Revised Mandatory Guidelines that apply to federal workplace drug testing programs went into effect Oct. 1, 2017. Similar revisions to Department of Transportation (DOT) drug testing regulations became effective Jan. 1, 2018.

In a related action, federal custody and control forms (CCFs) have been updated to make them consistent with revised rules.

Government officials say changes in drug screening processes will improve employee and public health and safety.

**Federal Changes**

The following changes have been made to federal workplace and DOT drug testing rules:

- Federal executive branch agencies, the Federal Motor Carrier and Safety Administration and U.S. Coast Guard are now required to test for four additional Drug Enforcement Agency Schedule II substances: hydrocodone, hydromorphone, oxycodone and oxymorphone.

- Methylenedioxyethylamphetamine (MDEA) is no longer on the screening panel and confirmation testing list for “designer” methamphetamines because it is rarely produced or found in lab test results.

- The pH cutoff level has been increased from three to four for identifying urine specimens as adulterated. The pH level in urine is significant because it may influence enzymatic test methods or affect stability of the drug being tested.

- Medical Review Officer (MRO) re-qualification training and re-examination is now required at least every five years after initial certification. (MROs are physicians who are trained and certified to review and report drug screen results.)

- Federal agencies (other than the DOT) are allowed to authorize collection of an alternate specimen (e.g., oral fluid) when a donor in their program is unable to provide a sufficient amount of urine at the collection site.
DOT Changes

Additional rule changes affecting commercial motor vehicle operators include:

- DNA testing for DOT-regulated urine testing is prohibited.
- Specimen collectors must discard a questionable urine specimen or one of insufficient quantity if the donor is unable or unwilling to provide the required follow-up specimen. (Oral fluid is not allowed for DOT testing.)
- Employers and consortia/third party administrators (TPAs) are no longer required to submit blind specimens.
- Collectors, MROs, screening-test technicians, breath-alcohol technicians and substance abuse professionals are required to subscribe to the DOT’s List-Serv: www.transportation.gov/odapc/ListServe_Notices
- Lab testing cannot proceed when a chain-of-custody form is sent without a specimen, when a custody form arrives without a specimen, or when two separate collections are sent using one form. These situations are considered “fatal flaws.”

Substances and Testing

The term “opiate” generally refers to alkaloid compounds (e.g., codeine, heroin and morphine). Semi-synthetic compounds (e.g., hydrocodone, hydromorphone oxycodone, and oxymorphone) and synthetic compounds (e.g., fentanyl) are termed opioids. In recent years, “opiate” and “opioid” have been used interchangeably. Currently all drugs in this family are called opioids.

The federal drug panel includes tests for the metabolite of heroin (6-acetylmorphine). The addition of four opioids to the testing panel is part of aggressive efforts to confront the nation’s drug addiction epidemic and related overdose deaths.

Fentanyl, the leading cause of opioid-related overdoses in the U.S., is not included in the revised guidelines for urine testing, but it may be added as an option on a case-by-case basis. The Substance Abuse and Mental Health Services Administration (SAMHSA) Division of Workplace Programs reports it will track the prevalence rate of fentanyl in regulated specimens as part of ongoing oversight.

The U.S. Department of Health and Human Services’ (HHS) establishes scientific and technical guidelines for federal workplace drug-testing programs and standards for certified labs that conduct urine specimen testing for federal agencies. Its recommendations are based on scientific research and input from the federal Drug Testing Advisory Board.
Federal Workplace and DOT Drug Testing Rules and Forms

Custody and Control Form

In a related initiative, the Office of Management and Budget (OMB) has approved use of a revised federal Custody and Control Form (CCF), which essentially links testing changes with required testing specimen documentation. (Refer to www.reginfo.gov; search for 0930-0158).

The new federal CCF may be used in a paper or electronic format, or a combination of both. For those using the paper version, industry experts recommend transitioning to the electronic format when adopting the new form.

As of July 1, 2018, the updated CCF must be used for federally regulated specimens. Testing laboratories will be required to treat use of the 2014 version of the federal CCF as a correctable discrepancy. DOT-regulated employers and their service agents were authorized to use the revised CCF beginning Jan. 1, 2018.

The revised CCF includes the following changes:

• In Step 1D: Removal of the checkbox, the letters “DOT” and hash line in front of the text “Specify DOT Agency”

• In Step 5A: Addition of the four new substances and removal of MDEA

An HHS Q&A document helps clarify a number of the changes, including the following:

1. The MRO Manual has been revised to reflect changes in guidelines for urine specimen testing and how test facilities report results. The manual is available on the SAMHSA website.

2. Certified labs and Initial Instrumental Testing Facilities (IITFs) must revise standard operating procedures to comply with the updated CCF, for example, in sections related to accessioning, chain-of-custody and reporting procedures.

3. For all verified results, an MRO may fax, send by courier, mail or electronically transmit a legible image or copy of the report to the agency/employer. To complete the CCF, the MRO marks the appropriate checkbox(es) for the verified result and records information in the designated spaces to specify the test results. The MRO includes any explanatory comments on the “Remarks” line and signs and dates the CCF.
Federal Workplace and DOT Drug Testing Rules and Forms

Related Resources

1. WorkCare Fact Sheet on the Medical Review Officer’s Role in Federal Drug Testing
2. WorkCare Fact Sheet on the Federal Motor Carrier Safety Administration’s clearinghouse to track commercial drivers who have violated federal drug and alcohol training rules
3. Collection Site Manual for the Collection of Urine Specimens for Federal Agency Workplace Drug Testing Programs, effective October 2017 (HHS and SAMHSA Center for Substance Abuse Prevention)
4. Drug & Alcohol Testing Industry Association (DATIA)
5. Substance Abuse Program Administrators Association (SAPPA)
6. CCF from the OMB Office of Information and Regulatory Affairs
7. Guidance for Using the 2017 federal CCF for urine specimens
8. 2014 federal CCF
9. Guidance for Using the 2014 CCF
10. Federal eCCF: HHS/NLCP Oversight and Requirements