

Older Driver Licensing Policies and Practices Database Update

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Title

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Foreword

The safety and mobility of older drivers are important research topics within the AAA Foundation's focus area of vulnerable road users. As the number and proportion of older drivers increases, the policies and practices for managing these drivers, including those who are medically-at-risk, will be increasingly important.

This report documents the update of the *Driver Licensing Policies and Practices* database and highlights commonalities across states and changes since the database was originally compiled in 2009. This report and the accompanying database should be a useful reference for researchers, policy makers, older and medically-at-risk drivers, as well as those who may assist or intervene with such drivers.

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Executive Director
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While this study could not have been accomplished without the assistance of these organizations and individuals, the findings and conclusions presented herein are the responsibility of the authors and do not necessarily reflect the opinions or policies of the other project participants.

About the Sponsor

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Table of Contents

Introduction.....	1
Objective.....	1
Study Approach	1
Participants.....	1
Online Survey	1
Response Clarifications	2
Results.....	3
Renewal Cycle	3
In-person Renewal Requirements	4
Vision Requirements.....	6
Reporting of Medical Conditions.....	8
Medical Review Process	10
Restrictions on Licenses	12
License Examiner Training.....	15
Public Outreach.....	16
Discussion.....	17
Appendix: Survey Items	18

List of Tables

Table 1. States with age-based renewal cycle length policies	3
Table 2. States with age-based in-person renewal frequency policies.....	5
Table 3. States with age-based visual acuity testing policies	6
Table 4. States with a visual acuity requirement less than 20/40	7
Table 5. States with age-based visual field testing policies.....	7
Table 6. States including selected topics in specialized training for license examiners.....	15

List of Figures

Figure 1. Percentage (and number) of jurisdictions using specialists for evaluations.....	11
Figure 2. Percentage (and number) of jurisdictions using various license restrictions available.	12
Figure 3. Percentage (and number) of jurisdictions using vehicle equipment requirements.....	13

Introduction

Senior driver safety and mobility continue to be priority research areas for the AAA Foundation for Traffic Safety (AAAFTS). In 2009, AAAFTS conducted a nationwide review of state licensing policies and practices related to older and medically-at-risk drivers¹. The review covered topics such as vision and other license renewal requirements, reporting of medically-at-risk drivers, the medical review process, restrictions that could be placed on a driver's license, license examiner and staff training, and public outreach efforts to older drivers. The information gathered in the review was used to create the online [Driver Licensing Policies and Practices \(DLPP\) database](#), which contained details on each state's policies and practices. The efforts described in this report represent the first systematic update of the database since the original information was published in 2009.

Objective

The objective of this project was to document current, relevant driver licensing practices and policies for all 50 states and the District of Columbia in order to update and expand the DLPP database.

Study Approach

The basic study approach involved using the 2009 DLPP database as the stimulus material for an online survey of state licensing personnel that was supplemented with telephone or email follow-ups by the study staff. Rather than providing all new information, the respondent simply had to verify the accuracy of the existing DLPP information. If the information was no longer accurate, the respondent was asked to specify the change and to provide updated information. Information was collected between January and April 2019.

Participants

Personnel from each state's driver licensing agency responded to an online survey and, when necessary, follow-up inquiries via email or phone. Some states had multiple representatives provide information depending on their area of expertise and knowledge of licensing policies and practices in that state.

Online Survey

A custom online survey was created for this project because of the need to include each state's existing DLPP information in the questions. Representatives from the licensing agencies were emailed secure login credentials and a link to the survey. The link took the respondent to the survey homepage with instructions on how to log in. Once logged in, the survey provided instructions on how to complete the items and a list of links to the survey sections for the following topic areas:

¹ Stutts, J.C. & Wilkins, J.W. (2009). *Driver Licensing Policies and Practices: Gearing Up for an Aging Population: Project Summary Report*. Washington, DC: AAA Foundation for Traffic Safety.

- Vision requirements
- License renewal requirements
- Reporting of at-risk drivers
- Medical review process
- Restrictions on licenses
- Examiner and staff training
- Outreach
- Licensing data

The entire survey, including flow logic details, can be found in the Appendix to this report. Most items were the same as those utilized by the original survey conducted in 2009. Any changes or additions to the survey are noted in the Appendix. Items were presented one at a time and the response fields were pre-filled with information for the state in question from the existing DLPP. Respondents were asked to update the information if the pre-filled response was not an accurate reflection of their state's current policies. If the pre-filled information was still correct, the respondent clicked on a button to retain it and move on to the next item. If the respondent made a change, the survey then asked for more information on when and why the change occurred. Items could be skipped and returned to later if a respondent was unsure of an answer. The survey took an average of 15 minutes to complete.

Response Clarifications

Study staff reviewed survey responses for coherence and completeness, and created a list of any skipped items or responses for each state that needed clarification. The list of items needing clarification was emailed to the main contact for each state with a request for a brief follow-up phone conversation. Staff updated the files as appropriate based on the results of the conversations.

Results

The results below summarize the survey findings for all 50 states and the District of Columbia. Any use of the term “state” applies to all 51 jurisdictions. Policies and practices based on age are highlighted as well as any updates made by respondents that indicated a policy change. Individual state responses can be found at <http://lpp.seniordrivers.org/>. The ensuing information has been distilled from this web resource and readers are encouraged to consult the full data tables.

Renewal Cycle

Length of renewal cycle. States have a variety of renewal cycle lengths ranging from every year to every 12 years. As shown in Table 1, 21 states (41.2%) currently have shorter renewal cycles (required or optional) based on the age of the driver. The remaining 30 states have standard renewal cycles for all drivers and do not have age-based license renewal cycle length policies.

Table 1. States with age-based renewal cycle length policies

State	Standard Renewal Period in Years	Age-based Renewal Period in Years
Arkansas	8	4 or 8 option at 70+
Arizona	12	5 at 65+
Connecticut	4 or 6 option	2, 4, or 6 option at 65+
Florida	8	6 at 80+
Hawaii	8	2 at 72+
Iowa	8	2 at 72+
Idaho	4 or 8 option	4 at 63+
Illinois	4	2 at 81-86; 1 at 87+
Indiana	6	3 at 75-84; 2 at 85+
Kansas	6	4 at 65+
Maine	6	4 at 65+
Missouri	6	3 at 70+
Montana	8	4 at 75+
North Carolina	8	5 at 66+
North Dakota	6	4 at 78+
New Mexico	4 or 8 option	1 at 79+
Nevada	8	4 at 65+
Pennsylvania	4	2 option at 65+
Rhode Island	5	2 at 75+
Texas	6	2 at 85+
Virginia	8	5 at 75+

Changes in renewal cycle length:

- Some states indicated that conforming to Real I.D. requirements impacted renewal cycles.
 - South Carolina had to shorten its renewal period from 10 years to 8 years for all drivers.
 - Alaska and Tennessee extended the license renewal period for all drivers from 5 years to 8 years.
 - Kentucky went from a 4-year renewal to now having a 4 or 8-year option for all drivers.
 - Older drivers in Arkansas previously had the same 8-year renewal cycle as standard, but now have a 4 or 8-year option for renewal.
- New Mexico now requires drivers over the age of 79 to renew every year (formerly applied to age 75+).

