfully taking tests under ORS 807.070; or

(b) Submitting a Certificate of Vision form (DMV Form 735-024) showing the applicant meets vision standards.

(6) Notwithstanding section (1) of this rule, DMV may respond to multiple reports regarding similar behavior, similar concerns or the same event; as described in sections (2) through (5) of this rule. DMV may respond in this manner when the reports, taken together, provide the elements to satisfy the requirements of sections (2) through (5) of this rule; and the reports are received within a reasonable time of one another.

STATUTORY/OTHER AUTHORITY: ORS 184.619, 802.010, 807.340, 809.419

STATUTES/OTHER IMPLEMENTED: ORS 807.340

ADOPT: 735-076-0008

RULE TITLE: Designating At-Risk Medical Determination Standards

NOTICE FILED DATE: 04/29/2025

RULE SUMMARY: DMV proposes to adopt this rule to adopt the “At-Risk Medical Determination Standards” as the standards used by DMV’s Medical Determination Officers when determining a person’s eligibility for driving privileges and add the “At-Risk Medical Determination Standards” to the rules.

RULE TEXT:

DMV adopts the “At-Risk Medical Determination Standards,” revised May 2025, as the standards used by DMV’s Medical Determination Officers when determining a person’s medical eligibility for driving privileges and whether one or more of the following are required:

- (1) Additional medical information;
- (2) Successful completion of DMV tests; or
- (3) Medical recertification at a later date.

STATUTORY/OTHER AUTHORITY: ORS 184.619, 802.010, 807.340, 809.419

STATUTES/OTHER IMPLEMENTED: ORS 807.340



At-Risk Program **Medical Determination Standards:**

Decision Points,
Determination Factors,
Criteria

DMV At-Risk Driver Program

1905 Lana Avenue, NE

Salem, OR 97314

(503) 945-5295

Effective January 15, 2006

Revised May 2025

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I. Decision-making Considerations

There are two primary decision-making considerations DMV's Medical Determination Officer(s) (MDO) utilize when assessing reports submitted to DMV's At-Risk Driver Program under both Mandatory and Non-Mandatory rules:

1. **Is the person medically eligible for a driver license?**
2. **Does the person need to recertify eligibility at a future date?** To verify that the condition remains well controlled¹ and stable, resolved, or when there is the potential for future exacerbations of the condition or treatment non-compliance.

II. Determination Factors

A. Initial Reports

In making an initial determination of medical eligibility, the MDO considers the Driver's case, including the initial report and any/all medical information submitted to DMV, as follows:

- Medical eligibility to take DMV tests.

When there are differing medical opinions received from multiple medical professionals on the same driver for the same impairment, they are weighted as follows:

1. The long-term established treating source for the impairment, such as a Primary Care Provider (PCP) independent of their specialty, receives primary weight.
2. A treating sub-specialist opinion, such as a Cardiologist or Neurologist, is weighted over the primary provider's opinion.
3. An established or sub-specialist provider's opinion is weighted over a one-time provider.
4. An Occupational Therapist (OT) or Physical Therapist (PT) provider can offer opinions related to an established impairment that requires specialized evaluation and testing in conjunction with a treating provider's opinion. Where an OT/PT opinion is based on direct behind-the-wheel experience, positive consideration may be given.

NOTE: All physicians, physician assistants, and nurse practitioners licensed in OR are qualified to establish the presence, severity and functional impact of a cognitive

¹ "Controlled" is defined as: 1. Supervised, overseen, or closely monitored; or 2. Effectively treated (*2009 Farlex Partners: medical-dictionary.thefreedictionary.com/controlled*). A condition that is "controlled," as described under either meaning of the term, meets the requirement for a "well controlled" condition.

impairment independent of their specific licensures (e.g., DO, MD, PA, or NP) or specialty (e.g., Family Medicine, Internal Medicine, Neurology, Gerontology, etc.).

- The need to take DMV knowledge, vision and skills tests, where required by Rule or the Medical Determination Officer.

Once eligible, DMV may require the person to take and pass DMV tests (vision, knowledge, and drive). Eligibility to take DMV tests is valid for the duration of medical eligibility, after which time they are required to receive a new determination to take tests. The MDO may waive the testing requirement in cases of Loss of Consciousness where there is no additional functional or cognitive effect on knowledge, skills or ability.

- The need to recertify eligibility.

When Recertification is not required, successfully passing all DMV-required tests achieves release from the Program (unless waived by the MDO).

- Frequency of recertification, if required.

Frequency intervals for recertification are defined under Criteria later in this document. Intervals other than those established by criterion will be supported by medical evidence, such as health care provider recommendation, rapidly progressing disease processes, or driving record justification (i.e., current, repeat DUI offenders).

B. Recertification Reports – Mandatory and Non-Mandatory

In making a determination of medical eligibility for recertification, the MDO considers: the most recent Driver Medical Report submitted for recertification, as well as the Driver's case including the initial report and all medical information submitted to DMV. When the person is required to take DMV tests and is actively doing so, DMV still requires the person to recertify medical eligibility. Recertification assessment considers the following:

- Medical eligibility. Has the person's condition remained medically well-controlled and stable?

When medically eligible, DMV may also require the person to take and pass DMV tests (vision, knowledge, and drive).

- The need to recertify eligibility. Do standards (*see **Criteria below***) require recertification at a future date?

When Recertification is not required, as soon as the driver passes all required DMV tests they are released from the At-Risk Program.

- Frequency of recertification, if required.

Frequency standards are defined below for each condition.

- The need for testing.

Does the nature of the condition, such as Progressive, give the MDO reason to believe the person needs to demonstrate, again, their qualifications for a license by passing DMV vision, knowledge, and drive tests?

III. Criteria: Impairment Levels, Impairment Profiles with Recertification Guidelines

A. Impairment Levels

- High Risk, Permanent and Uncontrollable
- High Risk, Reversible or Controllable
- Moderate Risk
- Minimal Risk

An individual's initial risk category and recertification frequency may be modified based upon documented medical evidence and advice from the patient's Oregon-licensed physician or healthcare provider, including mental health providers.

B. Impairment Profiles with Recertification Guidelines

1. Functional

a. Vision

To be eligible to drive in Oregon, in addition to statutory and rule requirements, a driver's vision must have an intact horizontal visual field of 110 degrees as determined by a diagnostic tool that measures 360 degrees and provides the ability to document the presence of a continuous horizontal visual field using a V target size and 4e intensity. The field must be standardized, current and legible. When a driver has usable vision in only one eye, the horizontal field must include temporal and nasal vision.

b. Mobility Impairments (*sensory and motor*)

Mobility impairments can be severe and uncontrollable or acute and generally stable in nature.

