



AIRCRAFT OWNERS AND PILOTS ASSOCIATION

421 Aviation Way • Frederick, MD 21701-4798
Telephone (301) 695-2000 • FAX (301) 695-2375
www.aopa.org

March 30, 2005

Ms. Karen Starring
U.S. Department of Transportation
Docket Management System
Docket Number OST 20590-0001
400 7th Street, S.W. Room PL 401
Washington, DC 20591-0001

RE: DOT Request for Comment on Outdated Rules (Docket Number OST-2005-20112)

Dear Ms. Starring:

The Aircraft Owners and Pilots Association (AOPA), representing the interests of more than 400,00 pilots and aircraft owners, submits the following recommendation to the Department of Transportation's (DOT) request for public input in identifying rules that are no longer needed, to meet the stated goal of making rules simpler, more comprehensible and less burdensome.

AOPA recommends that the Federal Aviation Administration (FAA) eliminate its requirement that pilots hold a valid FAA medical certificate when exercising the privileges of a Recreational Pilot certificate. The current FAA medical certificate requirements are contained in Federal Aviation Regulation (FAR) Part 61.23 (c), 61.23 (a)(3)(ii) and (iii). The FAA should permit the use of a valid and current U. S. driver's license in lieu of an FAA medical certificate when exercising the privileges of a Recreational Pilot certificate.

For Recreational pilot privileges, AOPA members strongly support the use of a U.S. driver's license in lieu of an FAA medical for several reasons. The privileges of a recreational pilot are limited to allow for only daytime, visual flight rules operations that are non-commercial. Recreational pilots may only carry one passenger and cannot act as pilot in command of flights that exceed 50 nautical miles from the departure airport. Recreational pilots are also limited to small, 180hp or less aircraft and may only carry one passenger. Under these operating limitations, the driver's license standard ensures an equivalent level of safety for recreational flying.

A valid U.S. driver's license establishes an acceptable minimum medical standard because it validates evidence of basic health. While the licensing processes vary from state to state, authorities typically require applicants to attest to a basic level of health and minimum vision standard. If a recreational pilot is precluded from holding a driver's license, then he/she should not be eligible to operate an aircraft (unless the pilot obtained a third class medical certificate).

Ms. Karen Starring

Page 2

March 30, 2005

In addition, under FAR 61.53(b) if a pilot knows or has any reason to know of any medical condition that would affect his or her ability to exercise the authority of a recreational pilot certificate, then the pilot would have to refrain from acting as pilot in command. AOPA contends that this is a reasonable standard for recreational flying that is currently used for all pilots.

An analysis of the AOPA Air Safety Foundation (ASF) Accident and Incident Database reveals an extremely low (1.9 %) percent of accidents have any medical factors contributing to the accident as - determined by the National Transportation Safety Board

(NTSB). Furthermore, AOPA's ASF analysis showed that the majority of the medically related aviation accidents were not attributable to predictable conditions or conditions that could be uncovered by medical examination. This accident data clearly shows that the FAA medical standards could be modified to reduce the regulatory burden on pilots and the FAA. AOPA's ASF data shows there is no meaningful correlation between general aviation accidents and medical certificates. Medical incapacitation is not a significant cause of accidents, whether or not a medical certificate is required.

BACKGROUND:

The original proposal for the Recreational Pilot certificate was initiated by AOPA in 1978, when AOPA submitted a petition seeking the creation of a new category of pilot certificate intended to reduce the cost and procedural barriers to flight training. On June 25, 1985, more than seven years after AOPA first submitted its petition, the FAA published a Notice of Proposed Rulemaking (NPRM), Federal Register Docket No. 24695, the "Certification of Student Recreational, Recreational, Student Private and Private Pilots." This was the introduction of the new Recreational Pilot certification process. The proposed requirements for the Recreational Pilot certificate were sufficient to ensure safety, but not as extensive as those required for a Private Pilot certificate. In return, strict operational limits are imposed. The Recreational Pilot NPRM solicited recommendations for medical requirement alternatives to the third class medical and AOPA recommended self-certification, similar to the requirement allowed for glider pilots. In March of 1989, the FAA published the Recreational Pilot Final Rule, but did not adopt AOPA's recommendation and retained the requirement for a third class medical.

In 1985, as now, AOPA's position on the Recreational Pilot medical requirement was based on solid statistical evidence that medical incapacitation is not a significant causal factor in general aviation accidents. This is also true for the segment of general aviation that currently "self certify" medical fitness, the glider and balloon community. A recent review of balloon and glider accident data from 1990 to 2000 reveals that only two accidents occurred because of a pilot's medical condition. It is clear that the absence of any medical certificate requirement for persons operating balloons and gliders has not resulted in a demonstrated reduction in safety.

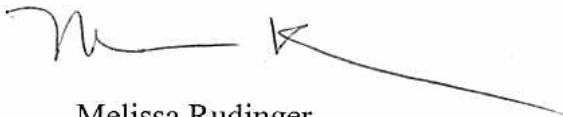
Ms. Karen Starring
Page 3
March 30, 2005

Furthermore, an Aviation Rulemaking Advisory Committee (ARAC) reviewed this issue recently and determined that accident summary data from 1986 through 1992 indicated that the percentage of aviation accidents involving medical causal factors is lower for those activities that do not require medical certificates than for those activities that do. During this seven-year timeframe, the ARAC indicates there were 761 accidents in lighter-than-air aircraft and gliders-operations that do not require airman medical certification. Only one of the 761 accidents showed a medical cause, according to ARAC (slightly more than one-tenth of one percent of total accidents). For general aviation operations requiring airman medical certification, ARAC indicates there were 46,976 total accidents, 99 of which (slightly more than one-fifth of one percent) showed a medical cause.

In its Sport Pilot Final Rule, the FAA cites this data and states that it believes that, "medical conditions are not a significant cause of accidents in aircraft that are used for sport and recreational purposes."

AOPA agrees with this conclusion and believes that this medical provision should be extended to the Recreational Pilot community. AOPA believes that Recreational pilots could safely operate as pilot-in-command of aircraft while performing flight as defined in FAR 61.101, using a U.S. driver's license as verification of their flight medical status. This should also apply to student pilots seeking a Recreational Pilot certificate.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Rudinger', with a long horizontal line extending to the right and ending in a small arrowhead pointing towards the signature.

Melissa Rudinger
Vice President
Regulatory Affairs