# Comments of the International Paruresis Association

**U.S. Department of Transportation — Docket No. DOT-OST-2026-3664**

Re: Petition for Rulemaking; Notification of Petition for Rulemaking; Invalid Specimen Determinations

91 FR 62409; October 1, 2026

*(October 30, 2026 as submitted)*

## Introduction and position

The International Paruresis Association (IPA), shybladder.org, submits these comments on behalf of individuals with paruresis, commonly known as shy bladder syndrome. IPA advocates for employees who are willing to comply with drug testing but cannot provide a sufficient urine specimen within the prescribed collection period and whose inability may ultimately result in a refusal determination under 49 CFR § 40.191. **Inability to provide urine must not be confused with unwillingness to undergo drug testing.**

IPA thanks DOT for recognizing the collection difficulties associated with shy bladder syndrome in its 2023 rulemaking authorizing oral fluid testing and providing a framework for an alternative to urine collection. That recognition was an important step toward a testing process that distinguishes inability to provide a urine specimen from unwillingness to be tested. IPA is concerned that unresolved collection barriers can discourage otherwise qualified individuals from applying for government positions and other jobs requiring drug testing and can deprive the existing workforce of valuable skills when a medically supported inability to provide urine results in a refusal determination that jeopardizes continued employment.

IPA supports granting the petition to initiate rulemaking, particularly its request for documented review of medically supported functional voiding disorders before refusal determinations based on inability to provide a specimen under direct observation or otherwise. Insufficient-specimen collections and invalid specimen findings are distinct issues, but both require meaningful consideration of supported medical explanations. IPA's comments focus on collection barriers and the medical-review procedures affecting people with paruresis, rather than technical standards for abnormal urinary chemistry.

IPA urges DOT to combine stronger interim medical-review safeguards with a practical longer-term solution: operational access to oral fluid testing when paruresis prevents successful urine collection. The objective is to complete a valid drug test, not to exempt anyone from testing.

## 1. Make oral fluid testing a practical employee option

Section 40.193 already permits an alternate specimen collection in accordance with the employer's instructions. Employer discretion, however, is not the same as an employee option. **IPA urges**

**DOT to establish an employee's right to elect an oral fluid specimen** when paruresis prevents successful urine collection, subject to applicable collection, laboratory, and specimen-integrity requirements.

Authorization alone does not provide an accessible alternative. DOT states that at least two HHS-certified oral fluid laboratories are needed before employers may begin DOT oral fluid testing. Although some barriers to laboratory certification have recently been removed, more than three years have passed since the 2023 final rule authorized oral fluid testing, and no laboratory has yet been approved. Until that changes, the alternative DOT created remains unavailable in practice. IPA urges DOT to work with HHS to resolve the remaining implementation barriers without further delay and to provide to the public clear, current timelines and information about operational availability.

**Overall, making oral fluid testing available at the employee's option would address the urine-collection barrier directly.** IPA believes this could prevent many paruresis-related insufficient-specimen cases from requiring medical evaluation under § 40.193 to resolve whether an inability to provide urine constitutes a refusal under § 40.191. This recommendation would not eliminate the Medical Review Officer's role in reviewing drug-test results or excuse compliance with testing requirements. Until oral fluid testing is operationally available, stronger medical-review safeguards remain essential.

The case for oral fluid testing extends well beyond paruresis. Observed urine collection, which requires a collector of the same sex to watch the employee produce the specimen, is inherently intrusive. Few employees, with or without a voiding disorder, would experience it as anything other than embarrassing and degrading, and the stress of being watched can itself impede urination. Oral fluid collection is also observed, but it requires no exposure of the body, eliminating both the indignity of observed urination and the logistical burden of locating a same-sex observer. **No testing program should impose observed urination where an equally reliable and far less invasive method is available.**

HHS has already determined that oral fluid test results are as reliable as urine results. **In light of that determination, DOT should treat oral fluid as a standard specimen option rather than a narrow alternative reserved for exceptional circumstances.** Under the current process, a failed urine collection sets off a burdensome cascade: up to three hours of waiting at the collection site, a potential refusal determination, referral for medical evaluation, and MRO review. Each step consumes time and resources for employers, collectors, and MROs, and each carries serious consequences for the employee's livelihood. Offering a choice of specimen type **at the outset** would avert most of this process before it begins.

IPA anticipates that, if given a genuine choice at the outset, **the substantial majority of employees—including the many who do not have paruresis—would choose oral fluid over urine collection.** This is not a fringe preference; it is a reasonable human response to an invasive procedure, and DOT should acknowledge it in designing its testing program. IPA therefore

recommends that DOT (1) make oral fluid a standard specimen type that employees may elect at the time of collection, and (2) at a minimum, guarantee that employees whose paruresis prevents successful urine collection may provide an oral fluid specimen instead. These measures would improve testing efficiency, protect employee dignity, and rest on scientific determinations HHS has already made.

## 2. Replace the five-day evaluation deadline with 30 calendar days

Regardless of the specimen type, the IPA recommends that DOT replace the five-day medical-evaluation deadline in § 40.193 with a 30-calendar-day period following the employer's direction to obtain an evaluation. The current process requires evaluation by a licensed physician acceptable to the MRO who has expertise in the medical issues raised. Obtaining appropriate mental health or urologic expertise on such a short timetable can be a substantial obstacle. A five-day deadline risks making access to an appointment, rather than the merits of the medical explanation, the deciding factor.

