Testimony of Tamaan Osbourne-Roberts, MD
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In Opposition to HB14-1068
Mandatory Physician Reporting of Patients to the Department of Revenue with Medical Conditions that Make Driving Dangerous
Committee on Health Insurance and Environment

Mr. Coram, Madame Chair, and members of the committee: thank you very much for the opportunity to appear before you today. My name is Tamaan Osbourne-Roberts, and I am a practicing family physician from Denver. I appear before you today in my capacity as president-elect of the 7700 member Colorado Medical Society, representing that organization, and speaking in opposition to HB14-1068.

We are pleased to participate in the committee's deliberations on this exceptionally important topic. Indeed, the need to protect both public and private safety in the presence of a medical condition that might impair an individual's ability to safely operate a motor vehicle is a serious matter, and one that our profession addresses routinely.

It is our hope that, through my testimony here today, the committee will gain further understanding of the vital and comprehensive role that practicing physicians play in preserving public safety under current law. It is also our hope that, in describing such, our concerns will become apparent as to how HB14-1068 might, however inadvertently, disrupt this system, decrease public safety, and further decrease access to care as a whole for patients in Colorado.

Nationally, physicians have dealt with the issue of medical conditions that may impair drivers for quite some time; indeed, the American Medical Association and many national specialty societies provide specific clinical guidance to the profession in dealing with patients who may be a danger to themselves or to the public when operating a motor vehicle. But as opposed to listing all of these national guidelines, please allow me to describe, more personally, what happens if a person who has had a lapse of consciousness comes to see me, here in Colorado, following that episode.

Many times, the patient will recently have been seen in an emergency room, and will be sitting in my exam room with a family member, as they have been instructed not to drive by the emergency physician; sometimes, they will have been brought straight to my office by the same family member, because they wanted to see the doctor that they know, the doctor that they trust. In both cases, they are almost always worried and frightened, about what this episode means for their health, about what it means for their life, and about what will happen next.

I speak with them. I listen to their story. I utilize my years of training and experience, as well as offer my compassion and understanding, comfort them, and to assure them that

we will get to the bottom of what is going on. I speak with their family, and offer the same comfort to them, enlisting their help. I work to build a bridge of trust, or to remind them of the trust we have shared through other difficult moments in years past. And when I have finally built that trust, only then am I able to begin the comprehensive and nuanced process of finding them answers, determining what has happened to them.

I collect records from the hospital, if such exist. I ask them for their story, the details of the incident, what happened, how it happened. I ask the same of their family and friends. I conduct a comprehensive exam, looking for clues as to their condition. I order lab tests, scans, radiologic studies, and referrals to specialists if indicated. I work to identify what has happened; sometimes this takes minutes, sometimes this takes months. And while I do so, I work to ensure that my patient and their family are safe, whether this means sending them immediately to a hospital by ambulance, instructing their family in how to monitor for dangerous symptoms…or instructing them not to get behind the wheel of a car.

What happens next depends on the answer we receive. If the reason for the loss of consciousness is a temporary condition that won't recur, or one that is easily fixed or easily treated, the next conversation is easy, as it usually (often, there is no data) involves happy smiles, and the patient's relief. Sometimes, however, the condition will be more permanent, and perhaps not reliably treatable. In this instance, two conversations ensue: one about the diagnosis itself and what it means, and the next about what measures we should pursue to ensure their health and safety as best we can. In many cases, this involves asking them to surrender their license.

Surrendering a drivers license is not an easy thing for someone to do. For many, a driver's license represents not only a means of transport, but a basic freedom. For the frail or elderly, it goes even further, representing the basics of their ability to remain self-sufficient. For these patients, they are not being asked to surrender their license; they are being asked to surrender their independence.

Navigating these conversations is tricky. An outcome that protects both the patient and the public depends on years of formal training in human behavior and even more years of hands-on experience with the changes that come with illness. Given this training, patients can usually be convinced to surrender their licenses voluntarily; initial resistance to such can often be overcome by involving family, to assist them in preserving their freedom, and in convincing them of the wisdom of this decision. However, there are moments when no amount of discussion will convince the patient to surrender their license, and in these moments, it becomes the physician's responsibility to notify the state. After all, we have a duty to the safety of all of our patients; to those in the exam room before us, and to the many other people we care for in the communities in which we live and work.

Now, imagine if the lengthy, detailed process I just described becomes supplanted by a new regulation requiring physicians to report all lapses of consciousness to the state, for summary revocation of a patient's driver's license. The trust between patients and their physicians, absolutely critical for both diagnosis and treatment, not just in these matters but in all matters pertaining to human health, would be irreparably eroded. Many patients would stop telling their doctors about such conditions; doctors would then not have the information needed to either to treat them, or to help them through the necessary changes that are a part of their treatment. Multiple recent studies have indicated that 70 percent…allow me to repeat, *70 percent*…of medical diagnoses are made from things that the patient tells us, as opposed to tests and exams. In our estimation, the unintended consequences of this bill would create unacceptable barriers to care for Colorado's patients, especially at a time when we are working so hard in this state to remove such barriers. And even more so when we have yet to see hard evidence that such a strategy will have the intended effect…and the bill's own fiscal note indicates that the current system is working well, with levels of physician reporting increasing 10 percent each year for the last several years.

In conclusion, while the physicians of the Colorado Medical Society are deeply invested in the safety of the public, it is our distinct belief that this safety is best preserved through the current system. It is also our belief that the current bill will lead not only to impairments in that critical system, but to decreased efficacy of the medical system, far less compassionate care and decreased access to care overall, unfortunate outcomes at a time the state is working so hard to ensure access to care for all Coloradans.

Rep. Coram, Madame Speaker, and members of the committee, thank you for the opportunity to speak with you today. I yield any remaining time, and will be happy to answer any questions you may have.

Possible questions…

1.) *Dr. O-R, how do you feel about the submitted amendments that limit the language to…*
A: At this time, the Colorado Medical Society cannot make a commitment to any revised language, without first receiving such for analysis, and further discussion with our colleagues and various affected consumer groups.

2.) *Would the Colorado Medical Society be in support of an interim study on this issue?*
A: Certainly. As physicians, we are always in support of having more evidence on which to base the care of our patients.