

BasicMed: Medical Certification for the Private Pilot Using a Physician of Their Choice

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Abstract

Prior to May 1, 2017, private pilots were required by the Federal Aviation Authority (FAA) to obtain their medical certification from a designated Airman Medical Examiner (AME). Subsequent to this date the AME option is still available; however pilots may also elect to receive medical certification to fly by using a physician of their choice. A comparison between the AME process and this new option the FAA calls BasicMed is presented, along with an approach the primary care physician may take when asked to medically certify a pilot.

Introduction

On July 15, 2016, President Obama signed The FAA Extension, Safety, and Security Act of 2016 (FESSA).¹ In this legislation, Section 2307 provides most private pilots, student pilots, recreational pilots, and under certain circumstances — flight instructors — an option to obtain their medical approval for flying from a physician of their choice. This alternative, called BasicMed, was implemented by the Federal Aviation Authority (FAA) on May 1, 2017.

This choice is only applicable to private pilots. Individuals flying commercially require a Class Two Certificate and those who require medical certification for airline operations require a Class One Certificate. These two classes of individuals still need to be certified by an Airman Medical Examiner (AME).

SUMMARY OF THE ONLY OPTION FOR PRIVATE PILOTS PRIOR TO MAY 1, 2017

Private Pilots under the age of 40 had to obtain a Class Three Medical Certificate every 60 months and those over 40 every 24 months from an FAA designated AME. AMEs are physicians who have initially taken a one-week FAA training seminar followed by periodic refresher courses. When a pilot presents for a medical certificate, the AME reviews the applicant's history and completes a physical exam as defined by the FAA. Upon completing these tasks, the physician signs an attestation statement certifying that the individual does or

does not meet the applicable standards as defined in the relevant code of federal regulations. Typically, if the requirements are met, a standard certificate is issued and this occurs approximately 95 percent of the time. When requirements are not met, sometimes a restricted certificate can be issued, or else no certificate is issued at all.

Individuals requiring a Class Three Medical Certificate still have the option to obtain their certificate from an AME, however after May 1, 2017 they may use BasicMed in lieu of the AME process. If the pilot opts for BasicMed, the individual and certifying physician must meet the following requirements:

SUMMARY OF BASICMED FOR THE PILOT

1. The applicant must have a valid state issued driver's license and abide by any restrictions on it, such as "corrective lenses" or "daylight only".
2. The applicant must have had an FAA medical certificate that was valid at any time after July 15, 2006, and the most recent application for a medical certificate was not denied, revoked, suspended, or withdrawn.
3. The applicant will need to have gone to an AME for a flight physical and subsequently received a Special Issuance Medical Certificate (SI) from the FAA if the individual had any of the following conditions:

Cardiac:

- Myocardial Infarction
- Coronary Artery Disease Requiring Treatment
- Cardiac Valve Replacement
- Heart Replacement

Mental conditions:

- Personality Disorder
- Psychosis
- Bipolar Disorder
- Substance Dependence

Neurological:

- Epilepsy
- Disturbance of Consciousness without Satisfactory Medical Explanation of Cause
- Transient Loss of Control of Nervous System Functions without Satisfactory Medical Explanation of Cause

Once applicants have received the SI they can elect to use BasicMed for subsequent certifications.

4. Aircraft and flying restrictions: The aircraft can carry no more than six people, have a ceiling of no more than 18,000', a gross takeoff weight of no more than 6,000 pounds, and have a true air speed of no more than 250 knots (288 miles/hour). Day and night flying, as well as instrument flying, is permitted as long as the pilot and aircraft have the appropriate training and equipment. These parameters are quite liberal considering what most private pilots fly, and approximately 90 percent of the aircraft in the general aviation fleet are in this category. Generally, private pilots cannot fly for compensation, although they can fly as an incidental part of their own business or share expenses with passengers. These compensation restrictions are identical to those of pilots receiving a Class Three AME certification.

5. Every 48 months, the applicant needs to answer the questions on the FAA's Comprehensive Medical Evaluation Checklist² (CMEC) available at https://www.faa.gov/documentLibrary/media/Form/FAA_Form_8700-2_.pdf, and have a physician complete the CMEC exam. Both applicant and physician must sign the declaration statement. If an applicant has any medical condition that could affect safe flight, he or she needs to be treated by a physician. The CMEC is not forwarded to the FAA, but it needs to be produced if requested.

