



*The Leader In Recreational Aviation*

## Chapter 736 Newsletter for June 2014

### Special Meeting Schedule

It has been decided to have meetings **on June 30th and July 14th both at 6:30 p.m.** at the Pittsfield Municipal Airport, Curtis Air hangar to finalize the fly-in proceedings. We'll then meet as needed during the week to finish up as needed.

### From Flying Magazine:

#### AMA Vote Reveals Dirty Secret of 3rd Class Medical

From a pilot's perspective, the enemy of positive change is self-interest and bureaucracy, and both were well represented during this week's meeting of the American Medical Association (AMA) in Chicago. At this gathering of delegates, an AMA committee voted to oppose the **FAA's proposed driver's license medical** by directing lobbying efforts in Washington, D.C., to defeat the rule change.

As you probably know already, the change in the FARs would allow pilots to practice the privileges now afforded by a third class medical certificate to demonstrate their fitness with a current state-issued driver's license. *Flying* has long supported such liberalization and has encouraged member organizations, including the AOPA, EAA and GAMA, to stand behind the change, which they have.

The final AMA vote, which took place just hours ago, was based on testimony from a variety of experts. *Flying* reader, pilot, physician and AMA delegate Dr. Dan McCoy, who participated in the process, told *Flying* there were just two experts who supported the adoption of the driver's license medical, himself and one other pilot, and that both the military and aerospace groups of the AMA strongly opposed the FAA's proposed rule change.

The members who offered testimony in favor of opposition to the change cited arguments all too common in this ongoing debate. According to McCoy, these include:

1. That pilots operating under a driver's license medical would represent a danger to commercial aircraft, constituting a public health concern.
2. That AMEs frequently find unreported health issues during the certificate exam that would disqualify a pilot.
3. That a license is really an "unrestricted ticket" and that AMEs offer the last line of defense to make sure the skies are safe.

4. That most pilots are "infrequent fliers," which adds stress and puts them at greater health risk.

The tone of the discussion, according to McCoy's report, verged on disrespectful to pilots. One AME, he said, asked during his testimony, "Have you seen those guys hanging around the airport? You need *me* to make sure they are safe to fly." The comment, McCoy said, was greeted by laughter from those in attendance.

There was testimony in opposition to the AMA's recommendation, led by the Texas Delegation (represented by McCoy) and the Medical Student Section. McCoy said, "We testified on the need for an evidence-based decision and the need to foster a doctor-patient (airman) relationship."

McCoy also testified that it was not fair to pilots that the FAA medical branch often makes decisions about an airman's status without ever seeing the airman, in most cases even without input from the pilot's treating physician.

The AMA vote is disturbing but not shocking. The association represents physicians, and many AMA members are also medical examiners. The income these physicians earn from giving FAA medical exams can represent a sizable percentage of their income, a situation they understandably don't want that to change. If they were acting in the best interests of their patients, however, they would ask such questions as these: (*Flying's* views are in parentheses.)

1. Does the evidence point to pilot incapacitation as a factor in aircraft accidents? (*It does not. In fact, all evidence shows there is almost zero link between having a valid medical and pilot incapacitation.*)

2. Has the FAA used the model before, and has it worked? (*Yes, it has, in the Sport Pilot certificate. The model has worked perfectly with zero reported accidents associated with medical incapacitation that would have been spotted in an FAA third-class medical exam.*)

3. Just how effective is a third class medical examination? (*That's a harder question, but suffice it to say, there are any number of scenarios under which a pilot could pass the Third-Class exam with flying colors despite a disqualifying condition that wasn't caught. This is not to mention the fact that between medical exams, anything could happen to change the pilot's health status, with no mechanism in place for the AME or the FAA to monitor the condition or do anything about it.*)

The bottom line here is that the AMA did what the AMA does, protect the interests of its members, who are physicians. In this matter, as is often the case, it was the financial interest of its members the AMA was protecting. Unfortunately, it just so happens that it was also voting to add to the health care burden of patients while offering almost no associated benefit to them. So it was business as usual, it's sad to say.

Shame on the AMA.

## **House approves \$15.7 billion for FAA**

The House of Representatives on June 10 voted to give the FAA \$15.7 billion for the 2015 fiscal year. The measure includes several GA-friendly provisions and represents a small increase over the agency's \$15.6 billion 2014 budget.

### **The House bill would prohibit the imposition of new aviation user fees and would prohibit the FAA from charging fees for digital navigation charts.**

Another provision directs the FAA to use funds to support the Small Airplane Revitalization Act, which focuses on streamlining certification of small aircraft.

The House bill includes modest funding increases for other programs important to GA as well. Under the bill, the FAA would have \$252.2 million for implementing ADS-B, up from the \$247.2 million the FAA requested. ADS-B implementation is a key component of NextGen modernization.

The FAA also would have \$6 million for continuing research and testing of alternatives to leaded avgas, up from \$5.7 million requested by the president. And the agency would have \$103.6 million to continue developing the Wide Area Augmentation System (WAAS). WAAS provides increased GPS accuracy, making precision approaches possible at airports without requiring expensive and hard-to-maintain ground-based equipment.

The House bill also would give the FAA \$140 million for the contract tower program, including \$9.4 million for a cost-sharing program. Contract towers are common at smaller and mid-sized airports and have been proven a cost-effective way to manage air traffic.

Last week, the Senate Appropriations Committee approved its own version of the spending bill, which would give the FAA \$15.86 billion for the 2015 fiscal year. That version is awaiting approval from the full Senate.

Once that happens, a conference committee made up of members of Congress from both chambers will reconcile the differences in the House-passed and Senate-passed bills before sending a final version to the President for his signature.

## **NextMeeting**

See the beginning entry for upcoming meeting details.