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CONGRESS EASES MEDICAL REQUIREMENTS FOR PILOTS OF SMALL AIRCRAFT

A watershed moment for pilots of light aircraft occurred on July 15, 2016, when the President signed into law a major easing of medical certification requirements for light-aircraft pilots. This change was part of a periodic FAA Extension Act, and has major implications for pilots of small aircraft, who are relieved of some burdensome obligations of medical license compliance. The law instructs the FAA to issue regulations within 180 days implementing the new rules, and does not have practical effect until these regulations are finalized.

PRIOR LEGISLATION

Under prior law, exercising the privileges of a private-pilot license required the pilot to hold a current “Third Class” (or greater) medical certification, which required physical evaluation by an Aviation Medical Examiner every 24 months (for pilots age 40 and older), or every 60 months (for those under 40). As discussed below, the new rule makes it possible for many pilots to continue flying, while never getting another Third Class medical certification.

OPERATIONAL LIMITATIONS OF EASED REQUIREMENTS

In order to take advantage of the relaxed rule: (1) the aircraft must have a maximum occupancy less than 7 and a maximum takeoff weight less than 6,001 pounds; (2) the flight must not involve transportation for compensation or hire; (3) the flight altitude cannot exceed 18,000 above mean sea level; (4) the flight speed cannot exceed 250 knots; and (5) the flight cannot be outside the United States, unless authorized but the country in which it is conducted. Night flying is permitted, as are flights under instrument flight rules.

HOW TO FLY UNDER THE NEW RULE

The new rule authorizes operations by pilots who: (1) hold a current, valid United States driver’s license, and comply with of medical requirements and restrictions of that license; (2) hold, or have held within the prior 10 years, an FAA third class (or greater) medical certificate, which has not been revoked, suspended or withdrawn; (3) have not been denied on their most recent completed application for an FAA medical; (4) if they have been diagnosed with a medical condition that may impact ability to fly, they are under the appropriate care and treatment of a physician; (5) within the prior 48 months have passed a newly defined “comprehensive medical examination” with a state-licensed physician (who generally will not be an Aviation Medical Examiner); and (6) within the prior 24 months have completed an FAA medical “education course.” The law newly defines the procedure of a “comprehensive medical examination,”



along with a checklist of areas for the physician to examine, and calls for the physician to exercise “medical discretion” in determining whether or not the pilot has any “medical condition that, as presently treated, could interfere with the individual’s ability to safely operate an aircraft.” The aviation community will need to engage in outreach to educate physicians in how to evaluate medical fitness for air operations, as most physicians lack experience with the physical and mental requirement of pilotage. The general renewal period for a comprehensive medical examination is 48 months, but it is reduced to two years for certain individuals with clinically diagnosed neurological or mental health conditions.

Another newly created procedure is the medical “education course” for airmen, which the new law instructs will: (1) be available for free over the Internet; (2) be developed and updated through coordination among not-for-profit general aviation stakeholder groups; and (3) serve to educate pilots on how to evaluate and ensure their own physical and mental fitness for air operations, as well as to police their own compliance with pertinent regulations.

CONCLUSION

The easing of medical requirement for light-aircraft pilots is a much hoped for, and fought for, change, the advantages of which will include: lighter compliance costs, both for the government, and for airmen; a boost to the general aviation industry as fewer pilots and potential pilots are discouraged from flying; and mitigation of the impact of an aging pilot population. This article is not a full treatment of airman medical issues, and covers only the most significant aspects of the new legislation, which also includes other helpful provisions, such as hastening the process for FAA determinations upon medical special issuance requests, and special considerations for pilots with cardiovascular medical conditions. This article discusses the rules set out in the new legislation. However, those rules will only have force through regulations issued by the Department of Transportation, and no action should be taken prior to reading and understanding such future regulations.

July 18, 2016

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This article provides an introduction to a complex, and often ambiguous, area of law. Knowledgeable people may disagree as to outcomes in particular cases. Always consult with your advisor.

