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October 15, 2019

BY ELECTRONIC DOCKET ONLY
Nicole Harrison
Federal Aviation Administration, AAM-120
800 Independence Ave. SW
Washington, DC 20591

Re: Docket Number 2019-0599, Agency Information Collection Activities: Requests for Comments; Clearance of Renewed Approval of Information Collection: Medical Standards and Certification

To Whom It May Concern:

The Aircraft Owners and Pilots Association (AOPA) submits the following comments regarding the notice and request for comments about the FAA's intention to request Office of Management and Budget approval to "renew" an information collection involving information applicants must provide on an application for an FAA medical certificate. Our members collectively operate over 85% of all general aviation aircraft in the United States and represent two-thirds of all pilots, making AOPA the largest civil aviation organization in the world. More than 66,000 members of AOPA also participate in our Pilot Protection Services, which includes additional medical certification assistance as well as the AOPA Legal Services Plan. Our comments are as follows, and all text in italics is text from the Form 8500-8 and accompanying instructions:

First, the Federal Register notification indicates this Docket Number to be a "Renewed Approval of Information Collection." This is erroneous, as the FAA has materially revised Form 8500-8 since it was last approved by the Office of Management and Budget. The revisions significantly expanded the information collected by Form 8500-8 and, inappropriately, the purported scope and impact of the 14 CFR Part 67 regulations underlying the Form 8500-8. The FAA also did not provide screenshots of the online Form 8500-8 and drop down menus with docket materials through Regulations.gov or the Federal Register. The FAA's revisions added approximately 856 words to Form 8500-8 by including twenty new "additional instruction" text boxes which define words contrary to their plain meaning and provide confusing and misleading examples to be referenced by airmen which list conditions that are not listed as disqualifying conditions in Part 67 of the Federal Aviation Regulations. The June 22, 2015 and September 16, 2015 Notice and Request for Comments in the Federal Register concerning Form 8500-8 were both silent as to these changes. The revisions also contradict the recommendations contained in the Government Accountability Office's April 2014 Report to Congressional Committees, number GAO-14-330, titled "FAA Should Improve Usability of its Online Application System and Clarity of the Pilot's Medical Form".

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Second, the FAA has failed with respect to the Form 8500-8 information collection on all counts. There are consistent issues highlighted in thousands of calls AOPA has received from its members related to medical application questions and deferrals by AMEs to the Office of Aerospace Medicine for a final determination, as discussed more detail below Disturbingly, (a) the scope of the information collection is not necessary for the FAA's performance required under Federal Aviation Regulations addressing medical certification, (b) the estimated average burden per response of 1.5 hours is grossly inaccurate by an order of magnitude, (c) the FAA has been apprised of ways to enhance the quality, utility and clarity of the information collection since before 2014 but has failed to make improvements, and (d) the burden could be minimized without reducing the quality of the collected information by following recommendations from a 2014 GAO report discussed below and properly soliciting industry comments. Clarity of Form 8500-8 and consistency with the Federal Aviation Regulations applicable to medical certification are desperately needed to enhance the quality, utility and clarity of medical information collection, as well as to minimize burdens on applicants and the FAA. The FAA appears to have materially changed its criteria for medical certification through revisions to definitions and instructions on Form 8500-8, which airmen access through the FAA's online MedXPress system. These poorly worded instructions and examples have (1) caused applicant confusion, even resulting in FAA enforcement actions alleging intentional falsification against airmen in such circumstances, (2) encouraged Aviation Medical Examiners (AMEs), the physicians who have physically examined applicants, to defer certificate issuance decisions to the FAA, and (3) exacerbated already unreasonable processing times for medical applications deferred to the FAA's Office of Aerospace Medicine for decision.

1. Confusing and Inaccurate Revisions to Information Collected

In early 2018, AOPA became aware that the FAA had recently added "additional instruction" drop-down boxes to Questions 18(a) through 18(y) on Form 8500-8 that provide definitions and examples to airmen that are, in many instances, unclear or inaccurately used when considered along with the question that the instruction is intended to clarify. Not only do these additional instructions lack clarity, they lack visibility. These additional instructions are easily overlooked by users, as they are provided in "drop down menus" that are hidden from view and only visible when a user "mouses over" and clicks on a "+" icon near the question. AOPA believes that many of these issues are the result of a lack of proper notice to the public and aviation community concerning the proposed changes.

