

FAA Aeromedical Modernization

Passenger demand for travel post-Covid has exceeded expectations of many airline industry analysts. The demand surge has created a temporary shortfall of available airline pilots due to training capacity restraints. The airline industry has responded with training capacity increases and financial assistance programs for student pilots. These measures should serve to normalize airline pilot demand over the next few years.

Every licensed pilot in the United States from private pilot to airline pilot is required to hold a Federal Aviation Administration (FAA)-issued medical certificate, granted after an FAA flight physical examination. This examination is performed by a physician who is FAA-trained, designated, and certified as an AME (Aviation Medical Examiner). An airline pilot's career, while rewarding, comes with the risk of abruptly losing this required medical qualification needed to continue to fly due to unforeseen medical issues that may arise throughout that pilot's career. At every major and regional airline there are a significant percentage of pilots who lose their medical qualification status and are sidelined while receiving medical treatment. After completing medical treatment when ready to fly again, pilots must begin a process with the FAA to submit a medical application to requalify and return to flying status.

There is a group of experienced airline pilots that have been overlooked, but who are eager to be available to fly again. At American Airlines alone, there are approximately 700 or more pilots on Long Term Disability (LTD). Those are pilots who have experienced a medical condition disqualifying them from retaining a current medical certificate. A significant segment of those 700+ pilots are at different stages of the process; attempting to submit or have submitted their medical applications to the FAA's Office of Aerospace Medicine (OAM) to regain their medical certificate. The OAM requires a pilot to submit extensive amounts of documentation to review and determine whether a pilot can retain a medical certificate.

After all documentation requests have been submitted and a pilot's application for a medical certificate filed with the FAA's OAM office, pilots are encountering extensive unexplained delays in the approval or denial of their medical certificate. *Delays can run for six months or longer before the pilot applicant's file is even reviewed by the OAM's office.* To aid in the post-Covid temporary pilot shortfall in the Airline industry, there is a significant need to establish **fair and reasonable time limits** on FAA OAM's recertification decisions for medical certificates.

Give priority to medical applicants who are remunerated pilots. The estimated number of active Airman Certificates held within the U.S. is 756,928.¹ That number includes a range of

¹ FAA Database, as of Dec 31, 2022

pilot qualifications from student pilots learning to fly, to Airline Transport Pilot (ATP) certificate holders. ATP or Commercial Pilots actively being paid for their work as pilots *should* have priority for case review and processing over all non-remunerated pilots.

Statutory recommendations for modernizing the FAA's medical certification process. We fully support the House version of the 2023 FAA reauthorization that includes SEC. 328 AEROMEDICAL INNOVATION AND MODERNIZATION WORKING GROUP. This working group would be tasked to *“review the medical processes, policies, and procedures of the Administration and to make recommendations to the Administrator on modernizing such processes, policies, and procedures to ensure timely and efficient certification of airmen.”* Modernizing the medical recertification process should be a priority for congress in this bill.

A few more recommendations:

- Establish fair and reasonable time limits on certification decisions of ALL classes of medical applications. In no case should a certification decision take longer than 90 days from receipt of a complete medical application, and 60 days from receipt of supporting documentation.
- Mandate the FAA OAM to adhere to a single set of published, transparent standards for the purpose of medical application decisions. The FAA should update FAR 67 to reflect *all* current FAA medical standards utilized for the purpose of case review and disposition.
- Make available, through public notice and comment, any revised certification standards to the medical certificate stakeholders and AME Designates who are governed by them.
- Prohibit the FAA Aerospace Medical Certification Division (AMCD) from limiting Medical Certificate validity periods. Limits shall be those listed in 14 CFR section 61.23.
- U.S. Citizen airman medical applicants should have priority over foreign applicants.
- The FAA OAM should utilize Electronic Medical Record data to expedite case review.
- ALL application RFI's, 60-Day Letters, denial, or deferral decisions must require the FAA to establish the medical basis for these requests or decisions. This should apply in cases where the AMCD is requiring specialized testing that conflicts with patient care, or is deemed unnecessary to establish fitness for duty by the pilot's treating physician or specialist.
- Require the FAA OAM to publish a monthly schedule of the various specialist panels used for applicant Aeromedical decisions (i.e., Cardiac, Neurological, Psychological, Drug and Alcohol) to aid in application submission timing and accountability.
- Allow for neurological medical specialists to qualify applicants. This reduces additional tests, scans, and delays in processing which would increase efficiency within the process.

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