



**NATIONAL
MARITIME
CENTER**

Merchant Mariner Medical Certification

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Merchant Mariner Medical Advisory Committee
Texas A&M Maritime Academy
10-11 September, 2019

9/23/2019

*U.S. Department of
Homeland Security*
**United States
Coast Guard**





AGENDA

1. Recommendations from MEDMAC on 14 September, 2018 ; Task #18-28
2. Medical Certificate Data Requested by MEDMAC
3. Review of new CG 719K/KE (version 04/17)
 - Medical Condition Sections IIIa & IIIb
4. Q & A





2018 MEDMAC Recommendations

1. MEDMAC recommends that the NMC Call Center modify its customer interface (i.e. *Live Chat*) to allow medical providers and industry representatives to ask general questions without having to provide a specific mariner reference number.

Status:

- NMC's *Live Chat* requests either a mariner reference number or last four of SSN to aid call center agents in quickly accessing a mariners electronic record. The majority of *Live Chat* contacts are from mariners who have questions regarding their reference numbered applications. To utilize Live Chat for general questions simply enter any random digit combination to bypass this function.
- General questions can also be emailed to marinermedical@uscg.mil, IASKNMC@uscg.mil, or phoned in at 1-800-IASKNMC (427-5662).





2018 Recommendations (continued)

2. MEDMAC recommends that the NMC website FAQs be adapted from a fixed set of topics to a page that reflects current and frequently asked topics.

Status: the Frequently Asked Questions (FAQs) link on the Medical Certificate web page is adapted from a fixed set of topics. It is reviewed and updated when new information is available.

3. MEDMAC recommends that the NMC website, call center and *Live Chat* provide information directing questions regarding mariner drug and alcohol testing to the proper Coast Guard office with current contact telephone numbers and e-mail addresses.

Status: The NMC website has a “Drug Testing” tab with a link to “Drug Testing FAQs”. Detailed answers include information that positive drug test results must be reported to the local Coast Guard Sector.





2018 Recommendations (continued)

4. The NMC-6 presentations to MEDMAC are thorough; however, they do not always cover the same topics at each meeting. MEDMAC requests that each NMC-6 presentation to MEDMAC cover a set list of topics at each meeting.

Status: NMC-6 presentations to MEDMAC will cover a set list of topics at each meeting:

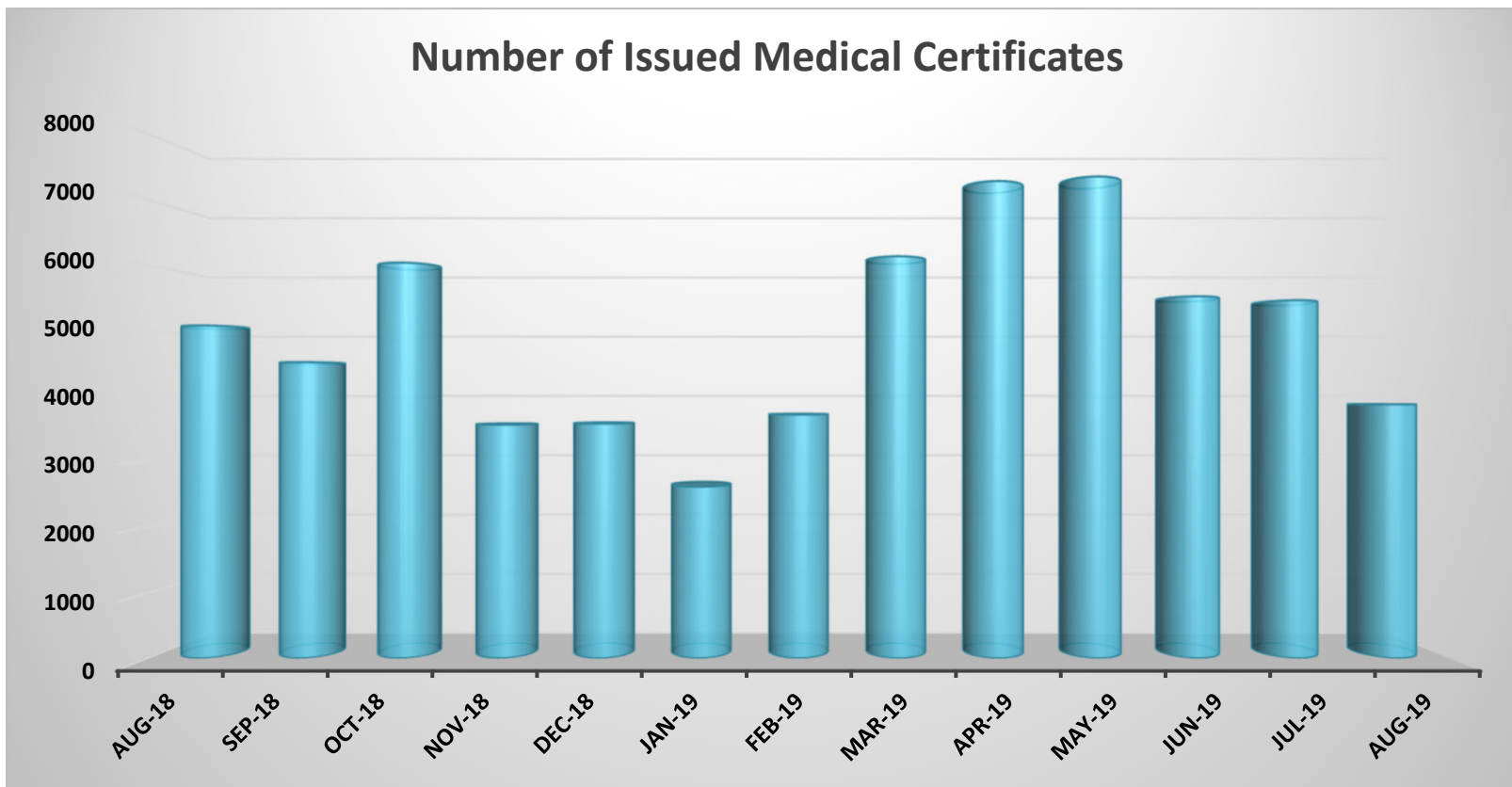
- a. Number of medical certificates issued on a monthly basis
- b. Medical certificate Net Processing times per month
- c. Number and types of waivers
- d. Number and types of outgoing AI letters (*unable to determine through MMLD query*)
- e. Number and reasons for medical reconsiderations
- f. Number and reasons for denials
- g. Number and types of actions related to S&R referrals
- h. Number and reasons for medical certificate cancelations
- i. Number of waivers granted due to reported change in medical condition (*unable to determine*)
- j. Designated Medical Examiner Pilot metrics





2018 Recommendations (continued)

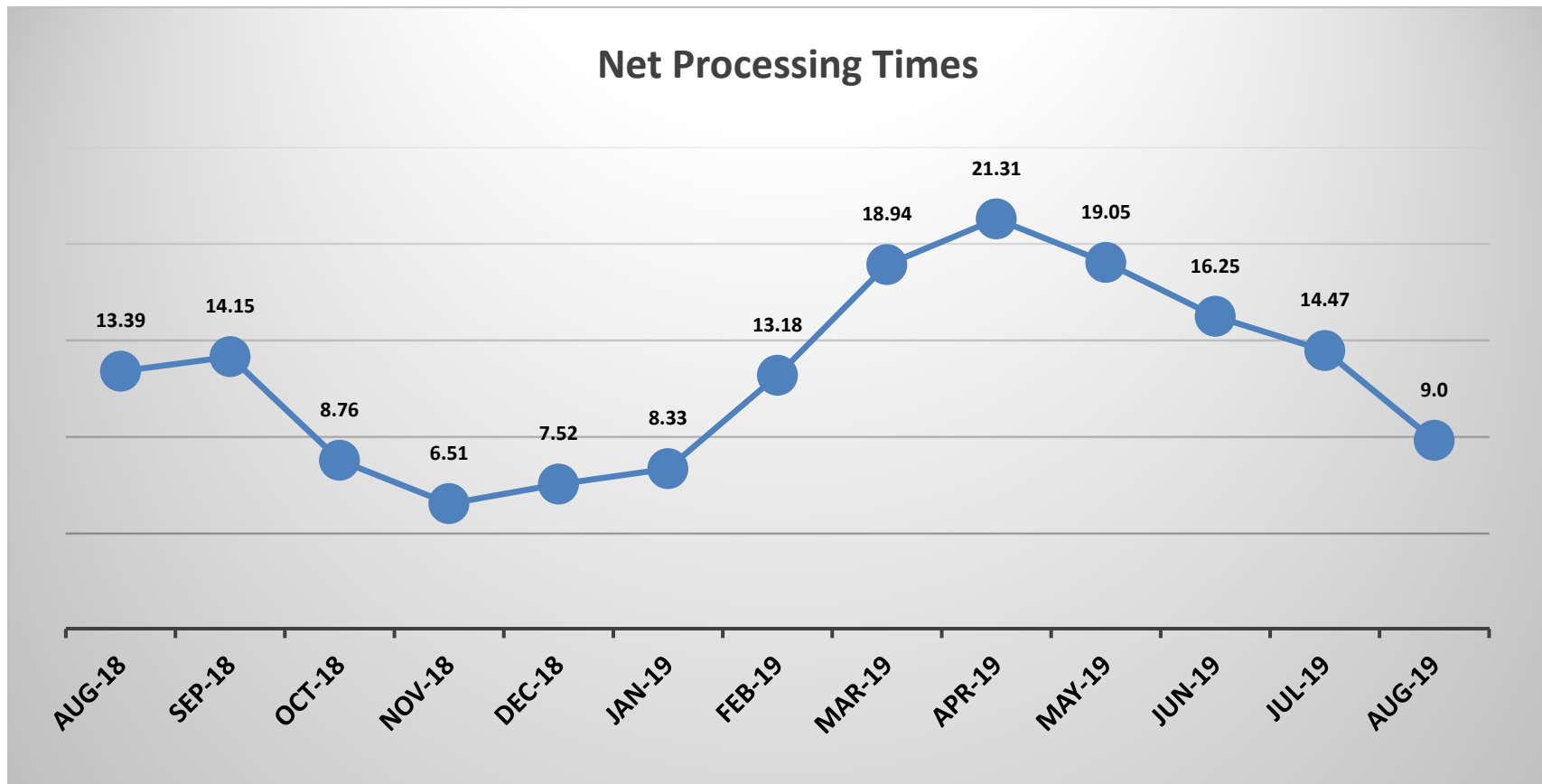
a. Number of medical certificates issued on a monthly basis