- Severe and uncontrollable impairments can be caused several ways: an acute traumatic event; acute illness such as a stroke (CVA); a chronic progressive disease process such as arthritic conditions, vascular disease, immunological disorders, and neurological disease; and/or morbid obesity.
- Impairments that are generally stable in nature, are often caused by acute trauma that causes long-term mobility impairments which can be compensated for with use of prosthetic or assistive devices. These drivers may not be appropriate for mandatory reporting.

Once the ability to drive safely has been demonstrated, this category of impairment does not require continued monitoring. Impairments resulting from an acute illness or a chronic progressive disease process, however, may warrant continued monitoring. The following profile provides guidelines for determining the latter.

Profile: Mobility Impairments		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
High Risk, Permanent/Uncontrollable i.e., Severe, permanent mobility impairment without potential for improvement, (e.g., spinal rigidity or problems with use of hands/feet from OA, severe vascular disease affecting arms or legs, or extreme intractable morbid obesity).	No Review for change in severity when - medical evidence indicates impairment/condition is improved or well-controlled and stable.	NA – Permanent/Uncontrollable
High Risk, Reversible/Controllable i.e., <u>Acute</u> impairment with potential for improvement with treatment and/or time (e.g., CVA, arthritic flare, extreme morbid obesity responding to treatment, nonunion of fracture or pseudoarthrosis).	No. Certificate of Eligibility will be granted when medical evidence indicates impairment/condition is well-controlled and stable. We may also require OT/PT evaluations.	R: Once medically eligible. F: 6-month intervals, until well-controlled and stable for six months; then discontinue.
Moderate Risk i.e., Permanent, <u>progressive</u> mobility impairment. Still able to perform activities of daily living, including driving.	Yes.	R: Once medically eligible. F: 12-to-24-month intervals, ongoing; until medical evidence indicates impairment/condition is not progressive; then discontinue.
Low Risk i.e., (1) Early stage <u>progressive</u> disease process with mild to minimum impairment; <u>or</u> (2) Acute impairment of mobility, resolved with minimal residual effects.	Yes.	No. When continued monitoring advised by provider increase impairment level.

c. Disorders - Cardiovascular

When reviewing cardiac-related reports to the At-Risk Program, DMV's Medical Determination Officer(s) (MDO) use the American Heart Association Guidelines as follows:

1. Patients with heart disease but no limitations of physical activity. Ordinary physical activity causes no undue dyspnea, anginal pain, fatigue, or palpitations. (NYHA Class I)
(NHYA Class II)
2. Patients with slight limitations of physical activity. They are comfortable at rest and with mild exertion. They experience symptoms only with the more strenuous grades of ordinary activity.
(NHYA Class II)
3. Patients with marked limitations of physical activity. They are comfortable at rest but experience symptoms even with the milder forms of ordinary activity. (NYHA Class III)
4. Patients with inability to carry on any physical activity without discomfort. Symptoms of cardiac insufficiency or of the anginal syndrome may be present, even at rest, and are intensified by activity. (NYHA Class IV)

Supraventricular Arrhythmia and Cardiac Syncope

In more severe cases, due to the intermittent, unpredictable, and potentially very severe degrees of impairment associated with arrhythmias, careful documentation of both subjective and objective findings is required.

Ventricular Tachycardia (VT) and Ventricular Fibrillation (VF)

Implantable anti-tachycardia devices (automatic implantable cardioverter defibrillators (AICDs), pacer-cardioverter-defibrillators (PCDs), etc.) present special circumstances and problems.

When...	Driving Impact
A patient receives an implantable anti-tachycardia device as treatment for these conditions.	They should not drive for three months.
A period of stability shows that recurrence of such an event has been effectively treated by the device, with no further loss of consciousness,	Driving may resume.
A patient with non-syncopal rhythms receives an implanted device,	Driving may resume immediately post-operatively.

d. Disorder - Non-Cardiovascular

Diabetes Mellitus / Metabolic Conditions Impairment

Metabolic conditions cause many symptoms from generalized asthenia², muscle weakness, and spasm or tetany³ to sudden episodes of dizziness or unconsciousness. While parathyroid conditions, thyroid disorders, and hypoglycemia can present symptoms that may affect driving safety, diabetes mellitus is the most prevalent metabolic disease that may have implications for the patient who drives.

Assessment considers:

- The extent to which the disease is under medical control;
- Whether the individual is under regular medical supervision;
- Whether insulin is required;
- Patient compliance with medication and dietary regimen;
- Susceptibility to hypoglycemic attacks; and
- Whether a warning is experienced before onset of any symptoms.

The uncontrolled diabetic is not able to safely operate a motor vehicle. A diabetic who has had any severe hypoglycemic reactions (defined as a loss of consciousness or control requiring hospitalization or other medical intervention with parenteral glucose or glucagons) in the past three months is not able to safely operate a motor vehicle.

Profile: Diabetes Mellitus / Metabolic Conditions		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
High Risk, Permanent/Uncontrollable i.e., Severe cognitive impairment due to recurrent episodes of hypoglycemia and/or small vessel cerebro-vascular disease or uncontrolled DM with severe hypo- and hyperglycemia.	No. Review for change in severity when medical evidence indicates impairment/condition is improved or well-controlled and stable. Certificate of Eligibility will be granted when medical evidence indicates impairment and/or condition is well-controlled and stable for more than three months.	R: Once medically eligible. F: 6-to-12-month intervals, until medical evidence indicates condition/impairment has been stable for 12 months; then discontinue.

² abnormal physical weakness or lack of energy.

³ Involuntary muscle contractions and overly stimulated peripheral nerves.

Profile: Diabetes Mellitus / Metabolic Conditions <i>(continued)</i>		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
High Risk, Reversible/Controllable i.e., Severe Diabetic Keto-acidosis or severe insulin reaction in past three months, or severe end-organ damage noted. Poor control.	No. Certificate of Eligibility will be granted when medical evidence indicates impairment and/or condition is well-controlled and stable for more than three months.	R: Once medically eligible. F: 6-to-12-month intervals, until medical evidence indicates condition/impairment has been stable for 12 months; then discontinue.
Moderate Risk i.e., Severe DKA/Insulin reaction within past-3 to 12 months, difficult DM control, or milder end-organ damage noted.	Yes.	R: No - unless otherwise advised by treating provider or MDO. F: At six months when so advised; then discontinue.
Low Risk i.e., DM well controlled. No severe insulin reactions in past 12 months. No end-organ damage noted.	Yes.	R: No. F: NA.