These twenty new additional instruction boxes add a total of approximately 856 words to Form 8500-8. Yet, the Federal Air Surgeon contends that the 2015 Federal Register notices provided notice to the aviation community about these changes when the notices completely failed to do so. In an email to AOPA dated April 23, 2018, the Federal Air Surgeon took the position that "The FAA informed the public of its plans to make revisions and informed the public of its plan to seek

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OMB approval on its proposed revision. See … June 22, 2015 [80 FR 35695] and September 16, 2015 [80 FR 55711] Federal Register notices. The FAA did not receive any public input."

AOPA asserts that the FAA did not receive any public input because the notices did not detail any of the proposed changes to Form 8500-8. Rather, the September 16, 2015 notice specifically states that "The FAA is seeking comments only about the burden associated with the information collection activity under OMB Control Number 2120–0034. As such, any comments received that cite this notice but are outside of the scope of the collection activity under OMB Control Number 2120–0034 will not be addressed."

As a result of the failure to provide proper notice to the public and to solicit material comments, the FAA's additional instruction drop-downs have greatly increased the likelihood of mistakes and misunderstandings by airman concerning the information sought on the application, and have resulted in grave legal and medical certification consequences for some applicants.

While AOPA recognizes the need for the FAA to obtain information to determine the eligibility of applicants to hold an airman medical certificate, we expect that Form 8500-8 be as easily understood as possible, given the severe sanctions an airman faces if the information he or she provides on Form 8500-8 is deemed incorrect or inaccurate by the FAA, as 14 C.F.R. § 67.307(c) provides that the airman's medical certificate may be suspended or revoked. If the FAA alleges that an airman knowingly made a false statement on an application for a medical certificate, under 14 C.F.R. § 67.307(b) the FAA may suspend or revoke all airman, ground instructor, and medical certificates and ratings held by that airman. Moreover, the matter could be referred for criminal prosecution, with penalties including fines up to $250,000 and/or imprisonment up to five years.

In many cases alleging intentional falsification on Form 8500-8, the National Transportation Safety Board and its administrative law judges focus on the airman's subjective understanding of the question on the medical application and have stated "the Board is required to consider a respondent's subjective understanding of the question at issue when the respondent alleges that he or she misunderstood the question."[1]

Contrary to providing clarity, the additional instructions added to Questions 18(a) through 18(y) often conflict with the condition or history that is the subject of the question itself, and increase the likelihood of an airman misunderstanding the question. For instance, Question 18(k) requires a "Yes" or "No" response as to whether the applicant has any history of "Diabetes", but its associated additional instruction drop-down expands the scope of the question by including "Pre-diabetes", directing an applicant to check "yes" on a disqualifying condition question when the

[1] *Administrator v. Dillmon*, NTSB Order No. EA-5528 (2010).

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applicant does not, in fact, have the disqualifying condition:

> *k. Diabetes*
> *For example: Pre-diabetes, type I diabetes, or type II diabetes treated with insulin, medication (oral or injectable), and/or diet and exercise.*

An airman with a history of only pre-diabetes, who would have responded "No" to Question 18(k) on previous versions of Form 8500-8 that did not contain the additional instruction drop-down, must now check "Yes" to 18(k) because the question has now been expanded to include pre-diabetes. Likewise, consider Question 18(j), which now requires an airman who is "urinating frequently at night" to check yes to a question that asks only about *"Kidney stone or blood in urine."* Note that the 2014 GAO report mentioned above noted that "experts have said terms like "frequent," "abnormal," or "medication" aren't clearly defined:

> *j. Kidney stone or blood in urine*
> *For example: Kidney stone, kidney cancer, kidney transplant, blood in urine, chronic recurrent urinary tract infections, urinating frequently at night.*

AOPA is greatly concerned by these additional instruction drop-downs that vastly expand the scope of the question itself because many airmen may not even see realize these dropdowns exist, but will still be held accountable by the FAA for answering the question correctly.

If the airman does not click the "+" icon to view this additional instruction and therefore does not know that the FAA has expanded the scope of the question or changed its meaning through the language in the additional instruction, he or she may be exposed to allegations of making an incorrect, or even intentionally false, statement on the application. "For example, where an applicant admits that he or she did not read a question carefully, a law judge is still free to reject the applicant's testimony that he or she did not understand the question."[2]

To improve the quality, utility and clarity of medical information collection AOPA recommends that the FAA remove the additional information drop-downs and take appropriate action to do exactly what applicants, the NTSB, and the Government Accountability Office have long called upon the FAA to do: revise the questions on Form 8500-8. This is the action that the FAA should have taken in the first place, rather than taking a short cut by adding additional instructions to minimize known problems with the questions themselves.

