

# Aviation Rulemaking Committee '24

- **Charter: Provide recommendations that break down the barriers that prevent pilots and air traffic controllers from reporting and seeking care for mental health issues.**



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- **Make all conditions treated only with “talk therapy” not reportable**
- **Establish period of non-enforcement**
- **Minimize use of neurocognitive testing**
- **Evaluate use of ADHD meds**
- **Justify certification decisions to stakeholders**
- **Employ SMS principles in certification**
- **Consider society’s safety expectations**



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- **Publish practical guidance for applicants**
- **Improve AME training and oversight**
- **Incorporate mental health awareness training into job training and testing events**
- **Encourage use of dual pilot restrictions**



# FAA 2024 ARC Recommendations

| Number | Recommendation  |
|--------|---|
| REC1   | The FAA should change its policy and medical application instructions to allow pilots/controllers to participate in psychotherapy (talk therapy) without requiring disclosure during aeromedical screening. |
| REC2   | The FAA should develop a non-punitive pathway for reporting previously undisclosed mental health conditions, treatments, or medications.  |
| REC3   | Aviation stakeholders should develop, implement, and participate in effective Peer Support Programs (PSP) or enhance other existing programs.   |
| REC4   | The FAA should allow pilots/controllers working with a Peer Support Program to receive mental health professional care with less restrictive reporting and grounding requirements.                          |
| REC5   | The FAA should minimize the requirement for neurocognitive testing for pilots/controllers.  |
| REC6   | The FAA should revise the requirements for pilots/controllers on approved monotherapy antidepressants for the treatment of uncomplicated depression or uncomplicated anxiety.                               |
| REC7   | The FAA should evaluate the feasibility of permitting pilots/controllers with an ADHD diagnosis to use appropriate and acceptable medications while on duty.  |
| REC8   | The FAA should reevaluate its decision grid on PTSD to liberalize the criteria for issuing a medical certificate/clearance.   |



# FAA 2024 ARC Recommendations

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| REC9  | The FAA should ensure medical certification/clearance decisions are proportional to the aviation safety risks, and the supporting justification communicated to aviation stakeholders.                          |
| REC10 | Mental health screening functions should be performance based upon and managed within an SMS framework.   |
| REC11 | The FAA should establish a recurrent evaluation process to assess whether its policies, aeromedical screening protocols, and mental health risk controls are evidence-based and consistent with SMS principles. |
| REC12 | The degree of regulation and oversight related to pilot and controller mental health should mirror the demand for safety assurance framed within the safety continuum.  |
| REC13 | The FAA should publish practical medical certification/clearance guidance for applicants.   |
| REC14 | The FAA should modernize its information management systems.  |
| REC15 | The FAA should ensure that information and documentation made available to aviation stakeholders is correct and consistent.   |
| REC16 | The FAA should develop a templated electronic submission platform to reduce errors and omissions in information submitted to the FAA by AMEs.   |



# FAA 2024 ARC Recommendations

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| REC17 | The FAA should work collaboratively with aviation stakeholders to raise awareness of mental health.  |
| REC18 | The FAA should partner with aviation stakeholders to hold an annual summit on mental health.   |
| REC19 | The FAA should improve mental health training, quality assurance, and oversight of AMEs to improve mental health literacy.   |
| REC20 | The FAA should collaborate with aviation stakeholders and medical professionals to develop training courses on Aviation Mental Health.   |
| REC21 | The FAA should partner with aviation stakeholders to incorporate mental health literacy and awareness training in initial/recurrent training and/or checking/testing events.   |
| REC22 | The FAA should clarify whether it is empowered to issue medical certificates/clearances with operational limitations.  |
| REC23 | Non-governmental aviation stakeholders and mental health advocacy organizations should petition Congress to expand the Mental Health Parity Act to include affordable access to disability insurance benefits for mental health diagnoses. |
| REC24 | Aviation stakeholders should consider providing mental health disability insurance programs for their employees.   |