2. Cognitive, *including Loss of Consciousness or Control*

a. Brain and Spinal Cord Disorders

Relative to the ability to drive safely, brain trauma, spinal cord trauma, brain tumors, infections and cerebrovascular events have more similarities than differences. They are combined in a single impairment profile for this reason. With all four conditions, there is typically an abrupt onset of findings followed by a varying period of recovery.

With brain tumors, clinical findings often do not surface for a longer period of time. Once they do, the findings and associated interventions provide similar acute and recovery phases.

With brain or spinal cord trauma, the impairment and functional recovery is more static. Once recovered and safe driving has been demonstrated, an ongoing period of medical monitoring is not required.

Profile: Brain and Spinal Cord Disorders		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
High Risk, Permanent/Uncontrollable i.e., Persistent, profound motor, sensory, coordinative, visual, or cognitive deficits six months or longer post onset or longer of findings that prevent adequate self-care in spite of appropriate adaptive equipment.	No Review for change in severity when medical evidence indicates impairment/condition is improved or well-controlled and stable.	R: Once medically eligible. F: Six-months
High Risk, Reversible/Controllable i.e., motor, sensory, coordinative, visual, or cognitive deficits within six months of onset of the defining event.	No Certificate of Eligibility will be granted when medical evidence indicates impairment/condition is well-controlled and stable.	R: Once medically eligible; <u>except</u> for brain or spinal cord trauma. No recertification for brain or spinal cord trauma. F: 6-to-12-month intervals for one year post defining event; then discontinue.
Moderate Risk i.e., Recurrence of deficits after recovery from initial defining event.	No. Certificate of Eligibility will be granted when medical evidence indicates impairment/condition is well-controlled and stable.	R: Once medically eligible; <u>except</u> for brain or spinal cord trauma. No recertification for brain or spinal cord trauma. F: Initially, six-months; then 6-to-12-month intervals, until medical evidence indicates impairment/condition is stable, then discontinue monitoring.
Low Risk i.e., History of above events with no recurrence in one year.	Yes.	No.

b. Neurological Disorders

Progressive or potentially progressive neurological conditions such as multiple sclerosis, ALS, muscular dystrophy, myasthenia gravis, polyneuropathy, and Parkinson's disease may affect the ability to drive safely. The common element among these is the disturbance of sensory, motor, coordination and cognitive functioning.

Stable conditions may only require behind-the-wheel testing to demonstrate full recovery and the ability to safely operate a motor vehicle. Others not yet stable have the probability of progression or a need for medication which may require periodic monitoring through the recertification process.

Recertification intervals are flexible due to variations in the expected timelines for potential worsening of each of these conditions.

Profile: Neurological Disorders		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
High Risk, Permanent/Uncontrollable i.e., Persistent profound motor, coordinative, visual, cognitive deficits which prevent adequate self-care despite appropriate adaptive equipment.	No Review for change in severity when medical evidence indicates impairment/condition is improved or well-controlled and stable.	R: Once medically eligible. F: Initially, six-months; then 6-to-12-month intervals, until medical evidence indicates impairment/condition is stable, then discontinue monitoring.
High Risk, Reversible/Controllable i.e., Severe motor, sensory, visual, coordinative, or cognitive deficits developing in the course of a likely progressive disease.	No. Certificate of Eligibility will be granted when medical evidence indicates impairment/condition is well-controlled and stable.	R: Once medically eligible. F: 6-to-12-month intervals, ongoing; until medical evidence indicates impairment/condition is medically stable, then discontinue.
Moderate Risk i.e., Dx of any progressive neurological/muscular disease associated with deficits less severe than in A/B which permit most activities of daily living.	Yes.	R: Once medically eligible. F: 6-to-12-month intervals, ongoing; until medical evidence indicates impairment/condition is medically stable, then discontinue.
Low Risk i.e., Dx of a progressive neurological/muscular disease with early or minimal findings.	Yes.	No.

c. Dementia and Other Cognitive Disorders

Dementia refers to a condition manifested by multiple cognitive deficits which vary in severity and functional impact. Those deficits include but are not limited to:

- Memory impairment,
- Coordination problems,
- Judgment and problem solving, and
- Planning and sequencing difficulties.

Dementia can be associated with many conditions, such as:

- Alzheimer’s disease,
- Parkinson’s disease,
- Pick’s disease,
- Korsakov’s dementia,
- HIV,
- Head injury,
- Pulmonary disease with chronic hypoxia,
- Lewy body dementia, and
- Multiple Sclerosis.

These conditions share many of the same cognitive deficits and impact upon function. As these impairments progress, the ability to drive safely may regress.

Profile: Dementia and Other Cognitive Disorders		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
High Risk, Permanent/Uncontrollable i.e., Late-stage dementia characterized by substantial decline in one or more of the following: verbal skills, recognition, comprehension, sleep disturbances, or mood changes (irritability and agitation).	No Review for change in severity when medical evidence indicates impairment/condition is improved or well-controlled and stable.	R: No, the nature and severity of the condition preclude regaining medical eligibility.
High Risk, Reversible/Controllable i.e., Subacute, severe dementia. Potential for improvement with treatment.	No. Certificate of Eligibility will be granted when medical evidence indicates impairment/condition is well-controlled and stable.	R: Once medically eligible. F: 6-to-12-month intervals; based upon the nature of the impairment, information in the file, and provider recommendation.

Profile: Dementia and Other Cognitive Disorders		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
Moderate Risk i.e. , Significant and obvious changes in cognition. Simple tasks become more difficult. Increased difficulty problem solving & performing routine tasks.	Yes. Consider recommendation for restricted license for limited travel routes and times.	R: Once medically eligible. F: 6-to-12-month intervals, ongoing; based on individual circumstances or treating provider advice.
Low Risk i.e. , (1) Early-stage dementia with mild cognitive impairment, e.g., difficulty learning new information and handling complex tasks; (2) Acute delirium, resolved.	Yes.	No. Unless continued monitoring recommended by provider; frequency determined based on provider recommendation.

d. Seizure-related Loss of Consciousness or Control Disorders

Episodic losses of consciousness or control can occur in a wide spectrum of conditions, including but not limited to:

- Seizure disorders,
- Pseudo-seizures – non-epileptic events causal for seizure (*also known as Functional Neurologic Symptom Disorder*),
- Hypoglycemia,
- Hyperventilation,
- Migraine,
- Vertiginous syndromes,
- Narcolepsy,
- Sleep apnea,
- Cough syncope,
- Cardiac arrhythmias,
- Neuro-cardiogenic syncope, and
- Substance abuse.