2018 Recommendations (continued)

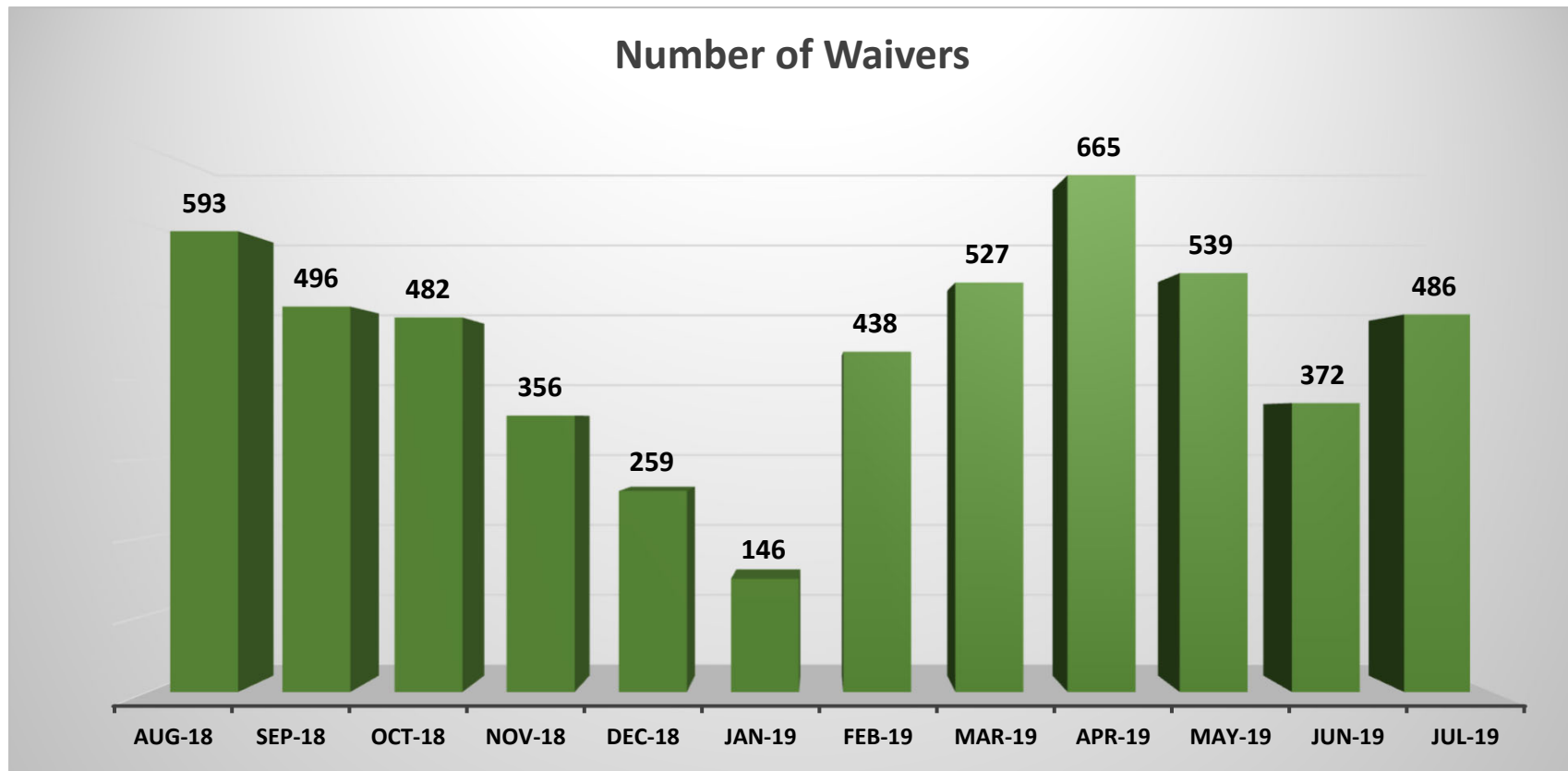
a. Medical certificate Net Processing times per month