[2] *Id.* at 12.

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The need to revise the questions on Form 8500-8 is best demonstrated by Question 18v on Form 8500-8. The instructions for this question are torturous, laborious, and contain substantive problems including improperly redefining commonly used terms to meanings different than those found in Merriam Webster's dictionary and common conversations. The question requires the airman to provide a yes or no response to the following:

> *v. History of (1) any arrest(s) and/or conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) history of any arrest(s), and/or conviction(s), and/or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.*

The issues created by this question are summarized in the 2014 GAO report:

> Many of the medical experts we consulted further suggested simplifying one question on the form; this question has also been examined by FAA officials. Specifically, the question on the form pertains to an applicant's arrests or convictions. For example, many experts (13 of 20) suggested simplifying the question. FAA's writing guidance suggests shortening sentence length to present information clearly or using bullets or active voice. ***In addition, FAA officials from the medical certification division used a computer program to analyze the readability of the question and discovered that an applicant would need more than 20 years of education to understand it.***[3]

Indeed, countless airmen have been before the NTSB and its administrative law judges in response to allegations by the FAA that the airman knowingly made a false statement when he or she answered Question 18v on Form 8500-8. In fact, the NTSB called for the FAA to "review the application form carefully, and amend it", stating the following in one decision[4] involving an airman who confused the requirements of Questions 18v and 18w when he answered Question 18w, which asks about a "history of nontraffic convictions":

> We recognize that the instructions that accompany the application, as quoted above, provide examples of nontraffic convictions that an applicant must report. However, the question on the form itself may be revised to solicit more clearly the information that the Administrator seeks.[14] In addition, the application is one for a *medical* certificate. It may behoove the Administrator to segregate medical- and health-related questions from other

[3] U.S. Gov't Accountability Off., GAO-14-330, FAA Should Improve Usability of its Online Application System and Clarity of the Pilot's Medical Form, at 27 (2014) (emphasis added).
[4] *Administrator v. Dillmon*, NTSB Order No. EA-5528 at 15 (2010).

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> questions, perhaps on a separate form. Overall, given the D.C. Circuit's opinion in this case, the Administrator may wish to take this opportunity to review the medical certificate application form carefully, and amend it to avoid an applicant misconstruing a question as respondent claimed to have done in the matter before us. Unless, and until, the Administrator does so, certain cases may very well require a detailed factual determination by the law judge in ascertaining whether a respondent intended to answer a question falsely.
>
> Footnote 14 states: For example, the Administrator may clarify the application by asking whether an applicant has ever been arrested, and, if so, what the outcome of the arrest was.

Despite the recommendations of the NTSB and the GAO, the FAA has not improved the language of Form 8500-8 or Question 18v, even though the agency could do so. Instead, for Question 18v the FAA chose to add an additional instruction dropdown (approximately 327 words), to supplement the existing instructions for this question (approximately 288 words) found on the main instruction page, resulting in about 615 words of instruction. For a point of comparison, consider that Op-Ed essays published in the New York Times "typically run from 400 to 1,200 words"[5]. The 288 words of instruction that already existed for Question 18v state the following:

> *Arrest, Conviction and/or Administrative Action History – Letter (v) of this subheading asks if you have ever been: (1) arrested and/or convicted (which may include paying a fine, or forfeiting bond or collateral) of an offense involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug; or (2) arrested, convicted and/or subject to an administrative action by a state or other jurisdiction for an offense for which your license was denied, suspended, cancelled, or revoked or which resulted in attendance at an educational or rehabilitation program. Individual traffic arrests and/or convictions are not required to be reported if they did not involve: alcohol or a drug; suspension, revocation, cancellation, or denial of driving privileges; or attendance at an educational or rehabilitation program. If "yes" is checked, a description of the arrest(s), and/or conviction(s), and/or administrative action(s) must be given in the EXPLANATIONS box. The description must include: (1) the alcohol or drug offense for which you were arrested and/or convicted or the type of administrative action involved (e.g., attendance at an alcohol treatment program in lieu of conviction; license denial, suspension, cancellation, or revocation for refusal to be tested; educational safe driving program for multiple speeding arrests and/or convictions, etc.); (2) the name of the state or other jurisdiction involved; and (3) the date of the arrest(s), and/or convictions and/or administrative action(s). The FAA may check state motor vehicle driving licensing records*

[5] *How to submit an Op-Ed essay*, N.Y. Times, https://help.nytimes.com/hc/en-us/articles/115014809107-How-to-submit-an-Op-Ed-essay (last visited Oct. 14, 2019).

