FAA Medical Hot Topics
Protecting Your Medical Certificate

Quay Snyder, MD, MSPH
Aviation Medicine Advisory Service
www.AviationMedicine.com

NBAA Single Pilot Safety Standdown
October 21, 2013
Overview

- Bad News - High Threat Topics
- Old News – FAA Challenges
- Good News – AME Authority ↑
- Tips to Stay in the Air
FAA Medical Standards

- FAR Part 67 – Broadly defined
  - 15 Mandatory Disqualifying Diagnoses
- Guide to AME’s
  - Hundreds of Disqualifying Diagnoses
- FAA Policy – rarely published, always evolving

- FAR 61.53 – Self-certification decision every time
Medical Certification Mystery

- Lack of specific published guidance
- Continuously changing FAA Policy
- AME Variability & Knowledge Base
- Fear of reporting to FAA – Fear of Treatment
- Uncertainty in Fly – No Fly decision
- Imprecise language in reporting
- Premature & unnecessary end of career/flying
FAR 61.53

• Not a Medical Regulation
• “Prohibition on operations during medical deficiency”
  – “...shall not act as pilot in command, or in any other capacity as a required flight crewmember...”
  – Knows or has reason to know of any medical condition that would make the person unable to meet the requirements...”
  – Is taking any medication or receiving treatment for a medical condition that makes the person unable to meet...”
• Required before EVERY flight
I’M SAFE

• I  - Illness
• M  - Medications
• S  - Stress
• A  - Alcohol
• F  - Fatigue
• E  - Eating / Hydration

AIM 8-1-1
Bad News

• Sedating Medications
• DUI’s
• Sleep Apnea
• Falsification

• Good for Safety – if applied properly
Medications and Flying

• Many Acceptable
  – > one year from FDA approval
  – Underlying condition safe to fly with
  – No side effects with ground trial

• Always DQ – psychoactive, centrally acting
  – Some SSRI exceptions
Sedating Medications

• Altered Cognitive Abilities
• Sedating properties
  – 5 half lives policy vs. old policies
  – Variable in different people, physiologies
• GA JSC – Loss of Control WG (SE-15)
  – Publish medication list and wait times
  – Educational campaign
Sedating Meds Policy

- Ambien: zolpidem* 24 hours
- Ambien CR: zolpidem (extended release) 24 hours
- Zolpimist: zolpidem (as oral spray) 48 hours
- Edluar: zolpidem (sublingual) 36 hours
- Intermezzo: zolpidem (night awakening) 36 hours
- Lunesta: eszopiclone 30 hours
- Restoril: temazepam 72 hours
- Rozerem: ramelteon 24 hours
- Sonata: zaleplon 6 hours
FAA Standards – Alcohol

• Affects 8-11% of population / pilots
• No abuse within previous 2 years
  – “Abuse” defined broadly
• Positive Test – >0.04 mg/dl on DOT
• Dependence
  – Demonstrate treatment and recovery
  – Document > 2 years of abstinence
• “Misuse”          FAR 67.107
Substance Abuse Evaluations

- Positive drug / alcohol test
- 2nd DUI or alcohol related offense
- BAC > 0.15 mg % or REFUSAL to Test
- Failure to Report Motor Vehicle Action
  - FAR 61.15 vs. FAA Form 8500-8
- Anonymous report to FAA
- Long time to schedule & complete!!!
FAA Mandated Treatment

• BAC > 0.20%, lifetime look-back
• Positive DOT drug or alcohol test
• Even if eval shows no evidence of disease
  – Can’t get treatment
  – Insurance won’t cover
• Monitored Abstinence Option / Testing
Sleep Apnea

- NTSB Pressure – 8x ↑ accident rate
- Associated with many medical conditions
- DQ upon discovery
- Three Authorized Treatments –
  - CPAP, UPPP, oral devices
- FAA will mandate AME screening
  - BMI > 40 and dropping
  - AME suspicion
Failure to Report

• “Amnesty” less likely than before
  – Action against both medical / pilot certificates
  – Revocation for 12 months – PRIA report
  – Possible jail / fine \( \text{FAR 67.403} \)

• Fill out 8500-8 honestly, but discretely
  – Save old forms (since 1 Oct 2012 online only)
  – Document material given to AME
  – May group visits for one condition
Operation Safe Pilot

- July 2003 – 40,000 pilots - N. California
  - 3,220 on SSA disability, 48 on full disability
  - 16 Emergency Revocation – Pilot & Medical
  - 45 Felony Charges – 2 Died – 1 not Tried

