COMMITTEE ON ARMED SERVICES COMMITTEE ON VETERANS' AFFAIRS COMMITTEE ON THE BUDGET

## **Congress of the United States** House of Representatives Mashington, DC 20515–2201

The Honorable Michael Whitaker Administrator Federal Aviation Administration 600 Independence Ave SW Washington, DC 20591

March 18, 2024

Dear Administrator Whitaker,

As Congress considers the five-year FAA Reauthorization bill there have been many discussions around the current supply of pilots available to U.S. air carriers. The data coming out of FAA shows a healthy supply of new pilots available for immediate hire. However, there also exists a pool of pilots currently employed by U.S. air carriers that are fully capable of flying, but their recertification is being held up with the FAA's Office of Aerospace Medicine (AAM).

We have learned recently that over 1000 part 121 pilots are currently on Long Term Disability (LTD). Those are pilots who have experienced a medical condition disqualifying them from retaining a current medical certificate. A significant segment of those 1000+ pilots are at different stages of the process; attempting to submit or have submitted their medical applications to your office. I have been informed that your AAM requires a pilot to submit extensive amounts of documentation to review to determine whether a pilot can retain a medical certificate. After all documentation requests have been submitted and a pilot's application for a medical certificate has been filed with your AAM office, pilots are encountering extensive and unexplained delays in the approval or denial of their medical certificate. Delays can run for six months or longer before the pilot applicant's file is even reviewed by the AAM's office. To aid in the post-Covid temporary pilot shortfall in the Airline industry, there is a significant need to establish fair and reasonable time limits on FAA AAM's recertification decisions for medical certificates.

We also understand that the AAM is understaffed, underpaid (I have been informed that the Doctors who work there have salary caps), and unable to recruit more talent because of this limitation. We understand that recently, the FAA implemented electronic records, but it has done little to alleviate the time delay in recertification. This causes a significant backlog in the number of pilots that are medically re-cleared to fly after a temporary loss in their FAA Medical Certificate.

Below are a list of recommendations that we, as commercial pilots and Members of Congress, would like to make to help modernize your Office of Aerospace Medicine:

- Establish fair and reasonable time limits on certification decisions of ALL classes of medical applications. In no case should a certification decision take longer than 90 days from receipt of a complete medical application, and 60 days from receipt of supporting documentation.
- Adhere to a single set of published, transparent standards for the purpose of medical application decisions. The FAA should update FAR 67 to reflect all current FAA medical standards utilized for the purpose of case review and disposition.
- Make available, through public notice and comment, any revised certification standards to the medical certificate stakeholders and AME Designates who are governed by them. All standards should comply with the Administrative Procedures Act (APA).
- Prohibit the FAA Aerospace Medical Certification Division (AMCD) from limiting Medical Certificate validity periods. Limits shall be those listed in 14 CFR section 61.23.
- U.S. Citizens and lawful permanent residents employed as pilots should have priority over foreign applicants.
- The FAA AAM should utilize Electronic Medical Record data to expedite case review, to include submission and processing.
- ALL application RFI's, 60-Day Letters, denial, or deferral decisions should require the FAA to establish the medical basis for these requests or decisions. This should apply in cases where the AMCD is requiring specialized testing that conflicts with patient care or is deemed unnecessary to establish fitness for duty by the pilot's treating physician or specialist. Some exceptions may apply where additional considerations or care are needed for pilots to safely execute their duties as airmen.
- The FAA AAM should publish a monthly schedule of the various specialist panels used for applicant Aeromedical decisions (i.e., Cardiac, Neurological, Psychological, Drug and Alcohol) to aid in application submission timing and accountability.
- Develop a pathway for additional medical specialists to qualify applicants, to include neurologists, cardiologists, psychiatrists, internists, etc. This reduces additional tests, scans, and delays in processing which would increase efficiency within the process.
- The FAA AAM should establish a transparent and timely process for appeal of medical certificate denials.

We will continue to work on this modernization and hope you all would be willing partners to be a part of the solution for these pilots that are awaiting recertification.

Sincerely,

Jack Bergman Member of Congress

Jake Ellzey Member of Congress

Pete Sessions Member of Congress