

## Introduction

HF 103 hopes to revise and simplify a current DVS business process. A summary of its previous rendition, HF 365, is highlighted in figure 1. I will call this DVS process the “The Insulin-Treated Diabetes Mellitus Report,” process. That report is shown in figure 2. Difficulties and contradictory business logic that present problems for patients stem from complexity inherent in this business process and are outlined below.

### Current Business Process Summary

I am asked to submit a medical form. The main purpose of that form is to have a medical doctor verify that I am physically fit to drive a car.

There are about 3 conditions that can trigger the activation of this Insulin-dependent diabetes DPS medical form submission process (that I have identified). They are: 1.) Time – diabetics are generally asked to submit this form annually but could be asked to submit it at any time; 2.) First Responders like police or EMTs might respond to a car accident that a diabetic was involved in, file a ‘mandatory report’ to the State of MN, and trigger this process to result in either drivers license suspension or submission of the form by a doctor; or, 3.) Medical clinics might report to the State of MN that a patient has begun treatment with a common medication called insulin.

#### 1. Time

This form might arrive in my mailbox every 3 months, 6 months, 1 year, 2 years, 3 years, 4 years, or it could arrive on any random day (if triggered by 1 of the other 2 conditions listed). See figure 2a for a detail of the form. The patient is never notified of this deadline date. The patient gets left out of the process completely, once they hand the form to the Doc. Note that there is not a 3 month checkbox listed on the form, but I assure you that exists, and might be the default time interval that is triggered after condition 2.

Upon DPS receipt of the form, the deadline for submission of the next form will be set to the checkbox time interval (either 3 months, 6 months, 1 year, 2 years, 3 years, or 4 years), starting from the day that DPS processes the form. I fill out my personal information on the form, give it to the Doc, the nurses fill in his info, he signs it, and the medical office mails the paper form to the DMV. DMV gives it to DPS for processing.

**Patient problem #1.)** I never have a specific deadline for when that form is due next because that deadline is based on how the Doc fills out the form (I never see that form after he fills it out) and how long it takes DPS and DVS to process it (which might be 1 day or it might be 1 month). The longest that it ever took them to process the form, for me, was 6 or 8 weeks during the MNLARS changeover. The shortest period of time that the form was processed was 1 day (if you drive it down to the St Paul location where DPS is, hand it to them, and tell them its urgent). This is what I do because then I have a date of processing for the form and know when it is due next. This is of particular importance if you’re on a 3 month submission interval because it commonly takes 3 months or more to schedule an appointment with a diabetes doctor – every day matters.

## 2. First Responders

EMTs or police who suspect that a driver is medically impaired at the scene of an accident can trigger this process so that a medical Doctor needs to submit the form within some standard unit of time in order for the patient to maintain a driver's license.

**Patient problem #2a.)** Nobody knows that this condition exists. It is referenced in the State of MN Office of Revisor statutes. (Source: <https://www.revisor.mn.gov/rules/7410.2500/>) See Figure 3. Many people experience a loss of consciousness during their lifetime due to a change in their blood pressure medications or a variety of other medical events. Most of those people have no idea about medical requirements for driving. The first time that they are introduced to this business process is upon receiving of a letter about this report requirements from DPS. I don't know if DPS actually sends a letter or some form of written communication requesting submission of a medical form to DPS because I don't receive mail from DPS. But, if they don't, then they need to. This situation illustrates why the DPS computer system needs to be able to reliably send mail to any human living in the state of Minnesota.

**Patient problem #2b.)** Historically, DVS struggled to send paper mail to a PO Box. The DPS computer system still struggles to accommodate two forms of addressing - a legal residence (so, the cops can find you at your house if they want to arrest you, or satisfy state residency requirements) and a mailing address (which might be a PO Box).

I use a PO Box because it eliminates one point of failure in this process that was, historically, very prone to failure. The US Postal system delivers mail very reliably to Post Office boxes. If DVS or DPS says that they sent me a paper mail notification, and I didn't receive it, I know that the problem is on the DPS end. This is the only way that I can eliminate variables like the chance that someone stole my mail out of my mailbox (that doesn't happen with locked post office boxes, but might occur with some frequency in a residential mail box) or a teenager ran over my mailbox when they went off the road in the winter.

