

**From:** Earley, Jr., James E.  
**To:** Burgis, David <Burgis\_David@scdps.state.sc.us>  
Adams, Marcia S. <Adams\_MarciaS@scdps.state.sc.us>  
**Date:** 10/1/2001 10:32:03 AM  
**Subject:** FW: Medical info on DL

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If no one has objections, I will ask CACI to comply to these guidelines.

-----Original Message-----

**From:** Green, Gwendolyn S.  
**Sent:** Friday, September 28, 2001 11:47 AM  
**To:** Earley, Jr., James E.  
**Subject:** RE: Medical info on DL

I disagree. The information remains on the record, but if the information is not **voluntarily** disclosed on subsequent applications or specifically requested, then the symbol is not put on the subsequent credential.

-----Original Message-----

**From:** Earley, Jr., James E.  
**Sent:** Friday, September 28, 2001 11:03 AM  
**To:** Green, Gwendolyn S.  
**Subject:** RE: Medical info on DL

Thanks for the info.

One clarification - For Question #1, you state that statute does not require the medical symbol to follow the credential (ie. print medical symbol on any/all subsequent DLs). Do we violate the law if we choose to print the symbol on all DLs for a customer who has disclosed medical info? I think all credentials need to accurately reflect info on the driver record.

-----Original Message-----

**From:** Green, Gwendolyn S.  
**Sent:** Wednesday, September 26, 2001 4:47 PM  
**To:** Earley, Jr., James E.; Adams, Marcia S.; Burgis, David  
**Cc:** Phelps, Annie L.; Grant, Beth B.; Catoe, Jo Ann G.; Dolder, Rolf P.; Barwick, James M.; Worthy, Youtha B.  
**Subject:** RE: Medical info on DL  
**Importance:** High

September 26, 2001

Legislation requires that DMV allow customers to voluntarily provide permanent medical conditions. In the event that a customer decides to provide this info, DMV will place a medical symbol on the DL and record the medical condition in the database.

The law also requires DMV to make this information available to law enforcement, emergency medical workers and hospital employees upon request.

There are a host of issues that must be resolved before we can implement:

1) Is the info tied to the customer or a specific DL? For example, I get a regular driver license and decide to disclose that I have Epilepsy. DMV records the data and prints the medical symbol on the DL. Six months later, I apply for a CDL and do not disclose any medical info. Does DMV apply the previous medical condition to the CDL and print the medical symbol on the CDL? Our opinion is that the info should be tied to the customer and that all DLs reflect the information. It can be deleted, but all previously issued credentials should be re-issued to reflect the change at the appropriate charge (\$12.50).

**Response:**

**§ 56-1-80 (A)(6) and (B) state in part that the medical information be indicated on the driver's license and contained in the driver record. This language suggests that the information follow the person as it is contained in the Department's record. The statute is silent on whether the symbol will follow the credential. Therefore, there is no requirement that DMV put the symbol on the CDL or any subsequent DL unless**

requested to do so. See form # 447 which is used each time someone applies for a credential. The section entitled "for commercial driver's license only" requires a CDL applicant to hold a valid and updated medical certificate. So, if an applicant volunteers information for a DL and not a CDL, it does not matter because he would have the medical certificate. This covers the Department.

1. Do we record medical information and print symbols on state ID cards, or DL only?

**Response:**

**The statute is clear. It does not apply to IDs. However, there is nothing in the statutes that I can find that prohibits the Department from offering this option to ID customers.**

3) The proposed application (Form 447) allows a customer to provide this medical info, but also has a section related to medical restrictions - conditions that would prevent DMV from issuing a DL. The customer must answer questions related to their health/physical ability to operate a vehicle. If a customer indicates that they have no medical condition that would prevent DMV from issuing a license, yet voluntarily disclose that they have Epilepsy or seizures, what is DMV's obligation to ask questions or research their response. What liability does this create for DMV?

**Response:**

The DMV meets its obligation to inquire when the applicant answers questions # 7,8,9, and 10. If the person lies, then that person used false information to obtain a credential. The department is in the same situation when a person gets DUIs and is later issued some type of restricted license or the privileges are reinstated.

4) How do we make this info available to law enforcement and medical workers as provided in the legislation. To be meaningful at all, this info would need to be provided real-time. An interface would be extremely expensive to build and maintain. The least difficult task would be to provide to HP dispatchers, but this only covers part of the requirement. During normal business hours, we can generate reports to be faxed to authorized personnel.

**Response:**

**I suggest that DMV develop some in-house procedures and designate a specific turnaround time that would allow validation of the requestor's affiliation. Without expending a lot more resources, real time response is not feasible although it serves the spirit of the law. Maybe we can pin the legislature down for more funds for this one.**

CACI and DMV disagree that the system's ability to print the medical symbol and retain the medical condition in the Phoenix database is covered in the contract. CACI has agreed to do the work and we will resolve this issue, along with other disputed ECs, at a later date. I think that DMV can demonstrate that there is a requirement in the RFP that requires CACI to do the work. There is no requirement, however, for CACI to build an interface.

**Response:**

**I agree!**

-----Original Message-----

**From:** Earley, Jr., James E.

**Sent:** Wednesday, September 19, 2001 11:01 AM

**To:** Adams, Marcia S.; Burgis, David; Green, Gwendolyn S.

**Cc:** Phelps, Annie L.; Grant, Beth B.; Catoe, Jo Ann G.; Dolder, Rolf P.; Barwick, James M.; Worthy, Youtha B.

**Subject:** Medical info on DL

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medical condition in the database.

The law also requires DMV to make this information available to law enforcement, emergency medical workers and hospital employees upon request.

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- 2) Do we record medical information and print symbols on state ID cards, or DL only?
- 3) The proposed application (Form 447) allows a customer to provide this medical info, but also has a section related to medical restrictions - conditions that would prevent DMV from issuing a DL. The customer must answer questions related to their health/physical ability to operate a vehicle. If a customer indicates that they have no medical condition that would prevent DMV from issuing a license, yet voluntarily disclose that they have Epilepsy or seizures, what is DMV's obligation to ask questions or research their response. What liability does this create for DMV?
- 4) How do we make this info available to law enforcement and medical workers as provided in the legislation. To be meaningful at all, this info would need to be provided real-time. An interface would be extremely expensive to build and maintain. The least difficult task would be to provide to HP dispatchers, but this only covers part of the requirement. During normal business hours, we can generate reports to be faxed to authorized personnel.

CACI and DMV disagree that the system's ability to print the medical symbol and retain the medical condition in the Phoenix database is covered in the contract. CACI has agreed to do the work and we will resolve this issue, along with other disputed ECs, at a later date. I think that DMV can demonstrate that there is a requirement in the RFP that requires CACI to do the work. There is no requirement, however, for CACI to build an interface.

We need to resolve these issues quickly and give CACI direction on programming requirements for this feature. I have already met with Youtha, Jo Ann Catoe, Beth Grant, James Barwick and Annie Phelps. We need guidance on these issues.