

Aerospace Medical Association

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April 21, 2015

The Honorable Michael Huerta
FAA Headquarters
Federal Aviation Administration
800 Independence Ave, SW
Washington, DC 20591

Dear Administrator Huerta,

The Aerospace Medical Association is the leading organization in the world dedicated to the health, safety and performance of those who fly in the air and in space. We are made up of approximately 2,300 members consisting of physicians, nurses, scientists, managers, regulators, and technicians, working in the military, civilian government, academia and industry. In regard to the proposed bill S. 571 (H.R. 1062), commonly referred to as the "Pilot's Bill of Rights 2," we are deeply concerned about the consequences of removing the medical certification requirement from certain Federal Aviation Administration (FAA) Third Class noncommercial flying certificates, and relying solely on the qualifications of a state-issued automobile driver's license. We feel the passage of this proposed bill would not be in the best interest of our nation's public safety, nor indeed our nation's pilots, and so are against it in its current form. We wish to share with you the rationale for our position, based on scientific evidence and expertise.

1. *The proposed bill is based on claims that no aviation accidents were ever prevented by the existence of third class medical screening standards and the medical certification process has no utility.*

The FAA's Medical Analysis Tracking (MANTRA) Program maintains a registry of US pilots fatally injured in aircraft accidents and includes autopsy results for most cases. Data were extracted for 1,084 individuals involved in fatal accidents from January 2011 to April 2014. Subjects included 68 sport pilots flying legally without a medical certificate and 403 pilots flying with an FAA Third Class medical certificate. Moderate to severe medical hazards identified by autopsy were found in 25% of medically certified pilots but in **60% of uncertified pilots.**

According to recent studies by Casas and Castro, pilots with FAA Third Class medical certificates have a **lower** accident rate than sport pilots who have no such certification.

Beginning in 2004, the sport pilot license became exempt in the United States from medical evaluation and certification. According to the National Transportation Safety Board (NTSB), there was a **20% increase** in total accidents from 2004 to 2007, beginning the same year that the exemption began.

AEROSPACE MEDICAL ASSOCIATION
THE INTERNATIONAL LEADER FOR EXCELLENCE IN AEROSPACE MEDICINE
86TH ANNUAL SCIENTIFIC MEETING, WALT DISNEY WORLD SWAN AND DOLPHIN RESORT,
LAKE BUENA VISTA, FL, MAY 10 - 14, 2015

2. The proposed bill is based on claims of an unnecessary administrative and cost burden associated with the third class medical certificate application process.

According to FAA data from 2008 through 2012, approximately 98.8% of pilot applicants are issued medical certificates, including approximately 8.4% of applicants who receive their authorization by a special issuance medical certificate after additional review by their aviation medical examiner (AME) or by the FAA. Therefore in the vast majority of third class medical certifications, pilot applicants obtain their medical certification after their initial visit with their AME, usually amounting to about 1 hour, including paperwork, every 2 or 5 years depending on the pilot's age.

A third class medical exam will cost approximately \$100-125. However, one hour of rental time in a typical private aircraft (Cessna 172) is approximately \$150 and this does not include costs for training or aircraft maintenance. Additionally, the medical cost pales in comparison to the average cost of General Aviation accidents of \$1.64 to 4.64 billion per year of which 5 of 180 fatal accidents per year are due to pilot incapacitation or contributed to by alcohol/drug impairment.

The administrative and cost burden of a medical certification for the vast majority of pilots is minimal and their effect on prohibiting pilot applicants in seeking a medical exam is not substantiated.

3. The proposed bill is based on claims that it will provide a greater level of safety.

Lawmakers need to be aware that the passage of this bill would result in an increased safety risk to the US public, a risk that outweighs any pilot's privilege to fly. Cars and trucks don't fall from the sky, but planes do! Incapacitated drivers can pull off the road, incapacitated pilots cannot. Civilian aeromedical certification programs have helped to maintain a reasonable and acceptable level of safety, continually reducing the risk of medically-related accidents over the past century with appropriate medical screening and interventions. Without such preventive medical screening measures, the potential for catastrophic accidents in General Aviation by unfit pilots will increase, especially in view of the aging of General Aviation pilots. Public safety is compromised when an impaired pilot with only a driver's license can fly a 6,000 pound aircraft in poor visibility with up to 5 passengers.