Because my ability to maintain a driver's license and a job is so heavily dependent on my ability to receive mail from DPS, I require highly secure and reliable mail delivery. When the county suspends my drivers license (as it has many times), fails to notify me, and then threatens me with jail time for driving with a suspended license (due to non-submission of The Insulin-Treated Diabetes Mellitus Report), I genuinely need to be able to defend myself in court. Diabetics die in jail. In order to defend myself, I need 100% certainty about if DVS/DPS mailed me written notification requesting report submission. Often the answer to that question is, "no." They are thus in violation of the law. Because I experience a disproportionate number of software system failures, I invite you to use my data (which I can supply upon request) as a software test case for DPS. Mail delivery might be failing on the DPS side for the same reasons that, historically, caused failure on the DVS/DMV side.

**Cause I.** Since my driver's license is suspended a lot due to failures in the business process, I need to ride my bike to the post office to get my mail. Since I live in the country, the nearest post office is 4.4 miles away in Anoka. Traditionally, the computer system could not accommodate a mailing address where the residential address and mailing address are located in different cities. I live in Andover. But to alternately pick up mail at the Andover Post Office, I would need to ride my bike down dangerous county roads, a distance of 5 or 6 miles. Instead, I have a mailbox in Anoka, which is only 3 miles away. This took me and

the ladies at the DMV a long time to figure out why mail delivery failed, and I want to make you aware of it. This breaks the software system and renders them unable to reliably send me mail. This year, I did not receive a request from DPS for submission of the the Insulin-Treated Diabetes Mellitus Report.

### 3. Medical clinics

The difficulty with complex systems and writing software to accommodate them is that they fail often and in varied, unexpected ways. The medical system is one such complex system. The business logic that has built up in the law over decades, regarding medical licensing is another such system. When combined, they produce an even larger number of failures that are difficult to anticipate or resolve.

This year, with the introduction of covid-19, everyone has accumulated experience dealing with a complex medical system prone to failure. Patient communities, who's survival is highly dependent on the medical systems ability to manage complex paperwork and business routines, are confronted with an overwhelming increase in the number of system failures that fall squarely on them to resolve.

It took me 6 months of concerted effort to successfully manage the submission of my medical form to DPS this year. This represents undue burden to patients whose time might be better spent managing their illness. The medical system is frequently, and increasingly, unable to fulfill their patient obligations to keep paperwork processed and up to date.

I ask that the State not continually add to these systemic failures with the addition of their own "dog and pony show" of catch-22's and software system "black holes," that serve no common good and put into place roadblocks for diabetics who make honest effort to support themselves, care for those around them, and contribute meaningful work to the economy.

## Summary

In summary, law is essentially enforced through computer system software. When the business logic on the backend becomes so aged, contradictory, and complex that software developers cannot even write functioning computer code to accommodate it (as we witnessed repeatedly with MNLARS), there is a need to simplify that business logic. The State of Minnesota is long overdue for simplifying the complexities in its statues that have built up over decades. I urge you to do this through passage of House Finance 103. HF 103 is FAR better than the proposed HF 365 from last year because it is far simpler and meets the practical application of law for what we hope to achieve.

## Diabetes Advocacy Day at the Capitol

Diabetes is a chronic disease for which there is no cure. Diabetes is on the rise—30.3 million Americans have diabetes and another 84 million have prediabetes and will develop the disease without significant lifestyle changes. The rates of those who experience the disabling complications associated with the disease also continue to rise. Diabetes is a leading cause of new cases of blindness in adults, amputation of the lower extremities, kidney failure, heart disease and stroke. To prevent diabetes and keep those who have the disease free from costly and disabling complications we must ensure that people have access to *adequate and affordable health care*.

The American Diabetes Association understands the difficult financial decisions Minnesota and other states are facing so it's even more important than ever that you remind your legislators to think about the personal and financial burden of diabetes when considering policy and budget issues this year. These issues are of particular importance:

**1. S.F. 366/H.F. 289 – Diabetes Prescription Drugs Cost Reporting – Vote YES** 

Senate Sponsors: Little; Abeler; Wiklund; Torres Ray; Carlson

House Sponsors: Mann; Halverson; Howard; Cantrell; Freiberg; Poston; Lee; Acomb; Bierman; Hassan; Bahner; Dehn; Masin; Loeffler; Moller

This bill requires companies to justify and explain price increases of insulin and other diabetes medications, ensuring price transparency in the supply chain and helping Minnesotans struggling to afford the skyrocketing price of insulin and other drugs.

