



U.S. Department
of Transportation

**Federal Aviation
Administration**

Office of the Administrator

800 Independence Ave., S.W.
Washington, D.C. 20591

February 23, 2018

The Honorable John Thune
Chairman, Committee on Commerce,
Science, and Transportation
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

As requested in Section 2307(g) of the FAA Extension, Safety, and Security Act of 2016, P.L. 114-190, the Federal Aviation Administration (FAA) is pleased to provide you a report on the results of the measures implemented “to expedite the process for obtaining an Authorization for Special Issuance of a Medical Certificate under section 67.401.”

Per Title 14, Code of Federal Regulations (14 CFR) Part 67.407(a)(2), the Federal Air Surgeon is delegated the authority by the FAA Administrator to grant Authorizations for Special Issuance of a Medical Certificate on the basis that it is done “without endangering public safety.” Since this authority cannot be delegated outside of the FAA (for instance, to Aviation Medical Examiners AME), any action to “expedite” the special issuance process must be focused on internal FAA processes while maintaining an equivalent level of safety.

Of the total applications received by the FAA annually, approximately nine percent result in an Authorization for a Special Issuance Medical Certificate. In Calendar Year 2016, this accounted for approximately 34,000 airmen. Upon initial application, these individuals did not meet the medical standards as published in part 67. However, when individualized, safety mitigating conditions were added to their examination, it could be determined that these individuals would not introduce an increased safety risk and were returned to flying with appropriate medical monitoring. The process of granting special issuances involves an individualized review of each aviator’s case, and may encompass evaluation of multiple diagnoses in a single aviator. It is often a complex and time consuming task.

The FAA has implemented a variety of procedures to decrease the time required to make informed, risk-based decisions regarding special issuance medical certification. The most important of these is the Conditions which AMEs Can Issue (CACI) as previously explained in an April 25, 2017 letter. We have moved 17 common medical diagnoses out of the special issuance domain and into possible unrestricted issuance of a medical certificate. Empowering AMEs to evaluate airman by specific checklist criteria and issue a medical certificate at the time of the examination has been a major benefit without introducing a safety risk.

As previously noted, FAA physicians are responsible for making the final decision for authorizing special issuance medical certificates. Currently, the FAA's Office of Aerospace Medicine (AAM) is challenged by a lack of physicians to review cases, which has resulted in a backlog. We are working diligently to achieve a full complement of physicians, and have even shifted responsibilities of current positions to support airman medical certification on a permanent basis. Additionally, we have advertised positions for additional aerospace medicine physicians to work in the Aerospace Medical Certification Division of the FAA. When hired and trained, these physicians will facilitate the review and medical determinations, and ultimately decrease the time required for special issuance decisions.

The AAM Pharmacy and Therapeutics Committee has approved additional proprietary medications that an aviator may use and continue to act as Pilot in Command of an aircraft. Some of this new information is listed in the online "Guide for Aviation Medical Examiners" (Guide), under the Pharmaceuticals section in the 'Do not issue – Do not fly' subsection. We have also advertised a position for a new doctor of Pharmacology to facilitate this committee in its research and deliberations. We believe these actions will shorten the deliberation time for receiving a special issuance decision.

The FAA has also published a new check list for aviators, AMEs and treating physicians for follow up of aviators who have a history of substance abuse/dependence, or use of antidepressant medication. This will ensure correct information is submitted at the time of application, thus avoiding back and forth requests for additional information which can account for a large percentage of delaying a special issuance decision. Also, recently published in the Guide is information regarding the use of insulin by aviators. This again will help them and their treating physicians understand what information is required in order to make a timelier special issuance decision.

Finally, the development and implementation of the new Aerospace Medicine Safety Information System (AMSIS), a major FAA IT capital investment, will speed our medical documentation and tracking capability, replacing the outdated and limited system currently in use. Among other major improvements, AMSIS will allow aviators to have online, real time visibility of the status of their medical applications. Operating capability for this program will occur in 2019.

I have sent a similar letter to the Chairman and Vice Chairman of the Senate Committee on Appropriations; the Chairman and Ranking Member of the House Committee on Appropriations; the Chairman and Ranking Member of the House Committee on Transportation and Infrastructure; and the Ranking Member of the Senate Committee on Commerce, Science, and Transportation.

Sincerely,

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Daniel K. Elwell
Acting Administrator



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The Honorable Bill Shuster
Chairman, Committee on Transportation and
Infrastructure
House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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The Honorable Bill Nelson
Committee on Commerce,
Science, and Transportation
United States Senate
Washington, DC 20510

Dear Senator Nelson:

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The Honorable Peter DeFazio
Committee on Transportation
and Infrastructure
House of Representatives
Washington, DC 20515

Dear Congressman DeFazio:

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