

MEDICAL REFORM



IS REAL

BASICMED RULE PUBLISHED IN JANUARY,
TO TAKE EFFECT IN MAY

YEARS OF EFFORT BY EAA AND AOPA

culminated in January when the FAA published its updated regulations, known as BasicMed, which will implement the aeromedical reform law passed last July. The regulations will take effect on May 1, 2017. Because it is final, the rule was not released for a typical public comment period. The FAA also published an advisory circular, AC 68-1, describing the rule's implementation.

The details of the rule are laid out in the sidebars, but what it boils down to is this: As long as you've had an FAA medical within the last 10 years, you can fly recreationally using a valid driver's license in lieu of a medical certificate. To stay legal, you'll need to take a free online medical education course every two years, and see any state-licensed doctor every four years. That doctor will have to run through and sign a checklist that you'll keep in your logbook until your next visit is due.

"This is the moment we've been waiting for, as the provisions of aeromedical reform become something that pilots can now use," said Jack J. Pelton, EAA CEO and chairman. "EAA and AOPA worked to make this a reality through legislation in July, and since then the most common question from our members has been, 'When will the rule come out?' We now have the text and will work to educate members, pilots, and physicians about the specifics in the regulations."

During EAA AirVenture Oshkosh 2016, Sen. James Inhofe (R-Oklahoma), the author of the Pilot's Bill of Rights 2 legislation that evolved into the aeromedical reform law we have today, praised EAA's advocacy efforts. "I am grateful for the strong and consistent voice of EAA members who shared why third-class medical reform is necessary," he said. "I want to thank Jack Pelton, CEO and chairman of the Experimental Aircraft Association, and his team for their leadership and support from the beginning and all their work to educate my colleagues in Congress on issues that affect pilots."



WHAT AND WHERE CAN I FLY?

- Aircraft not more than 6,000 pounds max takeoff weight.
- No more than five passengers.
- For recreation, not for compensation or hire, though flight instruction is allowed.
- Within the United States, at less than 250 knots and at or below 18,000 feet MSL, VFR or IFR, day or night.



WHAT DO I HAVE TO DO?

- Hold a valid U.S. driver's license.
- Carry your driver's license with you when you fly.
- Have a medical certificate issued by the FAA at any point after July 15, 2006.
- Answer questions on the Comprehensive Medical Examination Checklist (CMEC).
- See any state-licensed physician once every four years, and have him or her complete the CMEC.
- Complete a free online medical course every two years.

MARCH 2012

EAA and AOPA petition the FAA to give pilots who fly recreationally the option of getting a third-class medical or, instead, participating in a recurrent online education program that will teach them how to self-assess their fitness to fly.

DECEMBER 2013

Rep. Todd Rokita (R-Indiana) introduces the General Aviation Pilot Protection Act (GAPPA), which includes third-class medical certification reform language. A companion measure was subsequently introduced in the Senate.

AUGUST 2014

FAA Administrator Michael Huerta announces at EAA AirVenture Oshkosh that more than 16,000 comments were received regarding the EAA/AOPA petition and a rule would be released for public comment by fall 2014.

JUNE 2012

The FAA opens the petition for public comment for three months, through mid-September 2012.

JUNE 2015

Sen. Joe Manchin (D-West Virginia) and Sen. John Boozman (R-Arkansas) offer a third-class medical certification reform amendment to a Senate transportation bill.

JULY 2015

At AirVenture, Huerta announces that the EAA/AOPA petition is still awaiting final action from the Department of Transportation to advance to the rulemaking process. EAA also fires back at the Air Line Pilots Association (ALPA) regarding a letter opposing aeromedical reform, which ALPA sent to all senators.

SEPTEMBER 2015

The Pilot's Bill of Rights 2 gains a Senate supermajority, surpassing 60 Senate co-sponsors.

FEBRUARY 2016

House Transportation and Infrastructure Committee Chairman Bill Shuster (R-Pennsylvania) introduces the House version of an FAA reauthorization bill that includes medical reform language similar to that contained in GAPPA. The bill passes out of committee but never makes it to a floor vote.

FEBRUARY 2015

Sen. Jim Inhofe (R-Oklahoma) introduces the Pilot's Bill of Rights 2 in the U.S. Senate, which includes third-class medical reform language similar to previous GAPPA bills and more extensive than that requested in the EAA/AOPA petition for exemption.

APRIL 2016

Inhofe includes Pilot's Bill of Rights 2 provisions in the Senate's FAA reauthorization bill, which passes the Senate 95-3.

JULY 2016

With FAA authorization set to expire, the House and Senate agree to a 14-month authorization extension with some broadly agreed-to policy implementation, including medical reforms contained within the Pilot's Bill of Rights 2.