Due to the wide variability in severity, efficacy of treatment, and potential for recurrence, this profile requires additional flexibility and relies on the provider's advice and opinion.

Reasonable considerations for discontinuing medical monitoring include those seizures:

- That are so limited as not to interfere with control, if stable for one year (low/minimum risk);
- Recurring when medication has been reduced on treating provider advice to change or discontinue medication and a corrective change has been made as recommended by the PCP; and

- That are provoked by a clearly identified etiology that is not likely to recur.

Profile: Seizure-related Loss of Consciousness or Control Disorders		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
High Risk, Permanent/Uncontrollable <i>i.e.</i> , Uncontrollable seizure or sleep disorder; <u>or</u> required medication levels that impede driving.	No. Review for change in severity when medical evidence indicates impairment/condition is improved or well-controlled and stable.	R: Once medically eligible. F: Six-months
High Risk, Reversible/Controllable <i>i.e.</i> , LOC or control within the last three months, with unknown/uncertain risk of recurrence.	No. Time period required for Certificate of Eligibility to be determined, when applicable. Certificate of Eligibility will be granted when medical evidence indicates impairment/condition is well-controlled and stable.	R: Once medically eligible. F: 6-to-12-month intervals, until under medical control for 12 months; then discontinue.
Moderate Risk <i>i.e.</i> , (1) - A Single or multiple LOC or control within past 12 months; under medical control at least three months; cause known or unknown. (2) - A controlled seizure disorder where anticonvulsant medications are being discontinued at treating provider discretion.	Yes, to both examples.	R: Yes. F: (1) 6-to-12-month intervals, until under medical control for 12 months; then discontinue. (2) 6-month intervals, until under medical control for six months; then discontinue.

Profile: Seizure-related Loss of Consciousness or Control Disorders <i>(continued)</i>		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
Low Risk (Minimum Risk) i.e., (1) - No single or multiple LOC or control, cause known or unknown, for at least 12 months; (2) - A single recent episode considered related to an adverse reaction to medication or situation (e.g., sleep or dietary deprivation) and no further events after discontinuation thereof; (3) - A seizure or LOC provoked by a clearly identified cause and treating provider indicates it is not likely to recur; (4) - Seizures recurring when medication has been reduced on treating provider advice to change or discontinue medication, a corrective change has been made as recommended by PCP, and treating provider indicates seizures are not likely to recur; (5) Seizures occurring with prolonged prior warning that allows the driver to discontinue driving safely; and (6) Seizures occurring exclusively during sleep.	Yes , to all examples at left.	No. When continued monitoring advised by PCP, increase impairment level.

e. Other Loss of Consciousness or Control Disorders

Episodic loss of consciousness (LOC) or control that does not involve another identified conditions (seizure, cardiac, etc.) – such as hyperventilation, migraine, vertiginous syndromes, narcolepsy, sleep apnea, cough syncope – requires even more flexibility due to the varied causes of LOC.

It is reasonable to discontinue medical monitoring when:

- There is indication that LOC does not happen while driving (positional syncope)
- The driver is able to anticipate an episode in enough time to allow for safe exit from traffic until recovery from the episode permits safe driving.
- Treatment monitoring (CPAP logs) indicate that driver is compliant with treatment.

Profile: Other Loss of Consciousness or Control Disorders		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
High Risk, Permanent/Uncontrollable Uncontrollable condition; <u>or</u> required medication levels that impair driving.	No. Review for change in severity when medical evidence indicates impairment/condition is improved or well-controlled and stable.	R: Once medically eligible. F: Six-months
High Risk, Reversible/Controllable LOC or control within the last three months, with unknown/uncertain risk of recurrence; etiology known or unknown.	No. A 3-month period of medical stability is required before consideration for medical eligibility. Certificate of Eligibility will be granted when medical evidence indicates impairment and/or condition is well-controlled and stable for more than three months.	R: Once medically eligible. F: 6-to-12-month intervals, until under medical control for 12 months; then discontinue.
Moderate Risk (1) Single or multiple LOC or control within past 12 months; under medical control at least three months; cause known or unknown. (2) Treatment for LOC discontinued under advice of treating provider or Specialist. Recurrence of symptoms uncertain.	Yes, to both examples at left.	R: Yes, for both examples at left. F: (1) 6-to-12-month intervals, until under medical control for 12 months; then discontinue. (2) 6-month intervals, until under medical control for six months; then discontinue. When continued monitoring advised by PCP, increase impairment level.

Profile: Other Loss of Consciousness or Control Disorders <i>(continued)</i>		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
Low Risk (1) No single or multiple LOC or control, cause known or unknown, for at least 12 months; <u>or</u> (2) A single recent episode considered related to an adverse reaction to medication, sleep or dietary deprivation and no further events; or (3) LOC provoked by a clearly identified cause and the treating provider indicates it is not likely to recur	Yes, to all examples.	No. If continued monitoring is advised by provider, increase impairment risk level.

f. Mental Health Impairments

Given the similarities across mental health impairments, they are reflected in the single impairment profile below. This profile remains flexible – due to the variability in severity, efficacy of treatment and the unpredictable nature of the impairments – to accommodate the recommendations of the treating provider(s).

Profile: Mental Illness Impairments		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
High Risk, Permanent/Uncontrollable Chronic unstable psychotic state with suicidal tendencies, paranoid delusions, violent or aggressive behavior despite treatment or due to noncompliance with treatment.	No Review for change in severity when medical evidence indicates impairment/condition is improved or well-controlled and stable.	R: Once medically eligible. F: Six-months

Profile: Mental Illness Impairments <i>(continued)</i>		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
High Risk, Reversible/Controllable Acute psychotic episode or aberrant behavior disorder in last three months; or increased risk due to medication side effects.	No Certificate of Eligibility will be granted when medical evidence indicates impairment/condition is well-controlled and stable.	R: Once medically eligible. F: 6-to-12-month intervals, until under medical control for 12 months; then discontinue.
Moderate Risk Chronic psychoses documented stable for more than three months.	Yes.	R: Once medically eligible. F: 6-to-12-month intervals, until under medical control for 18 months; then discontinue.
Low Risk A history of psychosis without overt psychotic episode or impairment from medication side effects in past 12 months.	Yes.	No. When continued monitoring advised by PCP, increase impairment level.