In-person Renewal Requirements

In-person renewal at a licensing office is required by 45 states (88.2%). Fourteen of these states (27.5%) require that every renewal be in person, 29 states (56.9%) require every other renewal be in person, and two states (3.9%) require every third renewal be in person. The remaining six states have the following in-person renewal requirements:

- Hawaii requires in-person renewal for every renewal unless the driver is out of state and renewing by mail.
- Montana requires in-person renewal for every renewal for all drivers except when a driver is temporarily residing out of Montana, or lives in a county without license services. When these criteria are met, a driver is required to renew in person every other renewal.
- New Hampshire requires in-person renewal for every renewal for all drivers unless the driver is eligible for online renewal as indicated by a Renewal Identification Number on the license. If eligible, in-person renewal is required for every other renewal.
- New York and Pennsylvania do not require in-person renewal.
- Nevada is unique because it requires in-person renewal every renewal cycle for drivers under age 65 and every other renewal for drivers 65 and older. While the in-person renewal requirement differs based on age, the time between in-person renewals is equivalent in Nevada because older drivers have a shorter renewal cycle (4 years) than other drivers (8 years).

Sixteen states (31.4%) have policies in place requiring older drivers to renew in person more frequently than their younger counterparts (Table 2).

Table 2. States with age-based in-person renewal frequency policies

State	Standard In-Person Renewal Frequency	Age-based In-Person Renewal Frequency
Alaska	Every other	Every at 69+
California	Every third	Every at 70+
District of Columbia	Every other	Every at 70+
Iowa	Every other	Every at 70+
Idaho	Every other	Every at 63+
Illinois	Every other	Every at 75+
Indiana	Every other	Every at 75+
Kansas	Every other	Every at 50+
Louisiana	Every other	Every at 70+
Massachusetts	Every other	Every at 75+
Maine	Every other	Every at 62+
Mississippi	Every other	Every at 71+
North Dakota	Every other	Every at 65+
Texas	Every other	Every at 79+
Virginia	Every other	Every at 75+
Washington	Every other	Every at 70+

A number of states identified special requirements for mail-in or online renewals. Alaska does not allow drivers who are over the age of 69 on the expiration date of the license to renew by mail. Colorado allows drivers age 65 and older to renew by mail with a doctor’s approval. Kansas allows driver’s ages 21-49 to renew online every other renewal, North Dakota allows drivers to perform every other renewal online until age 65. Drivers 40 and older in Maryland must submit a report from a vision specialist if renewing by mail. Montana requires a medical and eye evaluation for all drivers submitting a mail-in or online renewal.

Changes in in-person renewal requirements.

- In-person renewal requirements were impacted in some states because of changes in renewal cycle lengths related to Real I.D. requirements.
 - Alaska (formerly every 10 years), South Carolina (formerly every 20 years), and Tennessee (formerly every 10 years) now have in-person renewals for all drivers every 16 years due to changes related to Real I.D. (except if the driver is age 69 or older in Alaska).
 - Kentucky went from having in-person renewals every 4 years to every 8 years for all drivers.
 - Vermont previously did not have an in-person renewal requirement, but now specifies that photos must be renewed in person for all drivers every 8 years due to Real I.D. requirements.

- Colorado shifted in-person renewal for all drivers from every other renewal to every third, or any time a photo is more than 10 years old.
- Georgia changed in-person renewal requirements from every 8 years to 16 years for all drivers.
- Idaho lowered the age at which every renewal must be in person from 70 to 63.
- Indiana increased the age at which every renewal must be in person from 70 to 75.
- Iowa changed standard in-person renewal frequency from every 8 years to every 16 years if a driver is under age 70, and now requires all renewals for ages 70 and older to be in person (formerly 72 and up).
- Kansas now requires in-person renewals for drivers 50 and older (formerly 70 and older).
- New Jersey, Utah, and West Virginia decreased the frequency of in-person renewal from every renewal to every other renewal for all drivers.
- Nevada now requires every renewal to be in person for all drivers under the age 65 (formerly every other renewal).
- North Dakota created an online renewal option, and drivers may perform every other renewal online until age 65.

Vision Requirements

Visual acuity. On-site visual acuity testing is conducted by 37 states (72.5%) for drivers of all ages during routine in-person license renewal. Four states (7.8%) only test visual acuity when drivers reach a prescribed age, and Florida requires older drivers to pass a vision test or submit a Mature Driver Vision Test form at every renewal regardless of location (see Table 3). Nine states (17.6%) maintain visual acuity requirements but do not test visual acuity as a part of standard in-person renewals.

Table 3. States with age-based visual acuity testing policies

State	Age-Based Testing
Arizona	65+
Florida	80+
Georgia	64+
Maine	First renewal after 40, 52, 62; Every renewal after 65
Oregon	50+

Most states have a visual acuity requirement for all drivers of 20/40 (N = 40, 78.4%) to drive without restrictions. Other similar requirements are 20/40 in at least one eye (N = 4, 7.8%), or 20/40 in both eyes (N = 2, 3.9%) for licensure without restrictions. The requirements for the five states (9.8%) requiring less than 20/40 acuity are shown in Table 4. These visual acuity requirements apply to all drivers regardless of age.

Table 4. States with a visual acuity requirement less than 20/40

State	Visual Acuity Requirement for Licensure without Restrictions
Georgia	20/60
Kentucky	20/60 in at least one eye
Michigan	20/50
New Jersey	20/50
Oklahoma	20/50

Changes in visual acuity requirements:

- Colorado no longer has age-based vision testing requirements.
- Georgia now tests visual acuity during routine license renewals starting at age 64 (formerly starting at age 65).
- Michigan changed its visual acuity requirement from 20/40 to 20/50 for licensure without restriction for all drivers.
- South Carolina no longer tests visual acuity during routine in-person license renewal.

Visual field testing. Twenty-three states (45.1%) perform visual field testing during in-person license renewal for all ages. Three states (5.9%) only conduct visual field testing for older drivers (see Table 5). Montana only tests applicants for a commercial driver’s license.

Table 5. States with age-based visual field testing policies

State	Age at which Visual Field Testing Starts
Arizona	65+
Georgia	64+
Oregon	50+

Changes in visual field testing:

- Alaska and Montana added visual field testing to in-person renewals.
- Georgia changed from requiring visual field testing across all ages to beginning testing at age 64.
- Indiana no longer tests visual fields during routine in-person renewal.
- Wyoming no longer tests if the driver presents a valid vision evaluation form.

Contrast sensitivity testing. No states reported testing contrast sensitivity during routine in-person license renewal.

