

from the Federal Air Surgeon's  
**PERSPECTIVE...**

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**NEW OBSTRUCTIVE SLEEP APNEA GUIDANCE, TAKE 2**

*We will publish new OSA guidance in the  
Guide for Aviation Medical Examiners  
on March 2, 2015.*

**O**BSTRUCTIVE SLEEP APNEA is a disqualifying medical condition for an airman medical certificate under Title 14 of the Code of Federal Regulations, part 67 (Medical Standards and Certification). Obstructive sleep apnea is a significant cause of fatigue, and therefore it is a hazard to the safety of the National Airspace System and health of airmen. Obstructive sleep apnea inhibits restorative sleep and can cause excessive daytime sleepiness, personality disturbances, cardiac dysrhythmias, myocardial infarction, stroke, sudden cardiac death, and cognitive impairments (decreased memory, attention, planning, problem solving, and multi-tasking).

Citing the significant medical and safety implications of obstructive sleep apnea (OSA), plus the fact that it is underdiagnosed in the U.S. pilot population, as well as observing recommendations from the National Transportation Safety Board (NTSB), the FAA Federal Air Surgeon proposed guidance to aviation medical examiners (AMEs) on screening for OSA ["New Obstructive Sleep Apnea Policy," *Federal Air Surgeons Medical Bulletin*, Vol. 51, No. 4, p.2].

At that time, Dr. **Tilton** advised AMEs that they would be expected to calculate the body mass index (BMI) for every airman and refer individuals with a BMI of 40 or higher to a sleep medicine specialist to determine need for treatment. Following treatment, if indicated, these individuals would receive Special Issuance medical certification. While the proposal was designed to identify only the highest risk individuals, the announcement created concerns in the aviation community and ultimately resulted in proposed legislative prohibitions from Congress.

Responding to industry stakeholder and Congressional concerns, the Office of Aerospace Medicine deferred issuing new OSA medical screening guidance to AMEs. We have subsequently worked with AMEs, pilot advocacy organizations, and the aviation industry stakeholders to incorporate their ideas for a more inclusive approach for airmen that would also address the safety concerns of the FAA and the NTSB.

I believe this new OSA screening guidance will significantly improve upon the safety of the National Airspace System. A significant secondary benefit will be improved pilot health and career longevity. The changes in the certification process substantially expand physician screening options to reduce the frequency and costs of unnecessary evaluations and testing.

For those airmen determined by the AME to be at substantial risk, one of the most significant benefits is the result of the issuance of a medical certificate with accompanying Federal Air Surgeon request for further evaluation. This will save months of flying—compared to the current policy requiring deferral.

Overall, aviation safety and pilot health will be enhanced while reducing the financial burdens and disincentives for obtaining OSA evaluation and treatment. Improved AME and pilot awareness of the dangers of OSA and the benefits of treatment will continue to grow.

—Jim

**MAJOR POINTS IN THE NEW OSA SCREENING GUIDANCE**

- No disqualification of pilots based on BMI alone. The risk of OSA is determined by an integrated assessment of history, symptoms, and physical/clinical findings.
- The OSA screening process must be completed by the AME using the American Academy of Sleep Medicine guidance to be provided by reference material incorporated in the Guide for Aviation Medical Examiners.
- Documentation of the OSA screening can be provided by the AME simply by checking the appropriate block while completing the airman's 8500-8.
- Pilots determined to be at significant OSA risk will be issued a medical certificate and referred for an evaluation.
- OSA evaluations may be completed by any physician (including the AME), not just sleep specialists, using the American Academy of Sleep Medicine's guidance.
- Evaluations do not require a laboratory sleep study or even a home study if the evaluating physician determines the airman does not require it.
- Results of the evaluations can be given to the AME, forwarded to the Aerospace Medical Certification Division (AMCD), or sent to the Regional Flight Surgeon's (RFS's) office within 90 days of the FAA exam to satisfy the evaluation requirement. The pilot continues to fly during this period.
- If the pilot needs additional time beyond 90 days to complete the evaluation, a 30-day extension will be granted by the AMCD or the RFS on request.
- Pilots diagnosed with OSA can send documentation of effective treatment to the AMCD or the RFS's office in order to receive consideration for a Special Issuance medical certificate.
- The FAA will send the pilot a Special Issuance letter documenting the follow-up tests required and timing of the reports.
- Most follow-up reports will only require usage data from the CPAP machine and a brief statement from a physician.