Addiction, Substance Abuse/Use – Alcohol/Drug

According to the National Institutes of Mental Health, substance use disorder (SUD) is a treatable mental disorder that affects a person's brain and behavior, leading to the **inability to control the use of substances** like legal or illegal drugs, alcohol, or medications⁴. There are seven types of SUD⁵:

- Alcohol Use Disorder
- Caffeine Use Disorder
- Cannabis Use Disorder
- Phencyclidine Use Disorder and Other Hallucinogen Use Disorder
- Inhalant Use Disorder
- Opioid Use Disorder
- Sedative, Hypnotic, or Anxiolytic Use Disorder.

Evaluation of how Addiction and Substance Abuse/Use impairs the ability to drive safely is compounded by the:

- Impulsive nature of substance abuse,

⁴ [www.nimh.nih.gov/health/topics/substance-use-and-mental-health#:~:text=Substance%20use%20disorder%20\(SUD\)%20is,most%20severe%20form%20of%20SUD.](http://www.nimh.nih.gov/health/topics/substance-use-and-mental-health#:~:text=Substance%20use%20disorder%20(SUD)%20is,most%20severe%20form%20of%20SUD.)

⁵ www.ncbi.nlm.nih.gov/books/NBK519702/

- Addictive nature of chronic substance abuse, and
- Compulsive nature of addiction, where chronic, recurrent intoxication is a symptom of a problem condition (*ORS 813.040*).

This makes assessing the actual level of impairment difficult. Alcohol abuse in combination with other drugs can create significant impairment affecting the level of consciousness, control, reaction time and attention.

Additionally, recurrent intoxication(s) do have permanent structural effects on the brain.

- Multiple studies have documented that individuals who abuse alcohol and other drugs tend not to report or underreport the degree of alcohol and substance use. Additionally, there is wide individual variation in the effects of such substances.
- The interaction of prescribed psychoactive medications (antidepressants, benzodiazepines, neuroleptics, sedatives, hypnotics), even when taken in appropriate doses, with or without alcohol or illicit drugs, may hamper driving ability.
- There is increasing evidence that marijuana may affect driving by causing changes in depth perception, unpredictable alteration in reaction time, illusions of distance, impairment of accuracy of sensory perception, impairment of judgment, and periodic lapses of attention, acutely as well as after chronic use. Oregon's allowance of recreational and medical marijuana use may be a consideration in evaluating the effect of drug use and driving safety for an Oregon driver.

For consideration of medical eligibility when there is evidence of active substance abuse/use by an individual, the MDO will require:

- Residential or outpatient ETOH⁶/substance use treatment for three consecutive months if there is evidence of active substance abuse. This can be from a third party, law enforcement officer and/or treating provider, and
- A Certificate of Completion in association with a current Driver Medical Report signed by the treating provider.

The MDO will not require residential or outpatient ETOH/substance use treatment for:

- A one-time substance abuse/use occurrence by individuals who do not have a history of chronic ETOH/substance abuse. This may require additional clarification from the individual's established treating provider.

An ETOH/substance use formal assessment by a qualified addiction provider can be submitted initially for a one-time relapse in lieu of automatic requirement for a three-month period of substance abuse treatment. Further requirements are based upon the results of the evaluation once received and reviewed by the MDO.

- A history of ETOH/substance abuse/use but no evidence of active disease for two or more years.

⁶ Chemical abbreviation for ethyl alcohol, also known as grain alcohol or drinking alcohol.

When an individual is required to undergo formal residential or outpatient substance use treatment, the individual may undergo a formal assessment by a qualified addiction provider to determine whether a substance use disorder is present. If no disorder is identified, the results of the evaluation in association with a current DMR signed by the treating provider can be submitted for consideration.

Regular attendance and participation in an AA/NA program is accepted as Proof of Treatment only when all four of the following are submitted:

1. Proof of attendance and participation at AA/NA meetings, once daily over a three-month period (total of 90 days) without a break of more than three days; and the individual must obtain a sponsor during this period.
2. Proof of attendance and participation in the program, by way of copies of the respective meeting ledger(s) co-signed by the sponsor. Multiple ledgers must each individually be co-signed by the sponsor.
3. Proof of “control” for three months, in the form of the treating provider’s signature, professional license number and phone number on the ledger(s).
4. The driver must submit letters from three other individuals, including their contact information (phone number, email, address), corroborating that the driver has attended the required number of AA/NA meetings and has remained clean and sober.

The use of multiple alcohol or substance abuse treatment programs is only acceptable when:

1. There is no break in treatment (the individual would need to be discharged from one program one day and enter the second program the next day); and
2. A urine drug screen (UA) is performed on admission to the second program and is entirely negative for any substances.
3. Prior to consideration for medical clearance, a certificate of completion from the treating Residential Treatment Center must be submitted in addition to a current DMR.

Even when the treating provider is aware of abuse and/or combined use, the level of impairment may be underestimated⁷. For these reasons, the following profile is intended to be strict and unyielding.

⁷ ...recall methods in self-report surveys are potentially reasonably accurate measures of actual drinking levels for light to moderate drinkers, but that underestimating of alcohol consumption increases with heavy consumption. (Oxford University: academic.oup.com/alcalc/article-abstract/46/6/709/130169)

Profile: Substance Abuse/Use – Alcohol/Drug		
Impairment Level	Medically Eligible?	Recertification (R)? Frequency (F)?
High Risk, Permanent/Uncontrollable Chronic alcoholism or other substance abuse with failed or refused treatment/rehabilitation efforts.	No Review for change in severity when - medical evidence indicates impairment/condition is improved or well-controlled and stable.	R: Once medically eligible. F: Six-months
High Risk, Reversible/Controllable Alcohol/drug problem within past three months without evidence of participation in rehab program.	No Three months of residential or out-patient substance abuse treatment is required for a determination. Certificate of Eligibility will be granted when medical evidence indicates impairment/condition is well-controlled and stable.	R: Once medically eligible. F: 6-to-12-month intervals for one year then 12-month interval, until 24 months post completion of treatment; then discontinue.
Moderate Risk Alcohol/drug problem within past six- months, recovering, entered, and participating in rehab program for at least three months.	Yes.	R: Once medically eligible. F: 6-month intervals for one year, then 12-month interval until 24 months post completion of treatment; then discontinue.
Low Risk History of alcohol/drug problem with documented, sustained recovery period of more than 24 months.	Yes.	No When continued monitoring advised by provider, increase impairment level.