6. Every 24 months, the applicant must take an online course encompassing medical aspects of flying. Medical self-assessment, mitigation strategies for medical conditions, medication usage, encouraging periodic visits to a primary care physician, information on prohibitions on flying during a medical deficiency, and a health check-sheet to refer to if you have any doubt about your fitness to fly in a given day are among the items covered. After completing the course, the applicant consents to a national driver's registry check, provides the name, license number, address, and phone number of the physician whom the applicant is using for his or her medical certification exam, and signs an attestation statement. Course certification must be forwarded to the FAA, and a certificate copy needs to be kept by the applicant.

SUMMARY OF BASICMED FOR THE PHYSICIAN

Certifying Exam: Every 48 months the individual downloads the FAA's CMEC. This contains information and instructions for both the applicant and physician, a description of the History and Physical (H&P), and attestation statements for both applicant and physician. With their portion of the checklist completed, applicants go to a licensed physician of their choosing. Although the FAA does not define physician, it states that practitioners who do not hold a MD or DO degree would not be expected to have the breadth of training for a BasicMed medical examination.³ The doctor reviews the history and completes the exam. After completing the exam, in order for the applicant to use this examination for medical certification to fly, the physician must sign the physician declaration statement: *"I certify that I discussed all items on this checklist with the individual during my examination, discussed any medications the individual is taking that could interfere with his or her ability to safely operate an aircraft or motor vehicle, and performed an examination that included all of the items on this checklist. I certify that I am not aware of any medical condition that, as presently treated, could interfere with the individual's ability to safely operate an aircraft."* As this verbiage is specifically required by the FESSA legislation, the FAA cannot modify it by its rule making authority. There is no requirement for the CMEC to be forwarded to the FAA; however, the pilot needs to be able to produce it if requested by the FAA.

This required declaration by the physician does not attest to individuals meeting a set of standards as required by predefined federal regulations regarding eyesight, blood pressure etc. Rather it attests that individuals do not have any medical condition that as presently treated could be problematic to safely flying an airplane. This is different from the AME attestation statement. The examining AME does not certify an applicant safe to fly a plane, but rather that the applicant meets defined physical standards as described in the applicable Code of Federal Regulations. The FAA informed its AMEs that the decision of an AME to participate in BasicMed would be outside of their AME Designation, and that the AME should check with their insurance carriers.

TO CERTIFY OR NOT TO CERTIFY — THAT IS THE QUESTION

If, to the best of your knowledge, your applicant is perfectly healthy, has no physical limitations whatsoever, does not use any prescription, over-the-counter, or illicit drugs, and has a properly completed and negative BasicMed H&P, one could surmise his/her

ability to safely operate an aircraft from a medical perspective. In these circumstances, an AME would routinely issue a certificate. If, however, that is not the case for your applicant, and you remain unsure about certifying the individual to act as a pilot, there are four resources to help you make that decision. These references are recommended in the physician instruction portion of the CMEC:

1. *FAA Guide for Aviation Medical Examiners*.⁴ This is the basic reference used by AMEs, and it is considered the bible for certification purposes. The current guide can be searched online or downloaded under the “Resources” tab at https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/. This reference describes in detail the medical requirement for the different types of medical certificates, and has a list of “Conditions for which AME can Issue” which the FAA calls CACIs. These cover 17 common medical conditions, and if the applicant meets the applicable CACI criteria, a medical certificate can be issued. Although they are of a cookbook nature, this provides guidance to an AME when certifying an applicant outside of his/her primary specialty. The hypothyroidism CACI as it appears in the guide is presented as an example:

CACI – Hypothyroidism Worksheet (Updated 07/29/2015)

The Examiner must review a current status report by the treating physician and any supporting documents to determine the applicant’s eligibility for certification. If the applicant **meets ALL the acceptable certification criteria** listed below, the Examiner can issue. Applicants for first- or second- class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
Treating physician finds the condition stable on current regimen and no changes recommended	<input type="checkbox"/> Yes
Symptoms and signs	<input type="checkbox"/> None of the following: fatigue, mental status impairment, or symptoms related to pulmonary, cardiac, or visual systems
Acceptable medications	<input type="checkbox"/> Levothyroxine sodium (Synthroid, Levothyroid), porcine thyroid (Armour), liothyronine sodium (Cytomel), or liotrix (Thyrolar)
Normal TSH within the last one year.	<input type="checkbox"/> Yes



There is no statutory requirement that the examining physician certifying a BasicMed applicant use the CACI guidelines, however if the physician is unsure regarding certification because of a particular medical finding an applicable CACI can provide the guidance that the FAA requires of its AMEs.

