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January 4, 2018

Re: Changes to DOT D&A Testing Program

Effective January 1, 2018, the Department of Transportation (DOT) has made two significant changes to the Federal Drug & Alcohol Testing Program.

1. The DOT has issued revisions to the Federal Drug & Alcohol Testing Program to include four Schedule II prescription drugs: **hydrocodone, hydromorphone, oxycodone, and oxymorphone.** The revisions are in response to the growing concerns over opioid abuse and will help detect a broader range of drugs being used illegally.

   All DOT covered employees are tested using a 5-Panel Drug Test, which screens for cocaine, marijuana, amphetamines, PCP, and opiates, i.e., codeine, morphine and heroin. The term "opiates" will be changed in the regulations to "opioids" and will include the four semi-synthetic drugs listed above. **Please review the below FAQ for more specific information**.

2. Also effective January 1, 2018, Pipeline Hazardous Materials Safety Administration (PHMSA) has increased the minimum drug testing rate from 25% to 50% for all applicable employees. As detailed in the Code of Federal Regulations, the random drug testing rate is reviewed annually and increased when the prior year's reported rate of positive test results is greater than one percent.

The change in random rates, as well as the expanded drug testing will require all DOT contractors to update their drug and alcohol plans/policies accordingly. Transportation Advisor has notified all FMCSA and PHMSA contractors of the 2018 regulatory revisions and will ensure all contractors are in compliance with the regulatory requirements.

Finally, National Grid's PHMSA Drug & Alcohol Prevention Plans will be updated in accordance with these regulatory changes.

If you have any additional questions, please contact Tess Overdyk (315) 396-6622.

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FAQ: 2018 DOT Drug & Alcohol Testing Changes

1. What is being added to the new ruling?

Starting January 1st 2018 the DOT drug panel will include screening for the following semi-synthetic opioids:

- Hydrocodone
- Oxycodone
- Hydromorphone
- Oxymorphone

2. What if the employee has a valid prescription?

Below are a few examples of the more common prescription brand names that fall under the opioid category:

- OxyContin
- Percodan
- Percocet
- Vicodin
- Lortab
- Norco
- Dilaudid
- Exalgo

DOT regulations will still permit a drug test donor to provide a legitimate medical explanation for the presence of drugs in their system. The employee will have the opportunity to provide a prescription for the substance. If they have a prescription, the individual will be asked to provide prescribing physician and pharmacy information. If the MRO is able to validate the prescription, the test result will not be considered a positive test. However, if the MRO notices an abnormal amount of the substance present in the donor's specimen, even with a valid prescription, this may result in a positive drug test. The donor has 5 business days after the verified result, to have the prescribing physician contact the MRO. The MRO and prescribing physician will determine if the medication can be changed to one that does not pose significant safety risk, and/or make the employee medically unqualified. After 5 days, the MRO will report the safety concern to the employer if there is one.

All DOT covered employees are required to disclose the use of all prescription medications to the Health & Wellbeing Department, i.e., National Grid clinician.

3. What if I test positive for a prescription opioid but I do not have a valid prescription?

If a positive drug test result is not supported by a legitimate medical explanation, such as a valid prescription, the positive drug test result will be reported to the employer as positive in accordance with the DOT regulations.

4. What is considered a valid prescription and/or a legitimate medical explanation when dealing with testing for the four semi-synthetic opioids?

A verified prescription, i.e., when reviewing the positive test result, the MRO will take all reasonable and necessary steps to verify the authenticity of all medical records and other medical information provided by the donor that may be relevant to the medication being prescribed. The MRO will use reasonable medical judgment to make the decision that the provided prescription was generated in response to the donor's current medical condition. Verification will include contact with the prescribing physician, a verification call to the pharmacy, and where necessary a pharmacy printout showing the medication dispensing history. In all cases, the MRO will verify that contact was made with the prescribing physician, and will obtain the physician's state license number or DEA number.