AMEND: 735-076-0015

RULE TITLE: When a Driver Medical Report Form or Certificate of Vision Form is Required

NOTICE FILED DATE: 04/29/2025

RULE SUMMARY: DMV proposes to amend this rule to update the description of the information that must be submitted when DMV determines that a Driver Medical Report form or Certificate of Vision form is required to be submitted.

RULE TEXT:

(1) When DMV determines a Driver Medical Report form (DMV form 735-6587) is necessary to determine the person's continuing eligibility for driving privileges, as described in OAR 735-076-0007(4), DMV will send the form to the person and notify them that the form must be submitted to DMV for a determination of medical eligibility by DMV's Medical Determination Officer. The form must be completed by the person's treating physician or health care provider managing the condition and returned to DMV within 60 days of the date on the notice. If DMV does not timely receive the completed form, DMV will suspend the person's driving privileges.

(2) The completed Driver Medical Report form must include all of the following:

(a) The signature of the person's treating physician or health care provider managing the condition and the date signed.
(b) The date of most recent clinical contact, which must be after the date of incident or examination on which the report to DMV was based.

(c) The condition or diagnosis related to the driving concern, and responses addressing the condition and all of the reported concerns.

(d) Whether the condition is:

(A) Acute, chronic, progressive, or resolved;

(B) New or has increased in severity in the last six months; and

(C) Well controlled, including the duration of stability.

(e) Whether the patient complies with medication and treatment.

(f) The name, professional license or certification number and signature of the treating physician, health care provider or treating physician or health care provider from another jurisdiction.

(3) When DMV determines a Certificate of Vision form (DMV form 735-024) is necessary to determine the person's continuing eligibility for driving privileges, as described in OAR 735-076-0007(3), DMV will send the form to the person and inform the person that the form must be completed by their vision specialist and show that their vision meets state standards, as defined in OAR 735-062-0050. The date of the clinical contact must be within the six months prior to the date of signature by the treating vision specialist. The form must be completed and submitted to DMV within 60 days of the date on the notice. If DMV does not timely receive the completed form, DMV will suspend the person's driving privileges.

STATUTORY/OTHER AUTHORITY: ORS 184.619, 802.010, 807.340, 809.419

STATUTES/OTHER IMPLEMENTED: ORS 807.340

AMEND: 735-076-0018

RULE TITLE: The Process when a Determination of Eligibility from the Medical Determination Officer is Required

NOTICE FILED DATE: 04/29/2025

RULE SUMMARY: DMV proposes to amend this rule to clarify that a Medical Determination Officer may require a person to pass tests as part of a determination of medical eligibility.

RULE TEXT:

- (1) When DMV determines that the Medical Determination Officer must determine a person's continuing eligibility for driving privileges, as described in OAR 735-076-0007(4), DMV will send a Driver Medical Report form (DMV form 735-6587) and notify the person that the person will be required to return the completed form to DMV. DMV must receive the completed form within 60 days of the date on the notice or the person's driving privileges will be suspended. The form must be completed by the driver and by the driver's treating physician, nurse practitioner or physician associate.
- (2) The driver may request an extension within the first 30 days of the date of the notice. DMV may grant an extension, not to exceed 60 additional days, if:
 - (a) The person is seriously ill or injured and a physician, nurse practitioner or physician associate requests an extension in writing;
 - (b) The person is temporarily out of state and written request is received from the person; or
 - (c) The person can show that an appointment was requested in a timely manner, but the earliest appointment was unavailable within 60 days of the date of the notice.
- (3) When received, the Driver Medical Report form (DMV form 735-6587) and any other relevant reports or information in DMV's records will be reviewed by the Medical Determination Officer. The Medical Determination Officer may determine either that the person is medically eligible or medically ineligible for driving privileges. A determination of medical eligibility may include a requirement that the person's motor vehicle be equipped with an appropriate adaptive device(s), such as hand controls.
- (4) A person determined medically eligible for driving privileges by the Medical Determination Officer may also be required to pass tests, as set forth in OAR 735-076-0010, if:
 - (a) DMV has reason to believe that the person may not be able to safely operate a motor vehicle, notwithstanding the determination of medical eligibility, or
 - (b) The person's motor vehicle must be equipped with an appropriate adaptive device(s), such as hand controls. Before a driving test is given, the person must provide documentation that they know how to use and have practiced with the adaptive device.
- (5) A person who is determined to be medically ineligible for driving privileges must complete the requirements set forth by the Medical Determination Officer, if any, before any subsequent review of medical eligibility can occur.
- (6) DMV and the Medical Determination Officer will consider newly submitted medical information, at any time, if the reported condition has been resolved and is not likely to recur, or if it has been determined that the condition does not affect the person's ability to safely operate a motor vehicle.

STATUTORY/OTHER AUTHORITY: ORS 184.619, 802.010, 807.340, 809.419

STATUTES/OTHER IMPLEMENTED: ORS 807.090, 807.340

AMEND: 735-076-0020

RULE TITLE: Suspension or Cancellation of Driving Privileges

NOTICE FILED DATE: 04/29/2025

RULE SUMMARY: DMV proposes to amend this rule to clarify that DMV will rescind suspensions and cancellations imposed if they occurred prior to the voluntary surrender. This proposed rule also permits DMV to impose new suspensions when DMV receives updated information that indicates the person is operating a motor vehicle without driving privileges and the person has not received a determination of medical eligibility by DMV's Medical Determination Officer.

RULE TEXT:

(1) DMV may issue an immediate suspension of driving privileges in the following situations:

- (a) If DMV determines from a non-mandatory report that the person has a mental or physical condition that makes it unsafe for the person to operate a motor vehicle upon the highways and DMV has reason to believe the person may endanger people or property if not immediately suspended;
- (b) If based upon information included in a police accident report or other law enforcement report, DMV has reason to believe that a person may endanger people or property if not immediately suspended due to a mental or physical condition that makes it unsafe for the person to operate a motor vehicle upon the highways;
- (c) The Medical Determination Officer, upon review of medical information on a person, recommends an immediate suspension;
- (d) Information contained in a required Driver Medical Report form (DMV form 735-6587) submitted as required under OAR 735-076-0035 indicates that the person has a mental or physical condition that makes it unsafe for the person to operate a motor vehicle and DMV has reason to believe the person may endanger people or property if not immediately suspended; or
- (e) Information contained in a required Certificate of Vision form indicates the person's vision does not meet minimum vision standards under OAR 735-062-0050.