DECEMBER 2015

The U.S. Senate passes the Pilot's Bill of Rights 2 on a bipartisan vote after extensive negotiation with Commerce, Science, and Transportation Committee members and Senate leaders over third-class medical certification reform. The bill is sent to the House.

JULY 11, 2016

The House passes the FAA extension and medical reform.

JULY 13, 2016

The Senate passes the FAA extension and medical reform.

JULY 15, 2016

President Obama signs the FAA Extension, Safety, and Security Act of 2016, making medical reform law.

MAY 1, 2017

BasicMed to go into effect.

JANUARY 10, 2017

The FAA publishes its final rule, announcing changes to Medical Certification of Small Aircraft Pilots, known as BasicMed.

TIMELINE

SIMPLICITY

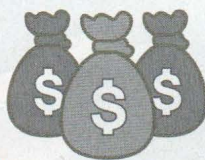
Thanks to third-class medical reform, many pilots who have held a valid medical certificate in the past 10 years will never have to see an AME or hassle with FAA paperwork again.



EAA
GETS IT
DONE

SAVINGS

By removing the need for constant medical and special issuance renewals, third-class medical reform saves pilots significant time and expense.



Additionally, many EAA members have reached out to share their enthusiasm. Steve Engelking, EAA 244968, of Longmont, Colorado, wrote, "Thank you so much to Jim Inhofe for getting this through Congress and passed into law. Three cheers for this heroic effort!"

Stewart Barnes, EAA 761379, of Anchorage, Alaska, is also celebrating BasicMed, calling it "Simpler, cheaper, more efficient." He went on to say that, "The FAA third-class and [special issuance] never did anything to make me safer, healthier, or a better pilot. It had zero value yet it cost me money and my doctor's time to jump through the hoops. Not anymore!"

January's publication finalized the highly anticipated measure that was signed into law in July of 2016 as part of an FAA funding bill. That was the ultimate success of a long effort by EAA and AOPA to bring significant aeromedical reform to pilots flying recreationally and eliminate the time and expense burdens on those holding third-class medical certificates.

The law guaranteed that pilots who held a valid third-class medical certificate during the period after July 15, 2006, will be eligible to fly under the new rules. New pilots and pilots whose most recent medical expired prior to July 15, 2006, will be required to get a one-time third-class exam from an FAA-designated aviation medical examiner.

The FAA was required to implement the law within 180 days of its signing, a deadline that it met with one day to spare. Despite the release of the regulations as a final rule, EAA is reviewing the language carefully to ensure it fully reflects the language and intent of the law.

Aeromedical reform has been a top advocacy priority of EAA members for a number of years, and led to EAA and AOPA initially petitioning the FAA for changes in the third-class medical certification process. The goal was to reduce the unnecessary regulatory and expense barriers that pushed aviators out of recreational flying and kept prospective pilots from entering the aviation community.

EAA has updated its online FAQs and will continue to update them to provide the latest information on aeromedical reform. EAA is also working with its aeromedical and legal advisory councils to provide resources that will help members and their personal doctors understand the provisions of the new regulations. **EAA**

SAFETY

Third-class medical reform will allow pilots to treat underlying medical conditions with their personal physicians and continue to fly the type of aircraft in which they are most experienced.

ADVOCACY

EAA could not have pushed medical reform through Congress without your continued support. Thousands of EAA man hours and ongoing relationship building went into getting this done. Your membership, and our community, makes a difference.

THE COMPREHENSIVE MEDICAL EXAMINATION CHECKLIST (CMEC)

The CMEC will have two parts: questions to be answered by the pilot in advance of the exam and a list of items for your doctor, any state-licensed physician, to include in the examination. The questions will include basic identifying information like name and address, date of birth, a short medical history and list of current medications, and information about whether you've ever had an FAA medical certificate denied, suspended, or revoked.

The list of items for the doctor to cover in the examination are now part of the third-class medical exam and are typical to those found in any routine physical. These items include:

- Head, face, neck, scalp
- Nose, sinuses, mouth, throat
- Ears and eardrums
- Eyes
- Lungs and chest
- Heart
- Vascular system

- Abdomen and viscera
- Anus
- Skin
- Genitourinary system
- Upper and lower extremities
- Spine, other musculoskeletal
- Body marks, scars, tattoos
- Lymphatics
- Neurologic
- Psychiatric
- General systemic
- Hearing
- Vision
- Blood pressure and pulse

And anything else the physician in his or her medical judgment considers necessary. The doctor will have to indicate that he or she has made the necessary checks, and both the pilot and doctor will need to sign the form. Then you put the form in a safe place and get back to flying.