2023-55 ST Public Hearing Transcript

August 7, 2024

Eric Kabdebo: Good morning, I am Eric Kabdebo with the Michigan Department of State's Driver Assessment Unit. This is a public hearing for the administrative rules for vision standards for vehicle driver's licenses. This is rule set 2023-55 ST. Today is Wednesday, August 7th, 2024. The time is 8:58 A.M. at the OPS Center at the State Secondary Complex. Just for the record my name is spelled E-R-I-C K-A-B-D-E-B-O. Also for the Michigan Department of State present is Debra Anchak and Joe Becker. State your name for the record and spell it.

Debra Anchak: My name is Debra Anchak, D-E-B-R-A A-N-C-H-A-K. I am the manager of the Driver Assessment Section.

Joe Becker: I'm Joe Becker, J-O-E B-E-C-K-E-R. I'm the manager of the Driver Assessment Support Unit.

Eric Kabdebo: I should also mention I am manager of the Field Operations staff of the Driver Assessment Section. At present we have two members of the public here for public comment. Do either one of you want to proceed first?

Dr. Elizabeth Becker: My name is Dr. Elizabeth Becker, B-E-C-K-E-R. Private practice north Oakland County, also past president of the Michigan Optometric Association and past chair of the Low Vision Committee and on the Low Vision Committee at this point as well. The Chairs could not be here so we are representing them as well.

Eric Kabdebo: The Low Vision Optometry? What is the name of the association?

Dr. Elizabeth Becker: Michigan Optometric Association, Vision Rehabilitation Committee.

Eric Kabdebo: Vision Rehabilitation Committee?

Dr. Elizabeth Becker: That is technically correct, you do have some comments submitted from the MOA. And the author, those were put together by our committee.

Eric Kabdebo: Alright, and we also have?

Dr. Susan Gormezano: I'm Susan Gormezano, Doctor of optometry and diplomate of the American Academy of Optometry, Vision Rehabilitation Section. I am a past chair of what used to be called the Low Vision Committee, we call it now the Vision Rehabilitation Committee. I am a past chair of the American Optometric Association Low Vision Section. My clinical practice is with the Henry Ford Center for Vision Rehabilitation with the Department of Ophthalmology based in Detroit, but my practice is in Livonia, Michigan.

Eric Kabdebo: Ok, thank you for appearing. I'll open the floor for public comment.

Dr. Elizabeth Becker: We had really one main reason for coming today which was already submitted in public comment.

Debra Anchak: Do you know how those were submitted because we have not received anything electronically.

Dr. Elizabeth Becker: We submitted to the e-mail we were asked to submit them.

Debra Anchak: To the e-mail account?

Dr. Elizabeth Becker: Yes.

Debra Anchak: Ok, nothing has been received.

Dr. Elizabeth Becker: MDOSBIOPTICSSOS@MICHIGAN.GOV. And they were sent from me, there is a long paper from Dr. Hinkley, from Ferris State University College of Optometry. Going through it in detail. It was sent two weeks ago.

Debra Anchak: Nothing was received in the e-mail account. I can give you my personal account if they can forward?

Dr. Elizabeth Becker: Everyone on the Optometric Association today are in a fundraiser.

Debra Anchak: Sure. It can be sent to me tomorrow.

Dr. Elizabeth Becker: Ok, I can forward mine. I can forward the MOAs. Did you do one?

Dr. Susan Gormezano: I did not.

Dr. Elizabeth Becker: Who else sent anything? Because that's where it went.

Dr. Susan Gormezano: I supported those documents. I have copies here.

Debra Anchak: I can make copies real quick.

Dr. Susan Gormezano: The only question I would ask you (Dr. Becker) is do we know how many members in the Michigan Optometric Association?

Dr. Elizabeth Becker: That was in what the MOA sent so I don't think we have that.

Dr. Susan Gormezano: Alright, there is one little piece of data that we can easily get later.

Debra Anchak: Is that in paper form, everything that was sent electronically?

Dr. Elizabeth Becker: It was sent electronically. This is the draft that we all saw and there was one piece of data missing that was in the one that the MOA office was going to add and then it was sent to you. As best I know. Let me see if I can see from the MOA, but that's everything except one number.

Eric Kabdebo: For the record I'm looking at the inbox for that particular e-mail address. We don't see it in there.

