

Dementia, Driving, and California State Law

By Family Caregiver Alliance and reviewed by the California Department of Health Services and the California Department of Motor Vehicles.

Driving and Dementia

Individuals with Alzheimer's disease or a related disorder become progressively impaired in their ability to drive. Symptoms such as memory loss, disorientation, and changes in visual and spatial perception may result in an individual's getting lost, forgetting the "rules of the road," or having slowed reaction times. While a person with early dementia may not appear to have these problems, the disease may eventually affect his or her motor coordination, judgment, and concentration. Furthermore, at all phases of impairment, driving ability is likely to worsen during times of high stress.

It is not uncommon for individuals with dementia and their families to have differing opinions on the individual's driving ability. However, while respecting the individual's desire to drive, family members must put safety first. When it is clear that a person cannot drive safely, family members should not hesitate to act accordingly. Resisting the loss of independence, some people with dementia may insist on continuing to drive even when their licenses are revoked. This would have obvious legal implications for the individual and family in the unfortunate event of an accident. As a last resort, caregivers and family members may need to prevent access to the vehicle. For example, the car may need to be "disabled" or moved to an unknown location, or the keys may need to be taken away or hidden. A letter from the attending physician recommending against continued driving may also be shown to the individual.

Some persons with dementia are aware of having difficulty with driving and are relieved when others encourage them to stop. However, the loss of driving privileges is likely to be upsetting.

Caregivers and family members should be respectful and open with the individual. The loss of independence associated with driving can make a person feel vulnerable, and he or she may be reluctant to discuss discontinuing the use of a motor vehicle.

Asking physicians, care managers, and other health professionals to bring up the subject of driving in their discussions with the individual can help to initiate a dialogue. Support groups also provide a good place for both caregivers and individuals with dementia to voice their concerns and receive advice from others in a similar situation. State regulations provide specific guidelines to determine driving capabilities.

California State Law

California's Health & Safety Code [Section 103900] requires physicians to submit a confidential report to the county health department when an individual is diagnosed as having Alzheimer's disease or related disorders, including dementia, severe enough to impair a person's ability to operate a motor vehicle. This information is forwarded to the Department of Motor Vehicles (DMV), which is authorized to take action against the driving privileges of any individual who is unable to safely operate a motor vehicle. If the

physician's report indicates that an individual has *moderate* or *severe* dementia, that individual will no longer be permitted to operate a motor vehicle. DMV has determined that *only drivers with dementia in the mild stages may still have the cognitive functions necessary to continue driving safely*. DMV requires re-examination for all individuals reported to have mild dementia.

The California DMV follows specific procedures when a medical report is received:

1. A computer search is conducted to locate the individual's name, verify that he/she has a license, and examine the driving record.
2. The individual is contacted by letter and sent a "Driver Medical Evaluation" form to authorize his/her primary physician to submit medical information about the status of the dementia to DMV.
3. A Driver Safety hearing officer reviews the medical form. If the documentation reveals that the dementia is in the mild stage, the individual is scheduled for a re-examination with DMV. If the individual has moderate or severe dementia, driving privileges will be revoked. If the individual fails to submit medical documentation within the requested time frame, all driving privileges will be suspended.
4. A re-examination is completed, involving three phases: a **visual test**, a **written test**, and an **interview**.
 - **Visual Test:** Effective January 1, 2001, all drivers must have corrected visual acuity of better than 20/200 in the better eye without the use of a bioptic telescope (an optical device attached to eyeglasses to increase focus).
 - **Written Test:** The individual is given the standard DMV written examination designed to test a person's knowledge of the road. The written test allows DMV to determine not only the individual's knowledge of driving laws, but more importantly, the individual's mental competency and cognitive skills.
 - **Interview:** The in-person interview focuses on the medical documentation as well as the driver's ability to coherently answer questions about his or her health, medical treatment, driving record, need to drive, daily routine, need for assistance with daily activities, etc. Persons who do well up to this point are then given a driving test. Those who do poorly on the visual, written, or verbal tests may have their driving privilege suspended or revoked.
1. The driving test is designed to test driving skills that might be affected by mild dementia. For instance, the first thing observed is whether the individual can find his/her car. Then, the examiner gives a series of commands, rather than one direction at a time (for example, "Please drive to the corner, turn left, and turn right at the first street"). The test generally lasts longer than the ordinary driver's test in order to gauge whether or not fatigue is a problem.
2. If the individual passes the driving test, the license is generally not suspended or revoked. However, restrictions may be imposed on the license, such as no freeway driving, no night driving, or driving allowed only within a certain radius. DMV may want to review the individual's driving skills again in six to twelve months. At that time the entire process begins again.
3. An appeals process is available if the individual or family wishes to contest the suspension or revocation of the driver's license. At the hearing the individual must present evidence, such as new medical information, to prove that the dementia does not impair his or her ability to safely operate a motor vehicle.
4. DMV can provide a California identification card to those persons who will no longer have a driver's license.

