



AIRCRAFT OWNERS AND PILOTS ASSOCIATION

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

June 11, 2007

Docket Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, SW
Washington, DC 20590-0001

Re: Docket No. FAA-2007-27812 Modification of Certain Medical Standards and Procedures and Duration of Certain Medical Certificates

The Aircraft Owners and Pilots Association (AOPA), representing more than 412,000 members, or two-thirds of the nation's general aviation pilots, submits the following comments to the Federal Aviation Administration's (FAA) Modification of Certain Medical Standards and Procedures and Duration of Certain Medical Certificates Notice of Proposed Rulemaking (NPRM) published in the Federal Register on Tuesday, April 10, 2007.

AOPA supports the principle of extending the duration of first- and third-class medical certificates. The association also supports expanding the scope of this change to include an analysis of the age 40 break point, as this age may be increased without any negative impact on aviation safety. The comments below include this, and other recommendations on the NPRM.

To analyze the proposal and develop recommendations, AOPA drew upon the expertise of the association's staff, including the medical certification department, which directly advises pilots on the FAA's medical certification process. The association handles approximately 30,000 pilot medical inquiries each year and helps over 2,000 pilots through the special issuance process annually. To continue to effectively address our members' medical concerns and to facilitate the handling of their medical issues, association staff periodically meets in person with FAA Aerospace Medical Certification staff in Oklahoma City. Information gathered through that direct AOPA-FAA contact, plus data provided by the AOPA Air Safety Foundation and comments from the general membership, was considered when drafting our response.

Changes Supported by AOPA

The FAA proposes to extend the duration of first- and third-class medical certificates - Part 61.23(d)

Explanation of change: This proposal would extend the duration of first- and third-class medical certificates for individuals under the age of 40. A valid first-class medical certificate is required when exercising the privileges of an airline transport pilot (ATP) certificate and a valid third-class medical certificate is required when exercising the privileges of a student, recreational or private pilot certificate.

Currently first-class medicals are valid for 6 months and third-class medicals, for people under the age of 40, are valid for 36 months. This proposal would extend the duration of a first-class medical certificate to one year and a third-class medical certificate to 60 months for applicants under age 40.

AOPA recommendation: *AOPA supports the concept of extending the duration of first- and third-class medical certificates. However, additional research is needed to determine if 40 years of age is the appropriate cut off for these extended duration medical certificates. This age may, in fact, be increased beyond 40 years without any negative safety implications to the pilot community.*

AOPA agrees with the FAA's rationale for the proposed extension in medical certificate durations. The NPRM states ". . . the FAA determined an extended duration would pose no detriment to safety in the case of younger individuals because they are much less likely to suffer medical incapacitation." This is supported by research completed by the Air Safety Foundation, which found that medical factors lead to a small number of accidents, regardless of pilot age.

An analysis of the AOPA Air Safety Foundation Accident and Incident database reveals that an extremely low number, 1.9 percent, of accidents had *any* medical factors contributing to the accident, and the accidents caused by medical incapacitation were *not* attributable to conditions that could have been identified or predicted by an FAA physical examination.

In the 2006 Nall Report, the Air Safety Foundation reported there were only three accidents involving pilot medical incapacitation in 2005. Of these accidents, two were the result of myocardial infarctions (heart attacks) and one, carbon monoxide poisoning. A strong argument may be made that these accidents were *not* attributable to conditions that could have been identified or predicted by a periodic FAA physical examination.

AOPA believes that further analysis of the available data might support increasing the age limit for extended medical certificate duration past the proposed age of 40.

The FAA proposes to clarify that applicants for a medical certificate must complete an application for a FAA medical certificate “on a form and in a manner acceptable to the Administrator.” – Part 67.4(a)

Explanation of change: This proposal would clarify that an airman must fill out a form in order to apply for an FAA medical certificate. Additionally, this change would allow for standardization of the guidance given in Part 67, Medical Standards and Certification, and that given in Part 61, Certification: Pilots, Flight Instructors, and Ground Instructors.

AOPA recommendation: *Expand proposed change to include electronic acceptance of the Application for Airman Medical Certificate such as the FAA’s MedXPress system and AOPA’s TurboMedical®.*

AOPA supports clarification in the regulations. AOPA also supports the integration of new technologies into aviation and the associated regulations. With the recent launch of the FAA’s online MedXPress system, that allows pilots to complete the Application for Airman Medical Certificate electronically, airmen will have increased access to the required form.