Dr. Elizabeth Becker: July 24th to MDOS-BIOPTICSSOS@MICHIGAN.GOV Thank you for your opportunity to comment, please acknowledge timely receipt. Thank you

Debra Anchak: Can you forward it from your phone?

Eric Kabdebo: What was the e-mail address again?

Dr. Elizabeth Becker: It is in the large print at the bottom.

Eric Kabdebo: Ok, it looks like there was an extra "S" added to the e-mail address. It would be just MDOS-BIOPTICSOS@MiICHIGAN.GOV That is probably the confusion.

Debra Anchak: Can you forward it from your phone?

Dr. Elizabeth Becker: Yes, where do you want me to send it?

Debra Anchak: MDOS-BIOPTICSOS@MICHIGAN.GOV

Dr. Elizabeth Becker: So my comments did not get to you?

Debra Anchak: No, but we'll be able to bring them up right now and can look through them as you talk through them. You sent that?

Dr. Elizabeth Becker: Yes

Debra Anchak: We'll see if it comes through. In the interim, I can make photocopies. I'll be right back.

Eric Kabdebo: We are going to go off the record to pause to make photocopies.

Eric Kabdebo: Alright, we are back on the record.

Dr. Elizabeth Becker: What Dr. Hinkley has done for you is go through most of the changes and included yes, this makes sense and yes, this makes sense until just one area of concern.

Eric Kabdebo: For the record I'll read the conclusion of the e-mail forwarded, it summarizes it. It says, we the Vision Rehabilitation Committee for the Michigan Optometric Association support the proposed changes to the rule set R257.1 – R257.5 with the following exception, we strongly oppose the addition of the 20/200 or better visual acuity requirement in carrier lens for bioptic telescopic driving we feel this proposed change is unnecessary and will negatively impact many of our patients who rely on the bioptic driving for their independence and financial support of themselves and their families we ask that you consider eliminating the visual acuity requirement in the proposal.

We are happy to share concerns personally by text, call, e-mail or meeting to work through alternate solutions should this be necessary. Contact information is listed.

Dr. Elizabeth Becker: We took it upon ourselves to be here anyway for that very reason. I have a nice little show and tell if you wish to see it, it will last about three minutes on that topic.

Eric Kabdebo: May I clarify the 20/200 requirement that is opposed, can you describe a little more detail?

Dr. Elizabeth Becker: Yes. How many of you have seen a bioptic?

Eric Kabdebo: All of us present.

Dr. Elizabeth Becker: The carrier lens is this bit and by asking for 20/50 through the telescopic you are automatically fixing the quality of the vision. If you have the requirement 20/50 for vision, which you do, and you have 20/200 vision you take 200, you divide it by 50 and you get (4x) four times and usually a four times (4x) telescope. Ok, if you have 20/400 vision and you divide that by 50 you need an eight times (8x) telescope. It is not practical to driver with an eight times (8x) telescope, technology isn't there, new drivers will not pass the rehab program. So, the vast majority, you can check on your records, are 4x, 5x, or 6x telescopes. By doing that you're automatically fixing the carrier vision. If you make it 200 or better, anyone who needs a 6x telescope is now off the road. So you've now taken them out of their employment, family is now on Medicaid, it costs the state money because they're not able to drive. If you have someone with albinism, their 20/200, they get a little bit of change like a cataract, they're 55 or 50 you've now taken them off the road and put them on benefits because they will claim disability, they are now on Medicaid, and there is no reason to do that. We all know that a 4x and 6x well trained driver does well. Now, with that in mind, I wanted to do a little show and tell if you're interested? Which one of you finds the whole idea of bioptic driving scary? It gives you kind of like oh my goodness, what is this?

Eric Kabdebo: I think as the Driver Assessment Section we're all quite familiar with the bioptic and driving. Myself and Mr. Becker have personally gone on road tests with individuals using a bioptic device.