On-road Testing. Illinois is the only state that requires a road test for older drivers to renew their license (starting at age 75).

Changes in age-based on-road testing requirements:

- New Hampshire removed its road test requirement for drivers over the age of 75 when renewing a license.

Reporting of Medical Conditions

Self-reporting. Forty-seven states (92.2%) ask an applicant to self-report medical conditions during license renewal regardless of age. Of these, 17 (33.3%) ask an applicant to self-report irrespective of whether the renewal is in person, online, or via mail. The other 30 (58.8%) only inquire if the renewal is in person. The remaining four states (7.8%) (Arkansas, Connecticut, New Hampshire, and Pennsylvania) do not ever ask an applicant to self-report medical conditions during license renewal.

Changes in self-reporting:

- Seventeen states (33.3%) (Alaska, California, Colorado, Georgia, Hawaii, Iowa, Maine, Michigan, Nebraska, Nevada, New Mexico, New York, North Dakota, Utah, Vermont, Virginia, and Wyoming) changed the requirement for reporting of medical conditions to all renewals instead of only at in-person renewals.
- Connecticut no longer asks drivers to self-report during any routine license renewals.

Physician reporting. All states allow physicians to report a medically-at-risk driver, and those reports are generally kept confidential. Exceptions to confidentiality are sometimes made when reports are subpoenaed, admitted as evidence in review, or requested by the driver who was reported. Six states (California, Delaware, Nevada, New Jersey, Oregon, and Pennsylvania) also have circumstances under which physicians are required to report a medically-at-risk driver. Most states (N = 37, 72.6%) protect physicians from civil damages as a result of a lawsuit for reporting medically-at-risk drivers. States provide several methods for physicians to report medically-at-risk drivers. The great majority of states (N = 42, 82.4%) have a physician reporting form available to submit to the agency. Most of the states (N= 38, 74.5%) that allow physicians to report have the form available online. In California, the form for reporting is also available from the local county health officer. Almost all states (N = 48, 94.1%) will accept a letter from a physician reporting a medically-at-risk driver.

Changes in physician reporting:

- Alaska, Indiana, Iowa, Maine, Michigan, and Montana now have fewer exceptions that allow access to confidential reports made by physicians.
- Colorado, Iowa, Kansas, and Oklahoma now have a physician reporting form available online.
- Georgia still accepts forms, but they are now only available online.
- Indiana still has forms available online, but removed the option for physicians to report at-risk drivers by letter, and paper forms are no longer available from central or local branch driver licensing offices.
- Kentucky and Michigan now protect physicians from civil damages.

Family, friend, and anonymous reporting. Almost all states (N = 46, 90.2%) allow family members to report a medically-at-risk driver, with slightly fewer (N = 38, 74.5%) allowing friends or acquaintances to report a driver. Very few states (N = 5, 9.8%) accept anonymous reports. Nevada and South Carolina do not permit family or friends to report, but they are allowed to ask the medically-at-risk driver's physician to report the individual. Most states that allow family and friend reporting keep these reports and the identity of the person reporting confidential unless subpoenaed, admitted as evidence in review, or requested by driver. Twenty-four states (47.1%) provide paper reporting forms at the central driver licensing office. Nineteen states (37.3%) make paper forms available at local branch driver licensing offices. Forms are available electronically in 25 states (49.0%). Thirty-eight states (74.5%) allow family and friends to report by writing a letter.

Changes in family, friend, and anonymous reporting requirements:

- The District of Columbia now accepts reports from relatives.
- Hawaii and Nevada no longer accept reports from family.
- There are now fewer exceptions that allow access to confidential reports made by family and friends in Alaska, Indiana, and Iowa.
- There are now more exceptions that allow access to confidential reports in Georgia, Michigan, Rhode Island, and Vermont.
- Connecticut, Iowa, and Kansas made a report form available for download.
- Georgia and Indiana no longer have paper forms available at licensing offices as the forms are only available online.
- Indiana no longer accepts letters from family or friends, while Kansas now has a letter option that was previously not available.

Law enforcement reporting. Forty-seven states (92.2%) allow law enforcement to report at-risk drivers using a paper form retrieved from the law enforcement agency, driver licensing office, or online. Only six states (11.8%) (Iowa, Maryland, Massachusetts, Michigan, Texas, and Wisconsin) have an online reporting system available. Law enforcement can also write letters in 19 states (37.3%). Seventeen states (33.3%) allow law enforcement to report a medically-at-risk driver as part of a crash report. Arkansas is the only state that does not accept law enforcement reports of medically-at-risk drivers via any method. In 19 states (37.3%), law enforcement officers receive training to identify and report medically-at-risk drivers.

Changes in law enforcement reporting:

- Oklahoma law enforcement personnel now receive training to identify and report medically-at-risk drivers.
- The driver licensing agencies in Maryland, Oklahoma, and Oregon now have a role in the at-risk driver training provided to law enforcement.
- Alaska, Kentucky, South Carolina, and Vermont now have paper forms available for law enforcement at local branch licensing offices.
- South Carolina no longer has forms available at law enforcement agencies.
- Iowa and Kansas now have online forms available for download. Idaho now accepts a form for reporting and makes it available at the central licensing offices.

- Indiana no longer has paper forms available at the central or local branch licensing offices, but the forms are still available on Indiana’s website.
- Iowa, Maryland, Massachusetts, Michigan, Texas, and Wisconsin have new online systems for reporting.

Medical Review Process

Medical Advisory Board. A Medical Advisory Board (MAB) is currently active in 35 states (68.6%). Thirty-one of these active MABs both advise on general policy for medically-at-risk drivers and review individual cases regarding driving privileges. MABs in Minnesota and North Carolina do not advise on general policy for medically-at-risk drivers but do advise on individual cases. MABs in New York and Oklahoma only advise on general policy but do not review individual cases. All states with an active MAB have an appeals process for drivers whose licenses are revoked or restricted as part of the medical review process.

Among the 16 states (31.4%) with no active MAB, six have another mechanism for seeking medical input on general policy for at-risk drivers. These six states either rely on standards set by a previously active MAB, reactivate the old MAB if needed, seek input from the state medical association and physicians, or employ part-time physicians. Fifteen states (29.4%) without an active MAB obtain medical input on individual medically-at-risk drivers from the driver’s own physician. Some of the 16 states have physicians (N = 4, 16.0%), nurses (N = 1, 2.0%), or nurse practitioners on staff (N = 2, 3.9%) to review cases. All 16 states without an active MAB offer an appeals or administrative hearing process for drivers whose privileges are revoked or restricted. Currently, only Mississippi has no mechanism in place for the review of medically-at-risk drivers.

Changes in the Medical Review Process:

- Michigan and Mississippi no longer have an active MAB.
 - Michigan now obtains medical input on individual medically-at-risk drivers from the driver’s own physician and/or driver evaluation/rehabilitation specialists.
 - Mississippi does not have another mechanism in place for seeking input on general policy or individual at-risk drivers.
- Three non-MAB states, Alaska, California, and Washington, now allow medical input from physicians on the licensing agency staff.
- California and Washington now allow medical input from nurse practitioners on staff and driver evaluation/rehabilitation specialists.