There are also references in the manual for medical conditions, which require a SI from the FAA. These are situations that, in general, are of greater medical significance than those addressed by CACI. In these instances under the AME system, the examiner must initially defer the certification decision to the FAA. If the individual receives a SI from the FAA it is often time-limited and describes what medical evaluations must be done at the time of certificate renewal. If the applicant’s condition does not progress and the individual is otherwise qualified, the AME often can renew the certificate. With BasicMed, there is no statutory requirement for the certifying physician to use FAA Special Issuance criteria when certifying an individual. However like the CACIs they can serve as a guide to help one make a decision.

Note that if the applicant has a history of one of the mental, neurological, or cardiac conditions previously specified he/she is not eligible for a BasicMed certification unless the applicant has already received a SI for that condition. If such an applicant presents for certification without having this Certificate from the FAA, the individual should not be certified. Should the applicant wish to pursue certification, explain to the person that they will need to go to an AME. The AME will defer the application and the FAA may issue a SI after receiving the requested medical information. If the certificate is granted, they can use BasicMed for their next certification.

2. *The FAA Pharmaceuticals (Therapeutic Medications) Do Not Issue – Do Not Fly List*⁵

<http://www.faa.gov/go/dni> This reference contains a list of specific drugs and classes of medications that can be problematic when flying. If a medication has a precautionary warning, such as, “may cause drowsiness” or “be careful when driving a motor vehicle or operating machinery”, the FAA uses the five times rule to determine when it is safe to fly:

- Five-times the maximum pharmacologic half-life of the medication; or
- Five-times the maximum hour dose interval if pharmacologic half-life information is not available. For example, there is a 30-hour wait time prior to flying for a medication that is taken every four to six hours.

3. *The Aeronautical Information Manual*⁶

https://www.faa.gov/air_traffic/publications/media/aim.pdf Chapter 8 is devoted to medical information for the pilot, as opposed to describing the standards required for medical certification. There is a personal medical checklist an individual can use to determine their medical fitness for flight at a given time. Descriptions of physiological situations that a pilot can experience during flying such as hypoxia, motion sickness, flying at a significant altitude after diving, and visual illusions germane to aviation such as Coriolis false impressions, are among the subjects discussed. Familiarity with these topics provides the certifying physician with valuable background as to why certain medical conditions can be particularly problematic to a pilot, as well as particular challenges unique to piloting a plane.

4. *The FAA BasicMed Web Page*⁷

www.faa.gov/go/basicmed. This site has supplementary information for both pilot and physician, a FAQs page, and additional references.

At this point, there is no firm indication how many individuals in Delaware will use BasicMed. The FAA estimated 345 active private pilots and 308 active student pilots in Delaware as of December 31, 2016.⁸ The April 1, 2017 Airman Certification Database⁹ listed 447 individuals in Delaware with Class Three Medical Certificates. This database underestimates the total number of individuals with FAA Medical Certificates as one can request being excluded from this public file, however, some of the individuals included in it may not be active pilots.

SUMMARY

Pilots who have a long-term relationship with a personal, primary care physician may seek out that individual as opposed to an AME for their certification. The knowledge of the applicant’s medical history and the pilot’s response to any ongoing treatment that the personal physician is providing are valuable benchmarks to use in certifying an individual to fly. This, plus an understanding of the resources previously discussed, should help the primary care physician in rendering a decision that achieves the dual goals of making flying as safe as possible, and to concurrently allow private pilots to use their personal physician for certification in lieu of the AME process. █

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REFERENCES

1. The FAA Extension, Safety, and Security Act of 2016 (PL 114-190) Section 2307. Available at: <https://www.congress.gov/bill/114th-congress/house-bill/636/text>
2. FAA *Comprehensive Medical Evaluation Checklist*. Available at: https://www.faa.gov/documentLibrary/media/Form/FAA_Form_8700-2_.pdf
3. Final rule: Alternative Pilot Physical Examination and Education Requirements. Available at: <https://www.regulations.gov/document?D=FAA-2016-9157-0008>
4. *FAA Guide for Aviation Medical Examiners*. Available at: https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/
5. *FAA Pharmaceuticals (Therapeutic Medications) Do Not Issue – Do Not Fly List*. Available at: <http://www.faa.gov/go/dni>
6. *The Aeronautical Information Manual*. Available at: https://www.faa.gov/air_traffic/publications/media/aim.pdf
7. BasicMed FAA Webpage. Available at: https://www.faa.gov/licenses_certificates/airmen_certification/basic_med/
8. U.S. Civil Airmen Statistics. Available at: https://www.faa.gov/data_research/aviation_data_statistics/civil_airmen_statistics/
9. Airmen Certification Database. Available at: https://www.faa.gov/licenses_certificates/airmen_certification/releasable_airmen_download/