4. The proposed bill is based only on the medical qualifications required to possess a valid state-issued driver's license.

In most states the medical evaluation for a driver's license is typically limited to standing and an eye exam for adequate distant vision, and many states allow multi-year licenses renewable online without any intervening assessment. Also, requirements to obtain a driver's license vary from state to state; therefore, an individual who would not be medically certified to fly in one state could be considered qualified in another. Based on a study of driving statistics by Hendricks, et al., 1999, approximately 6.4% of driving crashes resulted primarily from driver incapacitations. According to the Aircraft Owners and Pilots Association (AOPA), this type of bill would affect 39,120 pilots. If the same 6.4% incapacitation rate occurs for pilots under driving license medical standards, up to 2,503 new aircraft accidents would occur.

Medical conditions that would disqualify pilots from operating an aircraft should be identified and eliminated as potential hazards to safe flight by trained aerospace medicine specialists with knowledge and experience of those conditions relevant to the flight environment. For example, aeromedical examiners not only test distant vision but also near vision and color vision to ensure pilot applicants can read charts, checklists, and aircraft

flight instruments. Aeromedical examiners also address conditions such as dangerously high blood pressure, diabetes, hypoxia in cardiopulmonary disease, cardiovascular heart attack risks, mental decline and psychological issues. These conditions have a significant link with sudden incapacitation or performance problems in the cockpit which may result in an aviation mishap. Many medical conditions which could cause incapacitation go unnoticed by the pilot, providing no indication of a problem unless examined by a doctor, often intervening not always to ground the pilot, but to manage his condition in order to improve his health and fitness to fly safely.

Further consider the positions of some leading national organizations related to this proposed bill: The Air Line Pilots Association (ALPA), the largest airline pilot union in the world representing more the 51,000 pilots and 30 US and Canadian airlines has provided a position paper opposing this proposed bill due to the concern of medically non-qualified pilots operating in airspace of heavy traffic and professional operations such as Class B, C and D airspace.

The American Medical Association (AMA), representing over 217,000 physicians, passed a policy resolution H-45.975 *Proposed Change in Medical Requirements for 3rd Class Pilots' Licenses*: "Our AMA will: (1) oppose efforts to substitute the third class medical certificate with a driver's license; and (2) write a letter encouraging the Federal Aviation Administration to retain the third class medical certification process. (Res. 228, A-14)"

The National Transportation Safety Board (NTSB) published its Ten Most Wanted List for 2015 to reduce transportation accidents and save lives and included in its list "Require Medical Fitness For Duty" and "End Substance Impairment in Transportation" due to concerns of documented trends of use of impairing medications and flying with potentially impairing medical conditions in fatal aviation mishaps seen over the last two decades. The worst rates of use of impairing medications in medical conditions were seen in those without medical certificates and in older pilot age groups according to the NTSB Safety Study 14/01.

The Aerospace Medical Association recommends you carefully consider the consequences of eliminating the FAA Third Class medical certification requirement for this large population of private pilots. The current outstanding General Aviation safety record and public trust in aviation safety is a direct result of many years of learning to provide proper preventive maintenance for the aircraft and the pilots flying those aircraft. This proposed bill is a step backwards in that improving record and is not in the best interest of the nation's public safety. The proposed changes to the FAA Third Class medical certification requirements represent significant changes to the Federal Aviation Regulations. The Aerospace Medical Association strongly recommends any proposed changes go through the FAA Notice of Proposed Rule Making processes. These processes exist so that comments and concerns from the public can be properly voiced and considered by rule makers.

Thank you for your time and consideration of this important aviation issue.



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President

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