Referring drivers for medical or driving evaluation. As shown in Figure 1, the most common referral approach across all 51 jurisdictions is to send drivers in need of medical evaluation to their own physician (N = 49, 96.1%) or vision specialist (N = 43, 84.3%) for an exam. Figure 1 also shows that medical review staff in many states utilize other outside resources such as driver rehabilitation specialists or occupational therapists for drivers in need of further evaluation. Some states specified that drivers can also be referred for geriatric assessments or to adult protective services.

Changes in referring drivers for evaluation or assistance:

- Alaska no longer refers drivers to driver rehabilitation specialists, but now refers drivers to local DMV examiners for a road test or other evaluation.
- Hawaii now refers drivers to their own physicians for evaluations or assistance but did not refer drivers for any evaluations previously.
- Medical review staff in Washington can now refer drivers to physicians and vision specialists for specific exam needs.
- Wyoming now refers drivers to local DMV examiners instead of to occupational therapists or driver rehabilitation specialists.

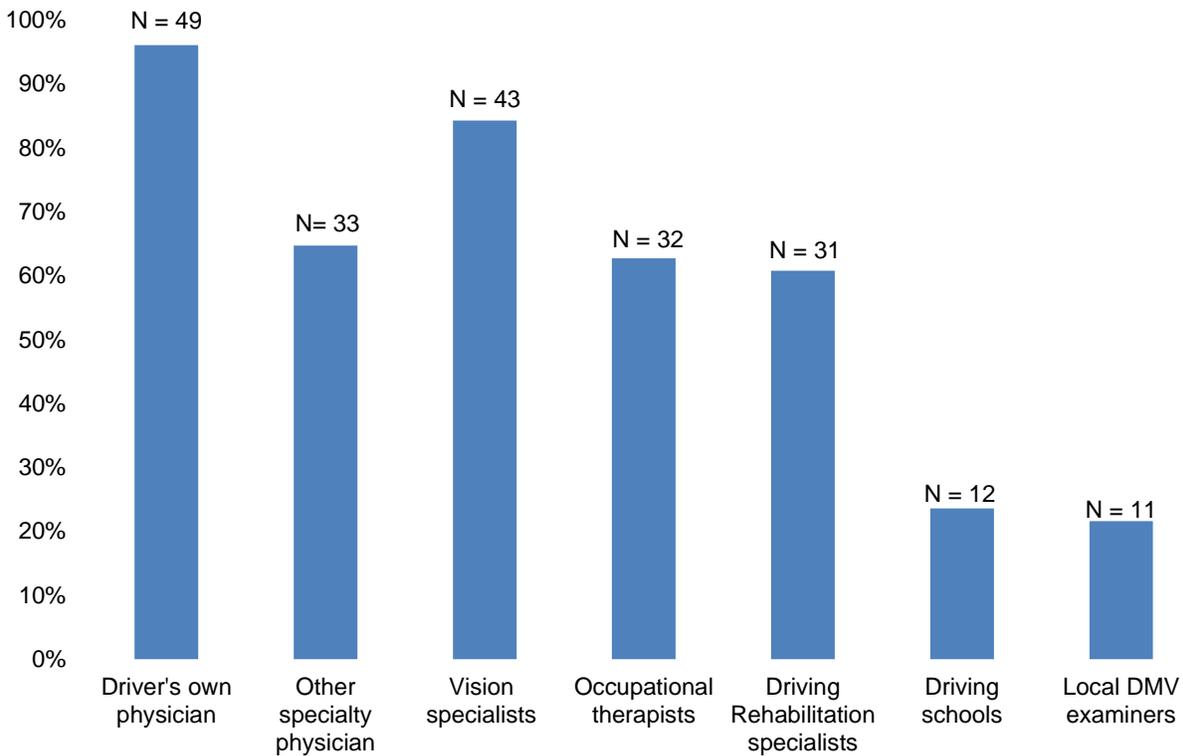


Figure 1. Percentage (and number) of jurisdictions using specialists for evaluations

Restrictions on Licenses

Types of restrictions available. All states, except New Jersey, can impose some form of driving restriction(s) on the license of a medically-at-risk driver. Figure 2 shows how many states can implement different types of restrictions. Notably, 50 states (98.0%) (all but New Jersey) can impose a daylight/daytime only restriction; 48 (94.1%) can require some type of special vehicle equipment (see Figure 3 for types of equipment); 32 (62.8%) have a maximum speed restriction; and 32 (62.8%) have a no driving on highway/freeway/interstates restriction. Other types of restrictions include time of day, distance from home, trip duration, trip destination, passenger required, passenger prohibited, and telescopic devices required.