Dr. Elizabeth Becker: And you know that they are taught defensive driving? They drive like truck drivers, they have to be able to, driving a massive semi cannot stop on a dime, right? People who bioptic drive are taught to drive defensively and that is what keeps them safe. Most of us, all of us actually, driver with 20/400 vision. When you look at me you feel like your clear 20/20-ish vision is everywhere, right? It feels clear in the who sphere. Our side vision is 20/200 to 20/600. That's what we're driving with, all of us, it's just our brain fools us into thinking 20/20 goes all the way out. It only actually extends in the very center. It is very easy to demonstrate that if you want me to. So yesterday morning when I was thinking about today, I am driving up Lapeer Road and there is a nice big green sign that says Oxford 3 Miles. I kept my eyes straight ahead on Lapeer Road, I knew where the green sign was, I've driven past it over the years. When I look straight up the road all I can see is a big green blob. I can't see Oxford 3 Miles. Our side vision gives us what's going on, who's coming out, who's going to drive into us, and we look. So that is what your bioptic driver is doing with their scope. They're picking up stuff, like we all do, and using their scope to get the detail when needed. If they know that road because they've driven up and down it for decades they're not going to look at the Oxford 3 Miles because they've driven by it a million times or they've got it talking to them on their GPS. So the carrier lens acuity of 200 is actually making them go to a higher standard than you and I drive every day. So I don't see the need for the 20/200 and I don't see the need to take a big section of your 992 drivers off the road.

Eric Kabdebo: Is the concern, just to clarify, is the concern with individuals with existing telescopic lens use primarily, or is it focused on the population that may advance to a bioptic at some point in time?

Dr. Elizabeth Becker: I'm not going to have someone who is 20/200 spend thousands of dollars a month learning if I know (maybe they're 45 years old) that within 10 years they could be taken off the road. Any senior that decides they want to try bioptic driving, that's the story they get from me. You could do the, it's months, it's expensive, and in six months be off the road. That is my usual talk to senior patients. It doesn't stop all of them, but it makes a lot of them think twice. So the 200 thing to us is a new requirement that you've not

had on your system before and unnecessary. And, it's discriminatory. Now I know it's in some states. In one of your documents, it says where's your research and it says we don't need to do research here's the document and it was the America Motor Vehicle Administrators Association's document. That's just information. There is no data on that document that shows where they decided that this was the best acuity or one state that has a visual field another state that does not have a visual field requirement. There is no data in there saying where those requirements came from. By the way, we all think that the visual field requirement is the key.

Eric Kabdebo: Would you mind elaborating on the visual field requirement?

Dr. Elizabeth Becker: If you haven't got this, your dead, basically.

Dr. Susan Gormezano: I can speak to that a little bit just to understand what it is. There is one note that I made of what a normal visual field is, and we do give some leniency if the field isn't quite so full, but I think we have a very good criteria such as it is.

Dr. Elizabeth Becker: You have 90 degrees with a restricted license and we probably use about 40-45 degrees really well, all of us, which is 90. Although it was probably developed as a gut reaction, it actually turns out to be a quite good number.

Dr. Susan Gormezano: In the Ohio article that I have, 45 on the right and 60 on the left is pretty good. That is what they use. A completely normal would be 60 degrees nasal and 90 degrees temporal, in the best of circumstances. Most states do have a little bit of leeway, and it doesn't have to be quite so wide. A completely full field would be 45 degrees superior and 70 degrees inferior. We don't look at that, but clinically we do record what a vertical field is and if there is enough of a deficit that is something that we really have to discuss very carefully with proceeding, but the horizontal field is the most important. And in all these years that we've been working with this program the field specifications that are noted on our current DA-4V form I think are very reasonable and fair. Field loss is a very important part.

Dr. Elizabeth Becker: There are some states with no field requirements, which to me is like ooh no. But we're not there. And when that was developed there was probably no study or data that do this or this would make sense let's do this and we do, we pay attention a lot to about this much because we all know we use our side view to get this or we have to do lots of this and that's asking for things to be missed. Does that make any sense to any of you?

Eric Kabdebo: Yes it is something that we will definitely discuss and consider

Dr. Elizabeth Becker: I don't know if it was intended to take more people off the roads or just make it more simple and organized.

Eric Kabdebo: The primary objective is to codify it in administrative rules the procedures we've been following from a policy standpoint. The existing visual standards do not include bioptic standards within those. This increases the visibility, something that we can publish on the Department's website for example, to make sure that individuals or associations that you represent have access to clear standards.

Dr. Elizabeth Becker: Are you able to share who suggested the 20/200 carrier lens? You can say no if you don't want to. It's just me being curious.