A 30-day period would give employees a more realistic chance to find an appropriate physician and/or mental health professional, obtain an appointment, gather relevant information, and complete an evaluation. We also ask DOT to allow an extension when an employee has made diligent efforts but an appropriate physician is unavailable. Difficulty securing an appointment should not, by itself, be treated as unwillingness to comply with testing. Paruresis is a mental health condition recognized within the DSM-5's discussion of social anxiety disorder (social phobia), diagnostic code 300.23 (F40.10), which describes individuals who "fear and avoid urinating in public restrooms when other individuals are present (i.e., paruresis, or 'shy bladder syndrome')" (American Psychiatric Association, 2013, p. 203). Employees need access to professionals with relevant mental health expertise, not just an evaluation focused on physical causes. The MRO should consider both medical and mental health findings, as applicable.

## 3. Distinguish a pre-existing condition from pre-existing documentation

IPA urges DOT to clarify that a condition may have existed at the time of collection even though it had not previously been diagnosed or documented. As employees age, an unsuccessful urine specimen collection may be the occasion on which a previously unrecognized physical difficulty becomes apparent and prompts medical evaluation. The relevant question should be whether a qualified medical evaluation supports a condition that prevented sufficient specimen production during the collection—not simply whether the employee already possessed a diagnosis.

The same distinction is essential for paruresis. Individuals may conceal their difficulty, avoid discussing it, or manage it without seeking professional care. Others may previously have supplied specimens only with considerable difficulty—having effectively "squeaked by"—and later find that they cannot do so. Prior successful collections do not necessarily demonstrate reliable ability to provide a specimen under every subsequent collection condition, and the absence of a treatment

history does not necessarily demonstrate the absence of the condition. In addition, when someone's livelihood is on the line, situational anxiety SHOULD be taken into account. "If I don't provide this sample, I could lose my job." For someone with paruresis, this thought leads to an increased potential for a sympathetic nervous system lock-up no matter the need to provide urine. The internal urinary sphincter is NOT under conscious control.

The title of the book by Dr. Steven Soifer and colleagues, *The Secret Social Phobia: Shy Bladder Syndrome (Paruresis)* (Soifer et al., 2025), reflects the disclosure issue central to IPA's concern. Employees should not face a categorical evidentiary barrier merely because they had not previously disclosed their difficulty or sought care.

IPA recommends expressly permitting the evaluating physician to consider a detailed clinical history obtained after the unsuccessful collection, together with appropriate findings and other available evidence, to determine whether a condition existed at the relevant time. It would preserve substantiated medical assessment while recognizing that the date a condition is documented is not necessarily the date it began.

## 4. Require meaningful, documented medical review

IPA supports the petition's call for written MRO determinations addressing submitted medical documentation and consideration of specialist consultation when voiding disorders are asserted. Existing rules already provide for medical evaluation following an insufficient-specimen collection under § 40.193; IPA seeks to make that review accessible, adequately informed, and transparent. Before verifying a refusal under § 40.191 based on inability to provide a specimen, the MRO should document consideration of the employee's supported explanation, relevant clinical history, and evaluating physician's and mental health professional's findings, and explain the basis for the determination. Especially in cases where the MRO decides against the recommendation of other medical professionals – as they currently have the ability to do – a full explanation in writing should be submitted.

## 5. Provide employees an opportunity to explain before and after a refusal determination

IPA recommends that DOT amend 49 CFR Part 40 to give employees a structured opportunity to provide a written explanation of their difficulty before a refusal determination is finalized under § 40.191, and a limited right to submit additional medical documentation for MRO review after the determination where new clinical evidence emerges.

Currently, to our knowledge, § 40.133(d) permits an employee to petition for a reopening in narrow circumstances, but no provision expressly invites a pre-determination written explanation from an employee who has complied with the collection process but was unable to produce a sufficient specimen. An employee who followed all collection rules, remained at the collection site for the full allotted time, and made genuine attempts to provide a specimen deserves a documented

opportunity to explain their difficulty before a refusal is recorded. If this is not the case, please correct our understanding.

## Conclusion

IPA respectfully asks DOT to grant the petition and initiate rulemaking that strengthens review of medically supported voiding difficulties before refusal determinations. In that process, DOT should:

- establish a practical 30-calendar-day evaluation period under § 40.193, with extensions for documented access barriers;
- distinguish an existing condition from an existing medical record;
- require meaningful written consideration of supported medical explanations; and
- give employees who complied with all collection requirements an opportunity to submit a written explanation before a refusal is verified under § 40.191.

In parallel, DOT should prioritize operational implementation of oral fluid testing and establish an employee option when paruresis prevents successful urine collection. These changes would support completion of valid drug testing while avoiding the misclassification of medically supported inability as refusal.

Respectfully submitted,

**International Paruresis Association (IPA)**
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## References

American Psychiatric Association. (2013). Social anxiety disorder (social phobia). In *Diagnostic and statistical manual of mental disorders* (5th ed., pp. 202–208). https://doi.org/10.1176/appi.books.9780890425596

Soifer, S., Zgourides, G., Himle, J., & O'Brien, N. (2025). *The secret social phobia: Shy bladder syndrome (paruresis)* (3rd ed.). International Paruresis Association, Inc.