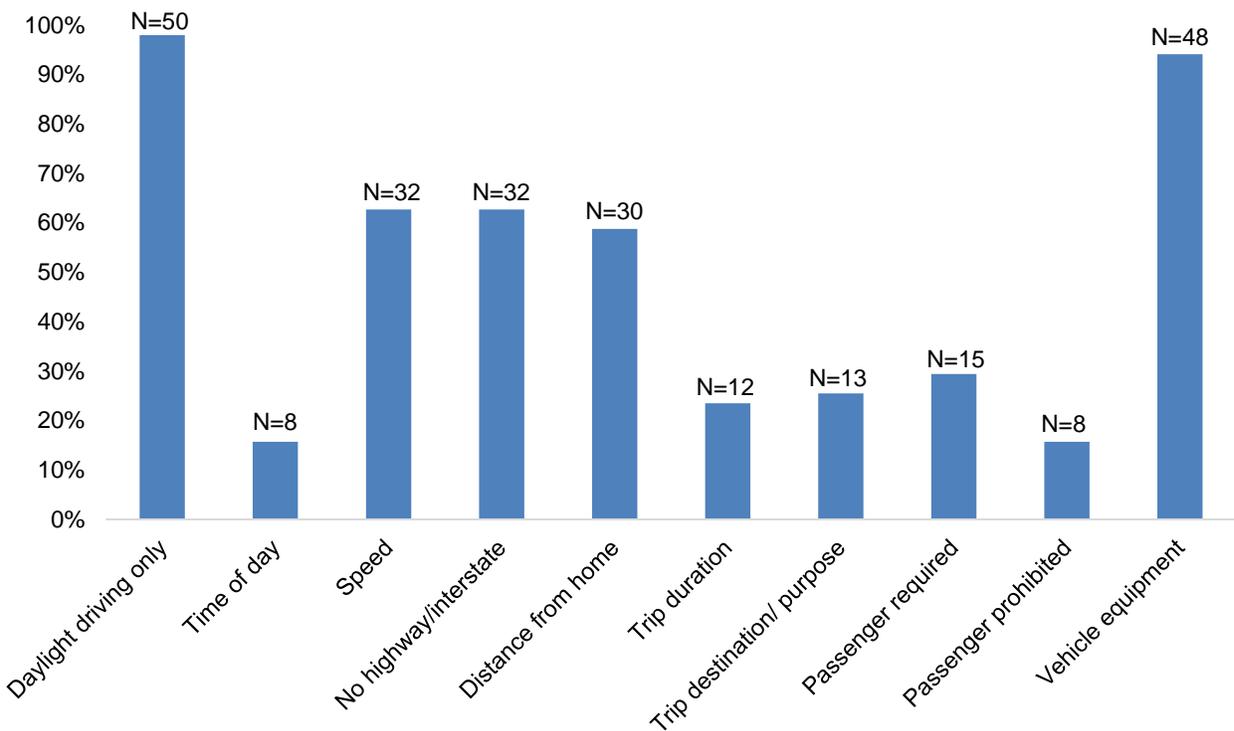


Figure 2. Percentage (and number) of jurisdictions using various license restrictions available

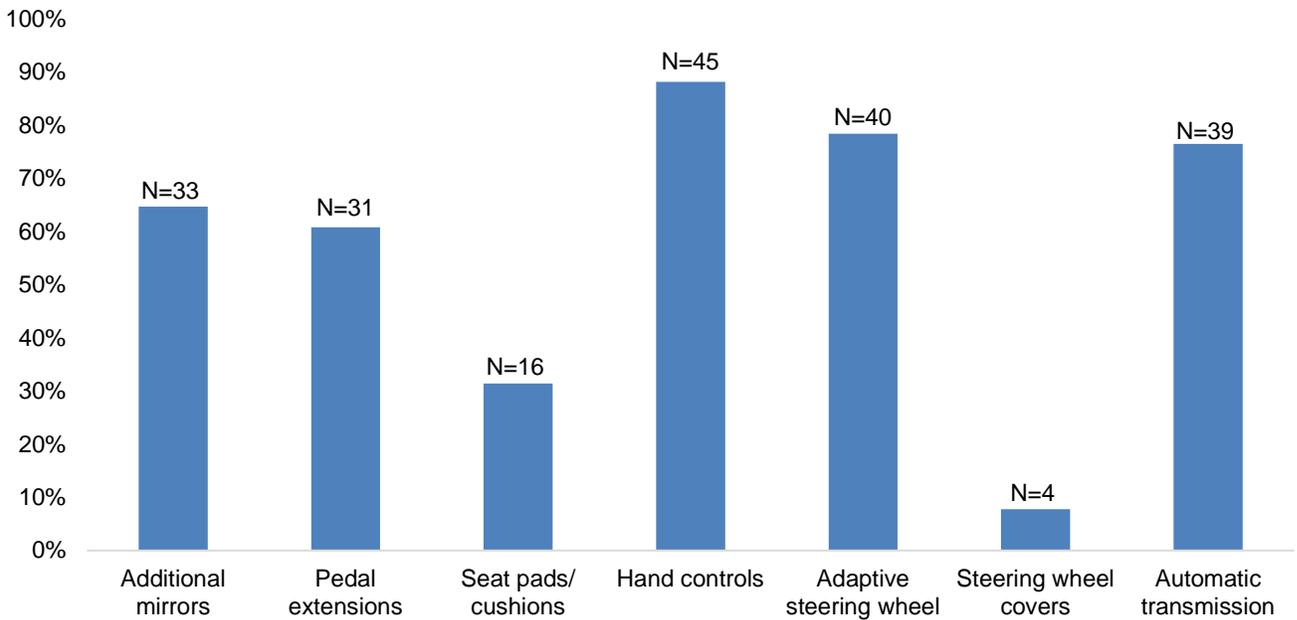


Figure 3. Percentage (and number) of jurisdictions using vehicle equipment requirements

Changes in types of license restrictions available:

- Connecticut, Georgia, Indiana, and Maine no longer implement speed restrictions. Indiana, Maine, and Utah stopped implementing restrictions on highway/freeway/interstate driving.
- California and Ohio added distance from home as a license restriction, but Florida, Indiana, and New Mexico stopped using this type of restriction.
- Florida, Georgia, New Mexico, and Wyoming removed trip purpose from the available restrictions, but Indiana added it as an option.
- Florida, Maine, and Wyoming stopped applying trip duration restrictions.
- Florida no longer issues license restrictions that require or prohibit passengers, and Indiana can no longer require a passenger be present.
- Michigan and Virginia now have restrictions prohibiting passengers.
- North Carolina added a restriction to require a passenger.
- Arkansas and Mississippi can no longer require special vehicle equipment.

Who can impose restrictions. In 45 states (88.2%), medical review staff make decisions about imposing restrictions or conditions on licenses of medically-at-risk drivers. Seventeen states (33.3%) indicated that central licensing office staff can make decisions related to restrictions. Local examiners can make decisions about imposing restrictions on medically-at-risk drivers in 30 states (58.8%), but their level of discretion varies depending on the state. Twenty of the states that allow local examiners to make restriction decisions allow the examiner some level of discretion while 8 states have standard guidelines that must be followed exactly. South Dakota is the only state that allows local examiners full discretion when imposing license restrictions.

Changes in who can impose restrictions:

- Medical review staff in Arkansas, Iowa, and Rhode Island now make decisions on restrictions.
- While local examiners still make these decisions in Kansas, medical review staff no longer do.
- Central licensing staff in Indiana and Iowa make license restriction decisions now, and local examiners no longer have that authority in Indiana.
- Conversely, central licensing staff in Michigan no longer make license restriction decisions, but local examiners now can make such decisions.
- Alaska and New Hampshire no longer allow local examiners to make restriction decisions, but Oklahoma now does.
- South Carolina now allows certified driver rehabilitation specialists to make decisions on license restrictions.
- Local examiners in Florida and Utah now must follow guidelines for imposing restrictions and no longer have discretion.
- Florida, Idaho, and Kansas no longer allow local examiners to revoke licenses.
- Local examiners in Idaho did not follow guidelines previously but now impose restrictions based on physician evaluations.
- Idaho and Maine no longer allow drivers to appeal license restrictions imposed by local examiners.
- Michigan and Oklahoma previously did not allow local examiners to make decisions but now allow them to impose restrictions by following standardized guidelines.
- Michigan may also allow local examiners to impose additional restrictions when they feel a need exists.
- A local examiner's decision to restrict or revoke a license can now be appealed in Michigan and Oklahoma.

License Examiner Training

Twenty-five states (49.0%) have specialized examiners who complete training specifically on older and/or medically-at-risk driver issues. Another eight states (15.7%) provide some form of specialized training to all local examiners. Eighteen states (35.3%) do not require examiners to complete any training on older or medically-at-risk driver issues. The states indicated a wide variety of training content. Table 6 shows how many states cover selected topics in their training for license examiners.