**2. S.F. 365/H.F. 288- Continuation of Care- Vote YES** 

Senate Sponsors: Little; Klein; Abeler; Jensen; Franzen

House Sponsors: Masin; Mann; Howard; Poston; Scott; Huot; Xiong, T.; Richardson; Sandell; Noor; Cantrell; Koznick; Loeffler

This bill prohibits insurance companies from removing coverage of a particular brand of insulin or equipment and supplies during a customer's contract year, creating transparency and protecting people with diabetes from mid-year non-medical switching.

**3. H.F. 365/ S.F. 510- Driver License Requirements- Vote YES** 

House Sponsors: Davnie; Halverson; Winkler; Koegel; Elkins; Morrison

Senate Sponsors: Torres Ray; Dibble; Carlson; Franzen

This bill repeals discriminatory driver's license reporting requirements for people with diabetes mellitus.

If you have questions, please reach out to Christine Fallabel, Minnesota Director of State Government Affairs & Advocacy for The American Diabetes Association [cfallabel@diabetes.org](mailto:cfallabel@diabetes.org)

**Figure 1.** Christine Fallabel's (American Diabetes Association) legislation "One-pager" summary



**PHYSICIAN MUST COMPLETE THIS SECTION**

**Note to Reporting Physician:** Your report is advisory. Driver and Vehicle Services is responsible for determining eligibility to drive. In accordance with the provisions of Minn. Stat. 171.131, a physician is immune from liability as a result of reporting to DVS any physical or mental condition that significantly impairs a person's ability to safely operate a motor vehicle.

1. Diagnosis \_\_\_\_\_
2. Is the patient taking insulin?  Yes  No      **INSULIN START DATE (MM/DD/YY)** \_\_\_\_\_
3. The patient has been educated in diabetes and its management and understands the procedures that must be followed to monitor and manage his/her diabetes and what procedures should be followed if complications arise.  Yes  No
4. To your knowledge, is the patient qualified, in all medical respects, to exercise reasonable and ordinary control over a motor vehicle?  Yes  No

Comments: \_\_\_\_\_

5. A six-month or annual review is required until episode-free for four years. No recommendation results in four year review, if eligible. The patient should be required to submit this form every: (*check one*)  4 years  3 years  2 years  1 year  6 months

**X** \_\_\_\_\_  
Signature of Treating Physician

\_\_\_\_\_  
DATE (MM/DD/YY)

**Figure 2a.** The Insulin-Treated Diabetes Mellitus Report (detail)

## Minnesota Administrative Rules

### 7410.2500 LOSS OF CONSCIOUSNESS OR VOLUNTARY CONTROL.

Subpart 1. **Scope.** This part applies to drivers and applicants for driving privileges who have experienced a periodic or episodic loss of consciousness or voluntary control. This part applies regardless of whether the driver or applicant has an aura or warning of imminent seizure or attack or whether the driver or applicant has only had nocturnal attacks.

Subp. 1a. **Definition.** In this part, "loss of consciousness or voluntary control" means inability to assume and retain upright posture without support or inability to respond rationally to external stimuli.

Subp. 2. **Reports required.** A person shall report an episode of loss of consciousness or voluntary control, in writing, to the department:

- A. at the time of applying for a driver's license, if an applicant has experienced an episode; or
- B. within 30 days after the episode, if a driver experiences an episode.

Each report must specify the date of the episode and must be accompanied by a physician's statement in a form prescribed by the commissioner.

Subp. 2a. **Failure to report; misrepresentation.** If a driver or applicant has reason to know the requirements of subpart 2 and fails to submit a report required under that subpart or willfully makes a material misrepresentation to the department concerning a loss of consciousness or voluntary control:

- A. the commissioner shall cancel or deny the person's driving privilege for six months from the date the failure to report or misrepresentation is discovered by the department; or
- B. if the loss of consciousness or voluntary control is due to the abuse of alcohol or a controlled substance, the commissioner shall cancel or deny the person's driving privilege for one year from the date the failure or misrepresentation is discovered by the department.

Subp. 3. **Cancellation.** If the commissioner has good cause to believe that a driver or applicant has experienced an episode of loss of consciousness or voluntary control as described in subpart 1, or if a physician's report required by subpart 2 indicates an unfavorable prognosis for control of the person's condition, the commissioner shall cancel or deny the person's driving privileges until three months have elapsed since the episode or diagnosis and until the person submits

**Figure 3.** Office of Revisor Statutes (Source: <https://www.revisor.mn.gov/rules/7410.2500/>)