2018 Recommendations (continued)

c. Number of waivers (331 ICD 10 codes)





2018 Recommendations (continued)

- e. Number of medical reconsiderations: 4
- f. Number and reasons for denials: 32
 - seizure disorders, impairing medications, substance abuse, inability to meet physical competencies
- g. Number of actions related to S&R referrals: 3
- h. Number of medical certificate cancellations: 8





j. DME Pilot metrics: (1 October 2018- 14 August 2019)

- Number examined by DME: N/A. The exams are performed by contract provider (non DME) who then sends the DD 2807/2808 to the DME Pilot POC.
- Number forwarded by DME Pilot POC to NMC POC: 65
- Number deferred by DME Pilot POC: 65
- Outcome of deferrals: 53 Full Med Certs, 12 Med Certs with Waiver
- Net Processing time: < 1 Day
- NMC approved or reversed DME decision: N/A





2018 Recommendations (continued)

5. MEDMAC recommends that Coast Guard task MEDMAC with development of requirements and process for reporting changes in mariner medical conditions between renewals. This would be applicable to mariners, employers, medical examiners, unions, MROs and other maritime stakeholders.

Status: Draft COMDTINST M16721.48:

- Chapter 3.F.5. Mariner's with waivers must "comply with the terms and conditions of a medical waiver, including any follow-up reporting requirements.
 - Chapter 3.K.2.c. "If the National Maritime Center receives credible information that leads to the conclusion that the mariner is unfit"...
- NMC-6 considers credible information provided by the mariner, a designated Third Party, the mariner's provider, from the NMC offices of Safety and Suitability, or CG office of Safety and Revocation.
 - NMC-6 does not have resources to investigate the credibility of a mariner's medical information reported from Unions, other maritime stakeholders.
 - MRO reporting is regulated by 46 CFR Part 16.





Medical Review Process

- NMC accepts CG-719K/KE version 04/17
 - DD 2807/2808 only accepted from entities with MOA
- Application reviewed for:
 - Conditions that may pose significant safety risk
 - Medications that may cause impairment
 - Exam findings
 - Examining practitioner's recommendation
 - Supporting documentation from treating provider





CG 719K: Medical Conditions

- The Section that has the largest variability and is the most challenging for Medical Certificate determination;
 - Conditions listed in Section III(a) not explained
 - Provider handwriting difficult to read
 - Varying quality, specificity of details provided
 - Poor documentation of treatment, status, and/or limitations





CG 719K Section III(a) Medical Conditions

Section III(a): Medical Conditions - To be completed by the Applicant and reviewed by the Medical Practitioner

I have a **medical waiver (MW)**: Yes No If **YES**, provide a copy to the Medical Practitioner, and mark the **MW** box below.
 To the best of your knowledge, have you ever had, required treatment for, or do you presently have any of the following conditions? If no, please mark the **NO** box below. If yes, please mark the **YES** box below, and if **previously reported (PR)**, mark the **PR** box below.