Table 6. States including selected topics in specialized training for license examiners

Training Topics	Number of States	Percent of States with Specialized Training
Medical conditions that may affect driving ability	23	69.7%
Medications that may affect driving ability	9	27.3%
Effects of normal aging on driving ability	17	51.5%
Aging sensitivity training	15	45.5%
Crash and injury rates or crash characteristics of older drivers	5	15.2%
Uses and benefits of restricted or customized licensing	18	54.5%
When and how to refer drivers for comprehensive driving evaluation	19	57.6%
How to counsel older adults unable to renew their license	10	30.3%
Resource materials for older/medically-at-risk drivers and families	11	33.3%
How to observe for potential medical impairments	28	84.8%

Note: Percent based on the 33 states with any specialized training.

Changes in license examiner training:

- Georgia and Michigan have started providing specialized training to all local examiners.
- Nevada previously had training for specialized examiners, but no longer offers training for any examiners.
- California, Maine, and North Dakota added coverage of the effects of normal aging on driving ability to its training while Florida dropped this topic.
- North Dakota added, and Florida removed, a topic on medications affecting driving ability.
- North Dakota and Oregon added, and Florida and Maine removed, topics about when and how to refer drivers for evaluation.
- New Hampshire and North Dakota no longer provide training on the types of resource materials available to older and/or medically impaired drivers and their families, but Oregon has started training on the availability and types of resources.
- Oregon and Virginia added, and Florida removed, a topic on how to counsel adults unable to renew their license.
- New Hampshire, North Dakota, and Virginia now cover medical conditions.
- North Dakota and Oregon also added aging sensitivity training for examiners.
- North Dakota now covers uses and benefits of restricted licenses.
- Florida no longer reviews crash and injury characteristics during training.

Public Outreach

State driver licensing handbook. Twenty-four states (47.1%) provide information about general health and driving fitness in their state driver licensing handbook. Other topics covered less frequently include aging and driving (N = 11, 21.6%), how to report an at-risk driver (N = 11, 21.6%), the decision to stop driving and surrender a license (N = 4, 7.8%), and driving alternatives (N = 3, 5.9%).

Changes to the state driver license handbook:

- Hawaii and Oregon added health and driving fitness topics to their licensing handbooks.
- Florida and New Hampshire added aging and driving topics.
- Indiana removed the topic covering how to report at-risk drivers.
- Georgia removed health and fitness.
- Iowa removed health and driving fitness, aging and driving, decision to stop driving, and driving alternatives topics.
- Michigan added health and driving fitness, aging and driving, how to report an at-risk driver, decision to stop driving, and driving alternatives topics in its publication entitled *Michigan's Guide for Aging Drivers*.

Other outreach. Twenty-four states (47.1%) maintain a website with information specifically for older drivers, and 20 (39.2%) maintain a website with information for medically-at-risk drivers. A number of states, 14 (27.5%), make older driver safety materials available at local field offices. In 18 states (35.3%), DMV staff give presentations to groups of older adults. Twelve states (23.5%) provide information on available classroom driver refresher courses, and 13 states (25.5%) provide information on resources for more in-depth assessment of driving skills. Five states (9.8%) always have information on local alternative transportation options readily available for drivers and publicize information at local offices. Fourteen other states (27.5%) only make alternative transportation information available upon request.

Changes in outreach:

- Kansas added a website with information specifically for older and medically-at-risk drivers.
- Michigan now has a website specifically for older drivers, but does not maintain a similar website for medically-at-risk drivers.
- Nevada removed the previous website for older drivers and added a website for medically-at-risk drivers.
- New Jersey no longer maintains a website for older or medically-at-risk drivers.
- Alaska, California, and Maine increased the frequency of licensing agency presentations that are made to older adults.
- Alabama, Nevada, and New Hampshire decreased the frequency of presentations made by their licensing agencies.
- Kansas added a medical and vision review page to its website for medically-at-risk and older drivers, and made an older driver safety brochure available at local field offices.
- Michigan introduced the *Safe Drivers Smart Options* website, and made older driver safety materials available at local branch offices.

- Nevada no longer has older driver safety materials available and has ceased providing information on classroom driver refresher courses.
- Wisconsin no longer prints materials, but they are still available online.
- Oregon now provides information about refresher courses.

Discussion

The primary objective of this project was to update the existing *Driver License Policies and Practices* database for older and medically-at-risk drivers by surveying knowledgeable personnel from the driver licensing agencies of all 50 States and the District of Columbia. The survey was largely the same as that conducted in 2009, although minor item revisions and additions were made. State personnel from all 51 jurisdictions responded, verified whether the information from the old database was still correct, and made updates if something had changed.

This document describes the revised DLPP database by providing a brief summary of the findings of the survey in each major topic area and by highlighting changes in policies that have taken place in the last 10 years. Respondents also noted reasons for some of these policy changes (e.g., Real ID requirements impacting license renewal requirements). Many times, however, no reason was provided, and the motivation for the change remains unknown.

The complete survey results presented in the [web-based resource](#) are intended for use by policymakers, traffic safety stakeholders, and researchers. Anyone can search the database to see a particular state's full responses to the survey items. The results provide a snapshot of the current licensing policies in the United States and can serve as a starting point for any future research that is interested in analyses based on the existence of a particular policy in a state.

Appendix: Survey Items

Survey of State Driver License Agency Practices of Special Importance to Medically-At-Risk and Older Drivers

Survey Login Page

Welcome to the AAA Foundation for Traffic Safety's Survey of State Driver License Agency Practices of Special Importance to Medically At-Risk and Older Drivers

Introduction: In 2008-2009 the AAA Foundation for Traffic Safety (AAAFTS) collected and published information from all 50 States and the District of Columbia regarding medically at-risk and older driver licensing policies and practices. The data have been very useful for practitioners and researchers alike. Much may have changed in the last 10 years, however, and the database needs updating to best reflect current State practices. Your help on this survey will provide the needed updates.

We expect the survey to take 20 minutes on average, but it could take longer if significant changes have taken place in your State since the last data collection effort. Please complete the survey by February 1, 2019. If you have any questions as you work through the items, feel free to contact AAAFTS's contractor, Dunlap and Associates, Inc., at (203) 323-8464 or GrahamL.Dunlap@gmail.com.

Login: Enter your state's abbreviation and the PIN you were provided in the field below. Click "**Log In**" to go to your State's specific survey. You can return to the survey as many times as you like to revise items. Please use your assigned PIN each time you return.

Logout Successful

Please enter your information to log back in.

State:

PIN:

Survey Navigation Page

Survey of State Driver License Agency Practices of Special Importance to Medically At-Risk and Older Drivers

Logged in as: AL

Instructions:

Please provide a response to all items to the best of your ability. You can return to an item later if you need to gather additional information before answering. Most items have responses from the old database pre-filled, and your task is to update any information that may have changed since the data were last collected. New items that have been added to the database are marked as "New Item" and require a response.

