

Aerospace Medical Association



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March 6, 1995

Federal Aviation Administration
Office of the Chief Counsel
Attention: Rules Docket (AGC-200)
Docket No. 27940
800 Independence Avenue, S.W.
Washington, D.C. 20591

TO WHOM IT MAY CONCERN:

The Aerospace Medical Association (AsMA) respectfully submits the following comments in response to the FAA's request for comments on proposed revisions of 14 CFR Parts 61 and 67, "Medical Standards and Certification Procedures and Duration of Medical Certificates", (Docket No 27940).

AsMA strongly endorses the revised policies and rules with few exceptions. The proposed changes generally reflect current medical standards and practices, clarifies many standards, and further decentralizes approval authority, while enhancing the quality and timeliness of services to its customers. The Association believes the following observations and suggestions will strengthen these already medically sound and comprehensive proposals.

1) Language in the proposed change 67.105(a), 67.205(a), and 67.305(a) could reasonably be interpreted by a reader as requiring audiograms on all applicants. It states in the preamble that "ear, nose, throat, and equilibrium standards for a ---- medical certificate include, but are not limited to": Recommend the wording be changed to unambiguously state your intent that the basic screening test administered to all applicants will be the spoken voice test. And that audiometric tests are only used as alternatives for further evaluation of individuals who show reduced hearing acuity in the spoken voice test.

2) The Association does not agree with the proposed changes to color vision testing in 67.103(c), 67.203(c), and 67.303(c). We agree that the standard for color vision should be based upon an individual's "ability to perceive those colors necessary for the safe performance of airman duties." Therefore, it is recommended that testing for color blindness by the FAA be discontinued and remanded to aviation agencies and organizations for testing

as required.

3) The proposed change to 67.211 and 67.311 on electrocardiogram testing requirements is philosophically confusing. Is requiring ECGs for second class certificate applicants intended to prevent accidents caused by sudden in-flight incapacitation of cardiac origin? Or is it to provide a medical baseline for future comparison and scientific interest? If it is the later, then applicants for third class certificates should be included -- especially those over the age of 50. AsMA contends that aviation accident statistics do not support cardiac incapacitation as a significant causal factor. Additionally, the proposed standard will create a significant administrative and cost burden to the FAA and the pilots they serve. It is recommended this requirement be deleted.

4) The FAA proposes in 67.111(f) to test total serum cholesterol for all first class certificate applicants who have reached their 50th birthday. Those individuals found to exceed 300mg/dl would be required to undergo additional cardiovascular evaluation to find out if a significant disease process is present. AsMA considers this approach philosophically confusing. If the purpose is to prevent aircraft accidents and mishaps due to cardiac incapacitation, then the pilot redundancy of multicrew aircraft, for which Class I Medical Certificates are issued, presents no problem. If the requirement is levied in the interest of preventing heart disease, then cholesterol screening should be done at an earlier age when long-term counseling benefits would be greater. Again, the proposed standard will create an additional administrative and cost burden to the FAA and the pilots. It is recommended this requirement be deleted.

5) AsMA supports the FAAs proposed 67.11(c) to add the use of anticoagulant medication to those conditions for disqualification. However, the Committee feels this begs the larger issue of a need to develop a comprehensive list of approved medications for aviation duties. Classes of medications, like anticoagulants, not on the approved list would be disqualifying. The use of over-the-counter and prescription medications by civilian aviation pilots continues to be a significant contributor to aircraft accidents and incidents. Such a list would be beneficial and cost effective.

6) Proposed changes to section 61.23 of the FAR (the duration of validity and privileges of each class of medical certificate) is a positive one.

The Aerospace Medical Association appreciates the opportunity to participate in this major revision of the FARs. We commend the FAA for its scientific approach and consideration of cost/benefit analysis so evident throughout this document. Carrying out these extensive proposals will enhance flying safety and protect the public welfare.

Sincerely,



Russell B. Rayman, M.D.
Executive Director

RBR:jc

cc: Rules Docket (AAM-210)

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