(2) DMV will suspend driving privileges or the right to apply for driving privileges as follows:

- (a) Under ORS 809.419(1) if the person fails to successfully complete the required tests within 90 days of the date of the notice of suspension, or within the time period granted if an extension is granted under OAR 735-076-0010(2);
 - (b) Under ORS 809.419(2), for failure to obtain a medical clearance, if the Driver Medical Report form (DMV form 735-6587) required under OAR 735-076-0018 is not completed by the person and the person's physician, nurse practitioner, or physician associate, submitted to and received by DMV within 60 days of the date on the notice sent from DMV, unless DMV has granted an extension under OAR 735-076-0018; and
 - (c) Under ORS 809.419(3), if the person is incompetent to drive because of a mental or physical condition or impairment that makes it unsafe for the person operate a motor vehicle, when the Medical Determination Officer determines that a person is medically ineligible for driving privileges under ORS 807.090, and the person has valid driving privileges
- (3) When the person voluntarily surrenders driving privileges as set forth in OAR 735-062-0135(4), DMV will rescind any suspension or cancellation imposed prior to the voluntary surrender under sections (1), (2) or (5) of this rule. The person may be eligible for a no-fee identification card.

(4) DMV may suspend a person's right to apply for driving privileges under section (1) or (2) of this rule and ORS 809.360 if the person has voluntarily surrendered their driving privileges under section (3) of this rule and DMV subsequently receives information indicating the person is operating a motor vehicle without driving privileges and the person has not received a determination of medical eligibility by DMV's Medical Determination Officer.

(5) DMV will cancel commercial driving privileges under ORS 809.310(1) if:

- (a) DMV requires the holder of commercial driving privileges to pass tests in accordance with OAR 735-076-0007(2) and the person fails to pass the required tests;
- (b) DMV requires the holder of commercial driving privileges to provide a Driver Medical Report form (DMV Form 735-6587), Certificate of Vision (DMV form 735-024) or both in accordance with OAR 735-076-0007(3) and (4); or

(c) DMV immediately suspends the base driving privilege of the holder of commercial driving privileges in accordance with OAR 735-076-0007(5).

(6) DMV may cancel driving privileges pursuant to ORS 807.350 and OAR 735-070-0010, 735-070-0020 and 735-074-0220 if:

(a) The person's vision does not meet the minimum vision standards, set forth in OAR 735-062-0050, as determined by DMV's vision test;

(b) DMV determines the person no longer meets the qualifications for a driver license, driver permit or endorsement because of a physical or mental condition or impairment that affects the person's ability to safely operate a motor vehicle upon the highway or a problem condition involving an intoxicant, as defined in Oregon Laws 2023, Chapter 498;

(c) The person fails to obtain a medical clearance by failing to submit a Driver Medical Report form (DMV form 735-6587), as required under OAR 735-076-0035 or within the time period granted if an extension is granted under OAR 735-076-0035; or

(d) The person fails to obtain a medical clearance by failing to submit a Certificate of Vision form (DMV form 735-024) when the person is required to recertify the person's medical eligibility for driving privileges based on the recommendation of the person's vision specialist, in accordance with OAR 735-076-0035.

STATUTORY/OTHER AUTHORITY: ORS 184.619, 802.010, 807.340, 807.350, 809.419

STATUTES/OTHER IMPLEMENTED: ORS 807.340, 807.350, 809.419

AMEND: 735-076-0035

RULE TITLE: Recertification

NOTICE FILED DATE: 04/29/2025

RULE SUMMARY: DMV proposes to amend this rule to update language regarding the completion of a Driver Medical Report form when a person is required to medically recertify. The examination conducted by the person's physician or health care provider treating the condition must have been after the prior granting of medical eligibility and within the last six months.

RULE TEXT:

- (1) A person may be required to recertify if, after DMV processes a report, the person retains driving privileges or regains driving privileges after a suspension or cancellation. The recertification process requires the person to demonstrate that the person's mental or physical condition or impairment continues to be well controlled and does not affect their ability to safely operate a motor vehicle. Recertification may require a person to receive a determination of medical eligibility from the Medical Determination Officer, pass DMV tests, or both.
- (2) Recertification may be required when:
 - (a) The person's reported condition or impairment is chronic, progressive or unpredictable;
 - (b) Recommended by the person's vision specialist when completing a Certificate of Vision form (DMV form 735-024);
 - (c) Recommended by the person's treating physician or health care provider when completing a Driver Medical Report form (DMV form 735-6587); or
 - (d) Required by the Medical Determination Officer.
- (3) The time period for recertification will be based on the recommendation of the Medical Determination Officer or the person's treating physician, health care provider, or vision specialist.
- (4) If medical recertification is required, DMV will send the person a Driver Medical Report form (DMV form 735-6587) and notify the person that the person must return the completed form to DMV within 60 days of issuance of the notice or the person's driving privileges will be cancelled. The form must be completed by the person and the person's treating physician, nurse practitioner, or physician associate managing the condition, and must include the date of the most recent clinical contact. The most recent clinical contact must occur after DMV grants medical eligibility and within the six months prior to the date the form is submitted to DMV. The person must submit the form to DMV within 60 days of the date of the notice. DMV may grant an extension, not to exceed 60 additional days, if:
 - (a) The person is seriously ill or injured and a physician, nurse practitioner or physician associate requests an extension in writing;
 - (b) The person is temporarily out of state and a written request is received from the person; or
 - (c) The person can show that an appointment was requested in a timely manner, but the earliest appointment available exceeded the 60 days.
- (5) If vision recertification is required, DMV will send the person a Certificate of Vision form (DMV form 735-024). The form must be completed by the person's treating licensed optometrist or a licensed physician who specializes in diagnosis and treatment of diseases of the eye, and returned to DMV within 60 days of the date on the notice. If DMV does not timely receive the completed form, DMV may grant an extension, not to exceed 60 additional days if:
 - (a) The person is seriously ill or injured and a physician, nurse practitioner or physician associate requests an extension in writing;
 - (b) The person is temporarily out of state and DMV receives a written request from the person; or
 - (c) The person can show that an appointment was requested in a timely manner, but the earliest appointment available exceeds the 60-day period.