- Expanding to other areas of country
  - FAA medical “surveillance” taskings

- New Health Care – Electronic Medical Records
Old News

- Federal Budget
- MedXPress
- Web Based Certification
- P.L. 111-216

- Challenges for All
Budget Woes

• Aeromedical Certification Division
  – Avoided sequestration
  – Down ~ 10% in personnel
  – Hiring freeze
  – Training time

• Regional Flight Surgeon involvement ↑
MedXPress

- Online Medical Application Form 8500-8
- [https://medxpress.faa.gov](https://medxpress.faa.gov)
- Mandatory since 1 October 2012
- Log-in, Password, Application ID#
- AME can view with App ID#
- Stored 30 / 60 days
- Future improvements – working with FAA
MedXPress

• Print Copy before submission
  – Bring with you to AME
  – Save for next application
• Can modify or supplement in AME office
  – Changes in medical condition, MD visits
  – Forgotten items, new documents
• Only Demographics pre-populated on form
Web Based Certification

• Switch to Web based system –April 2013
  – Changed IT support group
  – Not involved with development
  – Throughput in June ~25% of normal
  – Delays of 6-12 weeks in review

• Critical to have *real good* AME
  – Call FAA to issue certificate, avoid delays
Good News

• “CACI’s” – AME Authority
• Sleep Apnea
• Heart Disease
• Antidepressant meds

• Reduced Certification Wait Times
CACI’s

• “Conditions AMEs Can Issue!”

• 18 conditions
• Do not require prior FAA clearance
• Do not require Special Issuance
• Specific documents and protocols
• AME knowledge/willingness is critical
Non-Cancer Conditions

- Arthritis
- Asthma
- Hypertension
- Pre-diabetes;
- Hepatitis C - chronic
- Hypothyroidism
- Glaucoma
- Migraine headaches

- Solitary kidney stones without retained stone
- Carotid artery disease
- Chronic GI diseases
  - irritable bowel syndrome
  - Crohn’s disease
  - Ulcerative colitis
Cancers

- Colon
- Bladder
- Prostate
- Renal
- Testicular
- CLL**
- Lymphomas**
- Hodgkin’s Disease

- Others????
  - Deep Venous Thrombosis
  - Pulmonary Embolus
  - Obstructive Sleep Apnea
  - Atrial Fibrillation
  - Paroxysmal Atrial Tachycardia
  - HIV
Sleep Apnea

• Single split sleep study allowed for CPAP
• Surgery & dental device require repeat PSG
• Eliminated MWT requirement
• Compliance chip download required
• 7-14 days observation period
• Annual compliance report for renewal
Heart Disease

• Angioplasties – Arthrectomies – Stents
  – Wait period reduced to 3 months
  – Exceptions – Bypass grafts and Left Main

• Pacemaker Battery Replacement
  – Reduced from 2 months to “wound healed”

• Risk Factor Assessment
  – Smoking, Diabetes, Obesity, Cholesterol, BP
Antidepressant Medication

• 3 groups of pilots Previously
  – Happy but grounded
  – Sad but flying
  – Nervous and lying

• FAA Policy Change April 2010
  – Celexa, Prozac, Zoloft, Lexapro - > 12 months
  – Extensive testing/documentation annually – now ↓↓↓↓
  – HIMS sponsor AME – Federal Air Surgeon review
  – Very high hurdles – coming down
  – Long wait times – may be shortened
  – May add Wellbutrin to allowed medications
FAA Standards - Psychological

• Counseling
  EAP, Clergy and CIRP – Not reportable
  Family/ Marital Counseling – Not reportable*

• ADD / ADHD – DQ (some exceptions)

• Psychoses and Bipolar – DQ – No Waiver

• Personality Disorder – No overt acts
Strategies to Keeping Medical

• Long-term AME relationship
  – “Easy” not always Best

• Prepare for Physical exam
  – Medical records/summaries available
  – Prescreen medications / conditions
  – Schedule early in month due
Strategies to Keeping Medical

• Day of Exam
  – Don’t go if sick (OK to let lapse)
  – Minimal Caffeine
  – Athletes – jog in place before ECG
  – Bring Special Issuance Authorization letter
  – Bring glasses and hearing aids
“Executive Physical Exams”

• Often well-intentioned bad idea
• Screening value depends on population risk
• FAA implications of testing
• Disability / Loss of License policies

• Key is risk-based, targeted screening
Summary

- Optimize health
- Complete documentation
- Honest reporting
- Timely submission
- Aeromedical expertise
Fly Safely, Stay Healthy!

A man too busy to take care of his health is like a mechanic too busy to take care of his tools.

- Spanish proverb
Aviation Medicine Advisory Service ©
a Division of
Virtual Flight Surgeons® Inc.

9800 S. Meridian Blvd., Suite 125
Englewood, CO 80112
866 – AEROMED
www.Aviationmedicine.com