Please review the responses and indicate if updating is needed. If the information is up-to-date, select "**Keep and Next** ->" and you will be taken to the next item. If the information needs updating, you can edit or add responses to an item. Making changes will put the item into edit mode. If you do not wish to keep any changes to an item, click on "**Cancel**" to exit edit mode and discard changes. Every time you change a response, text boxes will open asking you to indicate the year the change took place and to provide a brief explanation of why the change happened. If you do not know when or why the change took place, just leave these responses blank. When you are finished editing, click on "**Save**" to proceed to the next question. If you are unsure about an item, you can select "**Skip** ->" and you will proceed to the next item. You can always go back using the "<- **Previous**" button or return to the main menu using the "**Home**" button on the page. Some items will be missed depending on your responses. Please remember to return to update any items later when you find the information.

Click "**Start**" to begin the questionnaire at the first item, or click on a particular topic below if you want to jump to that section.

Start

Go to Topic (click on topic of choice)

1. [Renewal Requirements](#)
2. [Reporting of At-Risk Drivers](#)
3. [Medical Review Process](#)
4. [Restrictions on Licenses](#)
5. [Examiner/Staff Training](#)
6. [Outreach](#)
7. [Licensing Data](#)

[Log Out](#)

Note: Any item below with a “*” has been modified from the original item that appeared in the DLPP.

Renewal Requirements

1. Visual acuity requirements for licensure without restrictions other than corrective lenses

2. Minimum visual acuity required for licensure, better eye or both eyes together, with or without added restrictions or conditions

3. Additional requirements for licensure if vision standards not met

4. Are bioptic telescopes allowed for driving with, or without, added requirements or restrictions?
 Yes
 No
5. Can bioptic telescopes be used to meet vision standards for licensure?
 Yes
 No
6. Minimum visual field requirements for licensure, in degrees

7. *Standard length of license renewal cycle (in years)

8. *Is the length of license renewal cycle different for older drivers?
 Yes [Go to Q9]
 No, same as standard [Skip to Q10]
9. *If length of license renewal is different for older drivers, provide the length of renewal and age

10. *Standard frequency for required in-person renewal
- Every renewal
 - Every other renewal
 - Not required
 - Other (please describe): _____
11. *Required in-person renewal frequency for older drivers, if different than standard

12. Is visual acuity tested during routine in-person license renewal?
- Yes
 - No
 - Other (please describe): _____
13. Are visual fields tested during routine in-person license renewal?
- Yes
 - No
 - Other (please describe): _____
14. Is contrast sensitivity tested during routine in-person license renewal?
- Yes
 - No
15. *Are applicants asked to report medical conditions during routine license renewals?
- Yes, in-person renewal only
 - Yes, mail in or online renewals only
 - Yes, all renewals
 - No, not asked to report
16. Other routine requirements for license renewal

17. Any age-based license renewal requirements? (Check all that apply)
- More frequent renewal
 - In-person renewal
 - Vision testing
 - Road testing
 - Medical report
 - None
 - Other (please describe): _____
18. *Additional information on license renewal requirements for older drivers in your state

Reporting of At-Risk Drivers

19. Does the driver license agency permit physicians to report medically-at-risk drivers?
- Yes
 - No
20. Are there circumstances under which physicians are required to report an at-risk driver?
- Yes
 - No
21. When physicians report a medically-at-risk driver, either by law or voluntarily, are reports confidential?
- Yes, without exception
 - Yes, unless EITHER subpoenaed/evidence in review or requested by driver
 - Yes, unless subpoenaed/admitted as evidence in review
 - Yes, unless requested by driver
 - No
 - Other (please describe): _____
22. Are physicians who report in good faith protected from civil damages incurred as a result of a lawsuit?
- Yes
 - No
 - Other (please describe): _____
23. How can physicians report a potential medically-at-risk driver? (Check all that apply)
- Write a letter to the licensing agency
 - Submit a special form to the agency [Go to Q24; If not selected skip to Q25]
 - Other (please describe): _____
24. Where can physicians obtain a form to report a medically-at-risk driver? (Check all that apply)
- Central driver licensing office
 - Local branch driver licensing office
 - Website (provide link): _____
 - Other source (please describe): _____
25. Does the DMV provide, or assist other agencies in providing, education to encourage physician reporting of potential at-risk drivers?
- No
 - Yes; Describe _____
26. Are reports about medically-at-risk drivers accepted from concerned family members?
- Yes
 - No

27. Are reports about medically-at-risk drivers accepted from friends or acquaintances?
- Yes
 - No
28. When family/friends report an at-risk driver, is their identity kept confidential?
- Yes, without exception
 - Yes, unless EITHER subpoenaed/evidence in review or requested by driver
 - Yes, unless subpoenaed/admitted as evidence in review
 - Yes, unless requested by driver
 - No
 - Other (please describe): _____
29. Are anonymous reports about at-risk drivers accepted?
- Yes
 - No
30. How can family and/or friends report a potential medically-at-risk driver? (Check all that apply)
- Write a letter to the licensing agency
 - Submit a special form to the agency [Go to Q31; If not selected, skip to Q32]
 - Other (please describe): _____
 - Our agency does not accept reports from family and friends
31. Where can family and/or friends obtain a form to report a medically-at-risk driver? (Check all that apply)
- Central driver licensing office
 - Local branch driver licensing office
 - Website (provide link): _____
 - Other source (please describe): _____
32. *Additional comments about the family and/or friends reporting process
- _____
33. Does law enforcement receive training in identifying and reporting medically-at-risk drivers?
- Yes [Go to Q34]
 - No [Skip to Q35]
 - Don't know [Skip to Q35]
34. Does your agency take a role in, or have input into, this law enforcement training?
- Yes
 - No

35. *How can law enforcement personnel report a potential medically-at-risk driver? (Check all that apply)
- Form [Go to Q36; if not selected, skip to Q37]
 - Write a letter to the licensing agency
 - Online system
 - Crash report
 - Other (please describe): _____
 - None
36. *Where can law enforcement obtain a form to report a medically-at-risk driver? (Check all that apply)
- Law enforcement agency
 - Central driver licensing office
 - Local branch driver licensing office
 - Website (provide link): _____
 - Other source (please describe): _____

Medical Review Process

37. Does this state have an active Medical Advisory Board (MAB)?
- Yes [Go to Qs 38-41 and skip Qs 42-46]
 - No [Skip to Q42]
38. Does the MAB advise on general policy regarding medically-at-risk drivers?
- Yes
 - No
 - Don't know
39. Does the MAB advise on driving privileges for individual medically-at-risk drivers?
- Yes
 - No
 - Other (please describe): _____
40. Is there an appeals process for drivers whose privileges are revoked or restricted as part of the medical review process?
- Yes
 - No
 - Other (please describe): _____
41. *Additional comments regarding the medical review process
_____ [Skip to Q47 even if no information provided]