ITEM	YES	NO	PR	MW	CONDITIONS
1.					1. Blurry vision, poor night vision, eye disease or injury, eye surgery, abnormal color vision, cataracts or glaucoma
2.					2. Hearing loss, hearing aid, ear surgery, facial deformities, open tracheostomy or frequent severe nose bleeds
3.					3. High or low blood pressure
4.					4. Heart or vascular disease of any kind, to include angina, chest pain, irregular heart beat, heart valve problem/ replacement, heart attack/myocardial infarction, or congestive heart failure
5.					5. Heart surgery and/or implanted devices (for example, angioplasty, stent, pacemaker, or defibrillator)
6.					6. Lung disease of any type (for example, asthma, emphysema, or chronic obstructive pulmonary disease (COPD))
7.					7. Any blood disorder (for example, anemia, hemophilia, blood clots, or polycythemia)
8.					8. Diabetes, glucose intolerance, or sugar in urine
9.					9. Thyroid problem requiring treatment or hospitalization
10.					10. Stomach, liver or intestinal disorder requiring ongoing medical care/medication, or causing significant bleeding or debilitating pain; history of hepatitis or jaundice
11.					11. Kidney problems/stones or blood in urine
12.					12. Any other urinary or bladder problems not listed above requiring treatment or hospitalization
13.					13. Skin disorders requiring medical treatment, such as cancer, tumors, scleroderma or lupus
14.					14. Severe allergies or allergic reactions to any substance, medication, food, or insect stings
15.					15. Communicable disease or chronic infectious diseases such as tuberculosis, HIV/AIDS, or hepatitis
16.					16. Any sleep problems (for example, obstructive sleep apnea, restless leg syndrome, narcolepsy, shift work sleep disorder, or insomnia)
17.					17. Epilepsy, fits, or seizures
18.					18. History of serious head injury, loss of consciousness or memory loss
19.					19. Frequent or severe headaches
20.					20. Dizziness/fainting spells/balance problems
21.					21. Frequent motion sickness requiring medication
22.					22. Stroke or Transient Ischemic Attack (TIA), brain tumor or other brain disorder
23.					23. Any neurologic disorder or nerve problems including numbness and/or paralysis, not listed above
24.					24. Attention deficit disorder with or without hyperactivity
25.					25. Anxiety, depression, bipolar disorder, adjustment disorder, PTSD, or schizophrenia
26.					26. Suicide attempt or thought(s) of suicide (Suicidal Ideation)
27.					27. Evaluation, treatment, or hospitalization for alcohol or substance use, abuse, addiction, or dependence (including illegal drugs, prescription medications, or other substances)
28.					28. Any other psychiatric disorder, mental health evaluation/treatment/hospitalization
29.					29. Back, neck or joint problems that impair movement or cause debilitating pain
30.					30. Amputation, prosthesis, or use of ambulatory devices (for example, cane, walker, or braces)
31.					31. Injuries, fractures or recurrent dislocations causing impairment or limitation of motion of any joint
32.					32. Have you ever been signed off a vessel as sick or repatriated for medical reasons within the last six years?
33.					33. Any diseases, surgeries, cancers, illnesses, or disabilities not listed on this form?
34.					34. Any hospital admissions within the last six years not listed elsewhere in this Section?

MEDICAL PRACTITIONER INITIALS: _____ DATE: _____

CG-719K (04/17)

Previous Editions Obsolete

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CG 719K Section III(b) Medical Conditions

Section III(b): Medical Conditions - To be completed by the Medical Practitioner

Instructions: For each item marked YES in Section III(a), the Medical Practitioner must provide the information requested IN THE BLOCKS below. For each condition marked **Previously Reported (PR)**, the provider need only discuss the interval history and current status of the condition.

For conditions with a **Medical Waiver (MW)** review the applicant's waiver letter and attach all waiver reporting requirements.

Please **attach appropriate evaluation data** for conditions that are subject to further review. Information on conditions that are subject to further review and the recommended evaluation data can be found in the Medical and Physical Evaluation Guidelines for Merchant Mariner Credentials, located at https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC_04-08.pdf.

Indicate whether additional information has been attached by marking the **ATTACHED** box. **Additional sheets may be added, if needed to complete this section (include applicant name and date of birth on each additional sheet).**

Item #	Date of onset or diagnosis (mm/dd/yyyy)	Attached
Condition	Treatment	
Status	Limitations	
Item #	Date of onset or diagnosis (mm/dd/yyyy)	Attached
Condition	Treatment	
Status	Limitations	
Item #	Date of onset or diagnosis (mm/dd/yyyy)	Attached
Condition	Treatment	
Status	Limitations	
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Condition	Treatment	
Status	Limitations	

MEDICAL PRACTITIONER INITIALS: _____ DATE: _____

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QUESTIONS?

<http://www.uscg.mil/nmc/medical>

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