Pilots can also fill out and print the completed application from AOPA’s *TurboMedical®* in lieu of completing the medical history section of the FAA Form 8500-8 (Application for Airman Medical Certificate) at the time of the FAA physical examination. The FAA should develop an electronic interface that would allow AOPA’s *TurboMedical®* to be submitted electronically as the Application for Airman Medical Certificate. This would alleviate the current requirement for pilots to bring a paper copy of the *TurboMedical®* form to the FAA physical examination.

The FAA proposes to modify the address used by pilots requesting a replacement certificate – Part 61.29 and Part 65.16

Explanation of change: This proposal would change the P.O. Box number used by pilots when requesting a replacement medical certificate. Replacement medical certificates can be requested when a certificate is lost or destroyed, or when the pilot requires a new certificate to reflect a name change.

AOPA recommendation: *Endorse change on the basis that it will improve service to the pilot community without adding any burden to airmen.*

In the explanation of the proposed change the FAA stated that mailing requests for replacement certificates to a different P.O. Box number would result in these requests being handled in a more expeditious manner than they are currently. AOPA supports the FAA's efforts to more efficiently issue replacement certificates.

AOPA Recommendations for Additional Changes

AOPA recommends modifying the sections of Pat 67 that discuss "incorrect" statements for the purposes of clarity.

Explanation of requested change: The association strongly opposes the purposeful omissions or falsifications on airmen and medical certificate applications. However, the language in Part 67.403(c)(1) and (c)(2) should clearly state that any incorrect statements or entries must be *material* incorrect statements or *material* incorrect entries. Since these regulations outline the possible punishments for incorrect statements or entries as "suspending or revoking a medical certificate; withdrawing an Authorization or SODA," these Parts should clearly state that the incorrect information must be material. This will protect pilots who have made honest errors or oversights from the penalties outlined.

AOPA recommendation: Modify 67.403(c)(1) to read "A material incorrect statement, upon which the FAA relied, made in support of an application for a medical certificate or request for an Authorization or SODA."

Modify 67.403(c)(2) to read "A material incorrect entry, upon which the FAA relied, made in any logbook, record, or report that is kept, made, or used to show compliance with any requirement for a medical certificate or an Authorization or SODA."

AOPA recommends replacing the FAA medical for recreational pilot certificate with "driver's license" requirement to meet medical standard

Explanation of requested change: AOPA recommends that the FAA eliminate its requirement that pilots hold a valid FAA medical certificate when exercising the privileges of a recreation pilot certificate. Instead 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 these privileges.

For recreational pilot privileges, seventy-two percent (72%) of AOPA members strongly support the use a valid and current U.S. driver's license in lieu of an FAA medical certificate. The privileges of a recreational pilot are substantially limited and allow for only daytime, noncommercial visual flight rule operations. Recreational pilots may carry only one passenger, cannot act as pilot in command of flights that exceed 50 nautical miles from the departure point, and are limited to aircraft rated at 180hp or less.

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A valid U.S. driver's license establishes an acceptable minimum medical standard for the recreational pilot. Applicants are generally required by their state department of motor vehicles to attest to a basic level of health and minimum vision standard.

As mentioned earlier, an analysis of the AOPA Air Safety Foundation Accident and Incident database reveals that an extremely low number, 1.9 percent, of accidents had *any* medical factors contributing to the accident, and the accidents caused by medical incapacitation were *not* attributable to conditions that could have been identified or predicted by an FAA physical examination.

Even the FAA, in its Sport Pilot final rule, said "medical conditions are not a significant cause of accidents in aircraft that are used for sport and recreational purposes."

The FAA should take the next logical step and extend the "driver's license medical" to pilots exercising recreational pilot privileges.

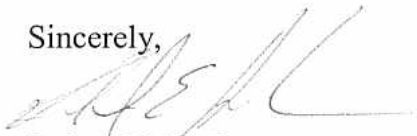
AOPA recommendation: Part 61.23 (a)(3)(ii) which states, "When exercising the privileges of a recreational pilot certificate;" be deleted.

AOPA recommendation: Add section to Part 61.23, which states, "A valid and current U.S. driver's license is required when exercising the privileges of a recreational pilot certificate."

Summary

The association recommends that the FAA adopt the proposed changes as outlined in the NPRM, with the recommendations that AOPA has proposed here. AOPA believes that this rulemaking is bringing the FAA closer to a reasonable airman medical certification standard based on the low number of accidents attributable to medical incapacitation. The FAA Aerospace Medical Certification staff can use the time saved in processing routine pilot medicals to review more complex medical cases that ultimately require special issuance authorizations.

Sincerely,



Robert E. Hackman
Senior Director
Regulatory Affairs