American College of Occupational and Environmental Medicine

ACOEM POSITION STATEMENT

Qualifications of Medical Review Officers (MROs) in Regulated and Non-Regulated Drug Testing

ACOEM MEDICAL REVIEW OFFICER SECTION

The American College of Occupational and Environmental Medicine (ACOEM) commends the United States Department of Health and Human Services (DHHS) and Department of Transportation (DOT) for their ongoing commitment to ensure the integrity of workplace drug testing programs.

An integral part of these drug-testing programs is the United States' regulatory definition of a medical review officer (MRO) is a "licensed physician (MD or DO) who is responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug test results." Additionally, there are non-employer related drug testing situations, including but not limited to pre-access, sports, addiction treatment, and court-mandated programs where the MRO plays a critical role. The MRO function in the process serves to alleviate fears among those subjected to drug testing who are not using drugs illegally or inappropriately that they will be accused of being drug abusers or addicts.

The College believes that MROs must be licensed physicians with:

- knowledge and clinical training in controlled substance abuse disorders, including detailed knowledge of alternative medical explanations for laboratory-confirmed drug test results;
- knowledge of issues relating to adulterated and substituted specimens and possible medical causes of an invalid result; and
- knowledge of the Procedures for Transportation Drug and Alcohol Testing Programs, the DOT MRO Guidelines, and DOT agency rules applicable for any employer for which the MRO provides services.

In addition, ACOEM feels that the MRO must also have knowledge of:

- the pharmacology of drugs of abuse;
- accepted pharmacological treatment and standard prescribing practices for specific disease processes;
- use and authorization to prescribe controlled substances consistent with Drug Enforcement Agency (DEA) rules and regulations;
- ethical considerations in workplace drug testing programs;
- laboratory testing methodology and quality control;
- laws and regulations related to the use of illicit and licit substances;
- chemical dependence and addiction behavior; and
- employee assistance programs and rehabilitation.

MROs must be able to demonstrate that they have completed training in the proper performance of MRO services by successfully completing an examination administered by a nationally recognized MRO certification board. With the ongoing advances in the drug testing arena and regulatory changes, MROs must be required to stay current with these changes by participating in at least 12 hours of continuing medical education (CME) pertaining to MRO functions during each three-year period. This CME activity must include an assessment tool to ensure that the material has been adequately learned.

ACOEM also recognizes that the use of MROs may be addressed in state laws and regulations. ACOEM supports the same requirements for MROs who provide services in the non-regulated sector as in regulated. This should include a provision that, as in the regulated testing, the MRO interviews donors with laboratory positive tests to ensure investigation into possible reasonable medical explanations for the result.

Furthermore, ACOEM supports the adoption of the standards in regulations for all employment-related drug-testing programs. Adoption of these guidelines and in accordance with the DHHS Guidelines for Workplace Drug Testing which include the requirements that an MRO be a licensed Doctor of Medicine or Osteopathy, will ensure uniformity of standards and quality of benefit for both employers and employees.

This document was prepared by the ACOEM Medical Review Officer Section, reviewed by the Committee on Policy, Procedures and Public Positions, and approved by the ACOEM Board of Directors on April 27, 2019. ACOEM requires all substantive contributors to its documents to disclose any potential competing interests, which are carefully considered. ACOEM emphasizes that the judgments expressed herein represent the best available evidence at the time of publication and shall be considered the position of ACOEM and not the individual opinions of contributing authors. This statement was originally developed in 2001, and reaffirmed on January 28, 2006, and again on January 31, 2009. This and previous statements were developed by the ACOEM Medical Review Officer Section.

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