STATUTORY/OTHER AUTHORITY: ORS 184.619, 802.010, 807.340, 809.419

STATUTES/OTHER IMPLEMENTED: ORS 807.340, 809.310, 809.419

AMEND: 735-076-0050

RULE TITLE: Restricted License

NOTICE FILED DATE: 04/29/2025

RULE SUMMARY: DMV proposes to amend this rule to remove the confusing language regarding the issuance of a Restricted Applicant Temporary Permit. Issuance of the permit does not remove the suspension of the person's privileges, and the suspension is only for the purpose of taking driving lessons for a Class C noncommercial driver license.

RULE TEXT:

(1) DMV may issue a restricted license to a person who passes the required tests when DMV determines a restriction on the license is necessary to insure the safe operation of a motor vehicle by the person. These restrictions may include, but are not limited to, the following:

- (a) Daylight driving only;
- (b) Driving only on a certain, restricted route;
- (c) Driving only during certain hours of the day; or
- (d) Driving only with certain vehicle equipment or adaptive devices.

(2) A person whose driving privileges are suspended under these OAR 735, division 076, rules, who is otherwise eligible for driving privileges, may obtain a Restricted Applicant Temporary Permit for the express purpose of taking driving lessons for a Class C noncommercial driver license in accordance with OAR 735-076-0052.

STATUTORY/OTHER AUTHORITY: ORS 184.619, 802.010, 807.120, 807.340, 809.419

STATUTES/OTHER IMPLEMENTED: ORS 807.120, 807.340

AMEND: 735-076-0052

RULE TITLE: Restricted Applicant Temporary Permit

NOTICE FILED DATE: 04/29/2025

RULE SUMMARY: DMV proposes to amend this rule to permit issuance to remove the length of time a restricted applicant permit may be issued. The length of time is stated in statute as 30 days plus an additional 30 days, if necessary. DMV is adding information regarding when DMV may approve a licensed driver to provide driving lessons to a person described in the rule.

RULE TEXT:

- (1) When a person does not have Oregon driving privileges, their right to apply for driving privileges is suspended under these OAR 735, division 076, rules and the person has medical or testing requirements that must be met prior to DMV issuing driving privileges, DMV may issue a Restricted Applicant Temporary Permit that allows the person to take driving lessons for a Class C noncommercial driver license or be evaluated by an occupational therapist or other diagnostic or rehabilitative specialist. The permit may be issued for 30 days, and extended for an additional 30 days with sufficient cause pursuant to ORS 807.310(4).
- (2) An applicant for a permit under this rule must meet all eligibility requirements listed in section (10) of this rule.
- (3) Upon issuance of a Restricted Applicant Temporary Permit, the suspension is partially stayed for the period the permit is valid and only for the purpose of operating a motor vehicle when the permit holder is driving with the driving instructor, occupational therapist or rehabilitative specialist identified on the permit. The person's driving privileges otherwise remain suspended.
- (4) At the end of the Restricted Applicant Temporary Permit period, if the person has not successfully completed a driving test given by a DMV employee, or is not otherwise eligible for driving privileges, the Restricted Applicant Temporary Permit expires and the partial stay of the person's suspension is rescinded.
- (5) When the partial stay of a person's suspension is rescinded upon expiration of the Restricted Applicant Temporary Permit, under section (4) of this rule, DMV is not required to provide the person with further notice or an opportunity for a contested case hearing.
- (6) If a person's driving privileges are cancelled and the driver is denied further testing under OAR 735-062-0073, the person may apply for a Restricted Applicant Temporary Permit for the express purpose of taking driving lessons if DMV determines that, with driving lessons, the person may learn to safely operate a motor vehicle.
- (7) An applicant for a permit under section (6) of this rule must, in addition to meeting all eligibility requirements listed in section (10) of this rule, provide sufficient information to show that there is a reasonable likelihood that driving lessons will improve the person's ability to safely operate a motor vehicle. Such information may include, but is not limited to:
 - (a) Medical information;
 - (b) Information from a rehabilitation specialist that the person may benefit from lessons to learn to use an adaptive device or technique; or
 - (c) A statement from a person which includes information showing that, with driving lessons, the applicant is likely to learn to safely operate a motor vehicle.
- (8) Driving lessons must be provided by a commercial driving instructor certified by DMV under OAR 735-160-0011, rehabilitation specialist or other licensed driver approved by DMV as an instructor under sections (11) and (12) of this rule.
- (9) A Restricted Applicant Temporary Permit only allows the person to drive with an instructor during driving lessons and at no other time.
- (10) To be eligible for a Restricted Applicant Temporary Permit under sections (1) and (6) of this rule, the person must:
 - (a) If required by DMV, receive a determination of medical eligibility from the Medical Determination Officer;
 - (b) Apply for driving privileges, and specifically request a restricted permit for the purpose of taking driving lessons prior to taking a drive test;

- (c) Pass a DMV vision test or submit a Certificate of Vision showing that the person's vision meets DMV standards; and
- (d) Pass a DMV knowledge test.

(11) DMV may approve a licensed driver to provide driving lessons to a person as provided under this rule when DMV determines:

- (a) The person lives more than 50 miles from the nearest commercial driving instructor certified by DMV under OAR 735-160-0011 or a rehabilitation specialist; or
- (b) The person lives closer than 50 miles from the nearest commercial driving instructor certified by DMV under OAR 735-160-0011 or rehabilitation specialist, but DMV determines barriers, other than distance, exist and make it unreasonable for the applicant to take lessons from any commercial driving instructor or rehabilitation specialist that is located within the 50 miles of the person's domicile.

(12) A licensed driver may qualify to provide driving lessons to a person as provided under this rule when the licensed driver meets all of the following requirements:

- (a) The licensed driver has no familial, personal or social relationship with the applicant;
- (b) The licensed driver holds a valid, Oregon driver license, unrestricted for anything other than corrective lenses or organ donor, for at least the most recent five-year period;
- (c) The licensed driver has no preventable crashes, as defined in OAR 735-072-0020, citations for moving violations, or convictions for driving-related offenses for the most recent 5-year period; and
- (d) The licensed driver has maintained automobile insurance for the most recent 5-year period.

STATUTORY/OTHER AUTHORITY: ORS 184.619, 802.010, 807.120, 807.310, 807.340

STATUTES/OTHER IMPLEMENTED: ORS 807.120, 807.310, 807.340