In lieu of a physician's report, a family member may submit a written referral to the Regional Driver Safety Office, requesting that DMV re-examine the driving ability of an individual with dementia. DMV has the authority to re-examine drivers who have been reported to be unsafe, and, alternatively, to take immediate action if the driver appears to be an immediate safety risk.

As of January 2001, Senate Bill 335 (SB 335) specifically requires DMV to conduct a re-examination, including a behind-the-wheel driving test, upon receipt of notification from the driver's spouse or a family member within "three degrees of consanguinity" (no more than a third generation of blood relationship). The

person must submit the report in writing and may not report the same family member more than one time during a twelve-month period. The family member completing the report is not required to report his or her name but must identify the family relationship. The report must be based upon personal observation, evidence of a physical or medical condition that may impair safe driving, or upon personal knowledge of traffic citations or other evidence indicating unsafe driving. The report must be filed in good faith and with reasonable knowledge that the driver cannot safely operate a motor vehicle. SB 335 does not preclude other family members (outside three degrees of consanguinity) from referring a driver. However, other family members must sign the referral. DMV will not act upon anonymous referrals other than those authorized by SB 335. If confidentiality is requested, DMV will honor this request to the extent possible under the law. All referrals should also include the full name of the driver, his or her license number (if known), date of birth, and current address. DMV is required to give ten days written notice of the time and place for re-examination. If the driver refuses the re-examination or fails to complete the re-examination, DMV is required to suspend or revoke all driving privileges until re-examination is completed. If it appears that the driver presents an immediate safety risk, DMV could take immediate action in lieu of re-examination.

DMV has separate requirements and guidelines for drivers with other cognitive disorders (e.g., stroke, head injury, epilepsy). For further information regarding driving regulations, dementia and cognitive impairments, call your local DMV for the number of your Regional Driver Safety Office, or contact the Post-Licensing Policy Unit in the Sacramento DMV (www.dmv.ca.gov/(800) 777-0133). Laws pertaining to driving and dementia are subject to change.

Advice for Caregivers

To ease the adjustment, it will be important to make other transportation arrangements so that the individual's mobility and activity level are not unduly restricted. Family members, friends, and neighbors can offer to drive the individual to social engagements and appointments. If dementia is mild, the individual may be able to use public transportation or taxis. Caregivers can reduce the need to drive by having groceries, meals, and prescription medicines delivered.

It is important for the person with dementia to maintain interaction with friends and family. Caregivers can invite friends and family over for regular visits and, if possible, arrange social outings for the individual with dementia. Caregivers and family members should keep in mind the individual's personality in discussing and devising a plan to limit or discontinue the individual's driving. It is not unusual to encounter great resistance to any limitations on driving. But safety must be the primary concern. When possible, the individual with dementia should be included in planning alternative means of transportation. Caregivers can enlist the support of family, friends, and professionals when making and implementing difficult decisions about driving.

Resources

Family Caregiver Alliance

National Center on Caregiving

(415) 434-3388 | (800) 445-8106

Website: www.caregiver.org

Email: info@caregiver.org

FCA CareNav: <https://fca.cacrc.org/login>

Services by State: <https://www.caregiver.org/connecting-caregivers/services-by-state/>

Family Caregiver Alliance (FCA) seeks to improve the quality of life for caregivers through education, services, research, and advocacy. Through its National Center on Caregiving, FCA offers information on current social, public policy, and caregiving issues and provides assistance in the development of public and private programs for caregivers. For residents of the greater San Francisco Bay Area, FCA provides direct family support services for caregivers of those with Alzheimer's disease, stroke, brain injury, Parkinson's and other debilitating cognitive disorders that strike adults.

Suggested Reading

California Department of Motor Vehicles. *Dementia (DMV Evaluation)*. (updated 2017)

www.dmv.ca.gov/dl/driversafety/dementia.htm

California Department of Motor Vehicles. *Driver Safety Information Lapses of Consciousness Disorders*. (updated 2017)

www.dmv.ca.gov/portal/dmv/detail/dl/driversafety/lapes

California Department of Motor Vehicles. *Driver Safety Information Medical Conditions and Traffic Safety*. (updated 2017)

www.dmv.ca.gov/portal/dmv/detail/dl/driversafety

The Hartford. *Dementia and Driving*. (updated 2017)

www.thehartford.com/resources/mature-market-excellence/dementia-driving

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