42. Is there another mechanism for seeking medical input on general policy for medically-at-risk drivers?
- Yes
 - No
 - Don't know
43. *How is medical input obtained on general policy regarding medically-at-risk drivers?
- Describe: _____
 - No mechanism
44. *How is medical input obtained on individual medically-at-risk drivers? (Check all that apply)
- Driver's own physician
 - Physician on staff
 - Registered nurse on staff
 - Nurse practitioner on staff
 - Medical consultant and/or contractual specialists
 - Driver evaluation specialists (e.g., Driver rehabilitation specialists)
 - There is no mechanism for seeking medical input on individual medically-at-risk drivers
 - Other (please describe): _____
45. Is there an appeals process for drivers whose privileges are revoked or restricted as part of the medical review process?
- Yes
 - No
 - Other (please describe): _____
46. *Additional comments regarding the medical review process.
- _____
47. *Where do medical review staff refer a reported driver in need of evaluation or assistance? (Check all that apply)
- Driver's own physician
 - Other specialty physicians
 - Vision specialists
 - Occupational therapists
 - Driver rehabilitation specialists
 - Driving schools
 - Local DMV examiner for road test or other evaluations
 - Medical review staff do not refer outside the agency
 - Other (please describe): _____

Restrictions on Licenses

48. Can this state impose restrictions or conditions on the licenses of medically-at-risk drivers? (Note: Do not include routine requirements for corrective lenses, or restrictions that may be imposed for alcohol-related violations, excess points, etc.)

- Yes
- No [Skip to Q57]

49. *What types of driving conditions or restrictions can be imposed? (Again, please do not include restrictions that may be imposed for alcohol-related violations or other nonmedical situations.) (Check all that apply)

- Daytime/daylight driving only
- Time of day (e.g., not during rush hour)
- Speed
- No Freeway/Interstate/Limited Access
- Distance/radius from home
- Trip duration
- Specific trip destination or purpose
- Passenger presence required
- Passenger presence prohibited
- Vehicle equipment [If selected, go to Q50. If not selected, skip to Q51]
- Periodic or more frequent re-evaluations
- Telescopic device required
- Other possible restrictions used (please describe): _____

50. *What type of vehicle equipment can be required? (Check all that apply)

- Additional mirrors
- Pedal extensions
- Seat pads and cushions
- Hand controls
- Adaptive steering wheel devices
- Steering wheel covers
- Automatic transmission
- Other (please describe): _____

51. Additional details on restrictions

52. Who can make decisions about imposing restrictions or conditions on licenses of medically-at-risk drivers? (Check all that apply)

- Medical review staff
- Central licensing office staff
- Local examiners [If selected, go to Q53; If not selected, skip to Q56]
- Other (please describe): _____

53. *Do local examiners follow guidelines when imposing restrictions on licenses?
- Follow standardized guidelines for imposing license restrictions (e.g., a restriction to daylight driving only based on vision test performance)
 - Follow standardized guidelines, but also have discretion in imposing additional restrictions where they feel a need exists
 - There are no standardized guidelines for licensing restrictions imposed by local examiners. All licensing restrictions and/or conditions are imposed at the discretion of the examiner.
 - Other (please describe): _____
54. *Can a local examiner's decision to restrict the license of a medically-at-risk driver be appealed?
- Yes
 - No
55. *Can a local examiner's decision to revoke the driver's license of a medically-at-risk driver be appealed?
- Yes
 - No
 - Local examiner's cannot revoke the driver's license of a medically-at-risk driver
56. Additional comments regarding restricted licenses or the appeals
- _____

Examiner/Staff Training

57. *Are local examiners required to complete any training on older and/or medically-at-risk drivers?
- Yes, all local examiners [Go to Q58]
 - Yes, only specialized examiners [Go to Q58]
 - No [Skip to Q60]

58. *What topics are included in the specialized training? (Check all that apply)]
- Medical conditions that may affect driving ability
 - Medications that may affect driving ability
 - Effects of normal aging on driving ability
 - Aging sensitivity training (e.g., what it is like to have cataracts or joint stiffness)
 - Crash and injury rates or crash characteristics of older drivers
 - Uses and benefits of restricted or customized licensing
 - When and how to refer drivers for a comprehensive driving evaluation
 - How to counsel older adults who are unable to renew their license
 - Resource materials for older and/or medically impaired drivers and their families
 - How to observe for potential medical impairments
 - Other (please describe): _____

59. Additional comments regarding frequency of examiner training and/or training topics

60. *Which of the following topics are covered in the state driver license handbook? (Check all that apply)
- Health and driving fitness
 - Aging and driving
 - How to report an at-risk driver
 - The decision to stop driving or surrender one's license
 - Driving alternatives (e.g., information on state or local transportation resources)
 - None of the above

Outreach

61. *Does your agency maintain or sponsor a website that includes information especially for older and/or medically-at-risk drivers? (Check all that apply)
- Yes, we have a website that includes information especially for medically-at-risk drivers; Provide link: _____
 - Yes, we have a website that includes information especially for older drivers; Provide link: _____
 - No
62. *Do DMV staff give presentations to groups of older adults (e.g., at a senior center, church, or retirement community)?
- Yes, often
 - Yes, occasionally
 - Seldom or never
 - Don't know

63. Additional comments regarding talking with older adults

64. *Do local field offices have older driver safety materials available to customers?

- Yes, offices are required to have materials available
- Yes, all or most offices have materials available
- Yes, only selected offices have materials available
- No
- Don't know

65. *Do local licensing offices provide information on the following regarding in-depth assessment/remediation of driving skills to older adults and families?

- Classroom driver "refresher" courses, such as those offered by AAA or AARP
- Local resources for more in-depth assessment and/or remediation of driving skills
- None of the above

66. *Do local licensing offices provide information on local alternative transportation options and how to access them?

- Yes, we require that information is made available to the driving public and publicized at local offices
- Yes, information is always available to the driving public and publicized at local offices
- Yes, information is made available to individuals as appropriate or upon request
- No
- Don't know

67. *Additional comments regarding providing information to seniors about driving safety

Licensing Evaluation/Data

68. *Which of the following does your agency maintain computerized data on? (*Check all that apply*)

- Numbers and types of restrictions on drivers' licenses
- Sources of referrals for medically-at-risk drivers
- Reasons for referrals of medically-at-risk drivers (e.g., medical condition or diagnosis)
- Outcomes (e.g., license status) of referrals for medically-at-risk drivers
- None of the above

69. To your knowledge, has the effectiveness of any of your agency's policies or programs pertaining to older or medically-at-risk drivers been evaluated?

(Please include both formal and less formal, "in-house" evaluations.)

- Yes [Go to Q70]
- No [End of survey]
- Don't know [End of survey]

70. Please provide a one or two sentence description below of what was evaluated, who carried out the evaluation, when it happened, and the final results:

71. *Use space below to provide any additional comments about program evaluation activities and data:*