Eric Kabdebo: The 20/200 standard.

Dr. Elizabeth Becker: It has not been published to our knowledge anywhere before in this state, which is why I cancelled a morning of patients and drove here at 6AM this morning.

Eric Kabdebo: I am going to take a brief moment to go off the record to discuss, an opportunity to review and research.

Dr. Elizabeth Becker: Ok

Eric Kabdebo: In response to the question about the 20/200 carrier lens requirement the Department of State recognizes that 15 other states have included a 20/200 standard for carrier lens and 12 states have included a 20/100 but there are multiple other states which allow bioptics who carrier lens standards are 20/200 or less. I would have to add up the number here according to the 2023 presentation by Chuck Huss from AAMVA.

Dr. Elizabeth Becker: There is no data as to why they picked that number is there?

Eric Kabdebo: I am just reading what other states have chosen.

Dr. Elizabeth Becker: Right there is nobody on that document, it is a nice overview It's great. If someone says to me I am moving to this state can I drive bioptically that is wonderful to have that. But there is nothing on that document that says the sources of where those criteria came from. Just like I don't think Michigan knows where the 20/50 came from in general driving.

Eric Kabdebo: The other source of 20/200 standard is also the threshold for meeting legally blind.

Dr. Elizabeth Becker: Right, so legal blindness means your vision is blurry enough for it to be a challenge and it goes from 20/200 to total loss it is a huge range. It means your central vision doesn't work well, we have a bioptic. The side vision from about this far out is working normally, same as you and me. We are 20/200 at about here, and within a couple of degrees you're 20/400. That is what we all use for our driving. If you are going to do a standard, let's make it something that's smart and has some kind of science behind it. There is one article that was attached Evaluation of Driving Safety for Vision Impaired Bioptic Drivers Based on Critical Events in Naturalistic Driving. Taking your data on who had an accident, the pool is too small, you don't get enough data. And you don't get the real answers to what happened, often. So this was a really nicely designed article. They put video cameras in bioptic drivers' cars and controlled age-matched drivers and monitored them for 292 hours or 169 hours and looked for near misses. What are the things we do when we are driving around as normally as we can make those people when driving around when they are being videoed. What are their near misses? And compared

who had the most near-misses, there was no difference. Because near misses are the people in the parking lot turning into traffic without looking properly. It's this driving, it's all carrier vision driving, and those people, those bioptic drivers perform the same as the regular drivers. The biggest difference was cognitive loss, which doesn't surprise all of us.

Eric Kabdebo: Do you or your association recommend an upper limit on carrier lenses then?

Dr. Elizabeth Becker: I would say none, if you really want a number I would say 20/400. An that means you're limiting the scope, telescope to 4, 6 or if there is a better telescope system in the future 8. Right now the 8 is too hard to do. When you have 4 times magnification, if there is a bump in the road, the images move four times faster because it magnifies everything. So if you go too high in telescope power it makes it too hard to drive on many roads. I've only ever done an 8 times when someone was driving with a very limited area, in Warren, for instance. He just wanted to get to the hospital to continue counseling patients. He had literally a five mile radius he was allowed. He was probably the best driver at a very slow speed in the area because it was so precious to him. I do like that you allow that kind of thing, by the way. I think that's very, very good.

Eric Kabdebo: Alright, we'll certainly take your public comment and everything into consideration and discuss. Anything further that you wish to present? Obviously you provided the e-mail and we will read that more extensively.

Dr. Elizabeth Becker: This is one typographical error. There is a spelling error in 4c it say biocular acuity it should read binocular.

Eric Kabdebo: 4c it says biocular and you're recommending binocular?

Dr. Elizabeth Becker: Yes

Dr. Susan Gormezano: Biocular means one eye at a time and binocular means the two together.

Eric Kabdebo: Ok, thank you for that. Unless you want to present something else we conclude your comment.

Dr. Elizabeth Becker: No, do you have any questions about what we've presented?

Eric Kabdebo: I don't at this time.

Joe Becker: I do not either.

Debbie Anchak: Thank you for appearing this morning and for forwarding that e-mail.

Eric Kabdebo: Yes, we apologize for the confusion. At this time we are going to conclude the public comment for the time being. We will stay if other individuals appear. We are going off the record.