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to verify your responses. Letter (w) of this subheading asks if you have ever had any other (nontraffic) convictions (e.g., assault, battery, public intoxication, robbery, etc.). If so, name the charge for which you were convicted and the date of the conviction in the EXPLANATIONS box. See NOTE below.

The additional instruction drop-down text of about 327 words now adds the following language:

For purposes of this application: "Arrest" means being detained or taken into custody by any law enforcement or military authority for any reason related to a driving stop for suspected driving while intoxicated by, while impaired by, or under the influence of drugs or alcohol. List, for each arrest, the place, date, and circumstance (s) of the arrest. "Conviction" means any judgment of guilt based on a jury, court, or military verdict, a plea of guilty, or a plea of nolo contendre/no contest. Examples include, but are not limited to, assault, battery, disorderly conduct, domestic violence, driving under the influence, driving while intoxicated, murder, possession of drugs, public intoxication, reckless driving, etc. If you answer yes, you should report all misdemeanors and felony convictions regardless of the classification of the conviction and regardless of whether the conviction is pending on appeal to another court. List the charge(s) for which you were convicted, the date of the conviction, and the state, federal, military, or foreign court in which you were convicted. If a conviction has been reversed or vacated in a final judgment, state the date of the final judgment and the court that issued the final judgment. If the record of a conviction has been expunged, state the date that the record was expunged and the court that ordered the expunction. List, for each denial, suspension, cancellation, or revocation of your driver's license or driving privileges, the U.S. state, U.S. military base, or foreign country where the action occurred, the specific type of action taken (for example, the driver's license was denied, suspended, cancelled, or revoked, the date each action was taken, and the basis for the action.) Examples of educational or rehabilitation programs include, but are not limited to, anger management program(s), drug or alcohol treatment program(s), safe driving course(s), etc. List the type of educational or rehabilitation program you were required to attend as part of a criminal, civil, or military action, the entity that required you to attend, and the date(s) and place(s) of your attendance.

Word count is far from our only concern about the additional instruction drop-down for Question 18v, however, as these additional instructions improperly defy common sense and definitions commonly understood by applicants. For example, the additional instruction to 18v cited above states in part that "Arrest" means “being detained or taken into custody …” Accordingly, an individual who was driving, stopped by law enforcement, administered a breath test with a zero blood alcohol level (BAC) result, and then released would still be required to answer “YES” to Question 18v. Such an answer could result in the airman’s application being deferred until additional information in sought by the Office of Aerospace Medicine.

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The additional instructions for 18v also require that "If the record of a conviction has been expunged, state the date that the record was expunged and the court that ordered the expunction." Through this additional instruction, the FAA appears to be expressing a policy concerning expunged convictions that is not addressed in any agency guidance or orders. This is particularly concerning given that expungement orders may contain language such as "the proceedings shall be deemed never to have occurred" and that the individual "shall not have to disclose the fact of the record or any matter relating to it on an application for employment, credit, or other purpose." If the FAA is taking the position that these events must be disclosed regardless, it should directly address it in agency guidance, not hidden in a single sentence in an optionally viewed drop-down.

The need for revision, rather than just additional instruction drop-downs, is also evidenced by the current conflict between the language of Question 17 and the FAA's interpretation of what the question is asking about. Question 17 asks "Do You Currently Use Any Medication (Prescription or Nonprescription)?" An airman may have an open prescription for a medication but not be "currently using" it. However, AOPA is aware of FAA investigations alleging an airman failed to disclose a medication he or she was not currently using, but for which he or she did have a prescription. Even NTSB administrative law judges have noted the problem, with one judge stating the following in his Oral Initial Decision[6]:

> Basically, and I won't go through the Order of Revocation, but there were three areas on the medical application that need to be addressed, and one was Paragraph 17 that says, 'Do you currently use any medication, prescription or non-prescription?' For some reason, the Administrator, throughout these proceedings, has seemed to have adopted the position that if you have medicine that has been prescribed, you have to put it down on this application. That's not what the application says, it says 'currently use.'"

On appeal, the NTSB upheld the administrative law judge's decision in the case but noted that it disagreed with his interpretation of "currently use" based on a prior case where it found that an airman's use of a drug "was a recurrent and standard part of his treatment to the extent that a reasonable person would consider it a medication currently in use".[7] That case, however, involved an airman who filled prescriptions totaling well over 2,000 pills during the relevant time period, making it of questionable relevance to airmen who may have a prescription for a medication in minimal amounts and rarely or never take it.

Accordingly, the FAA should revise its question to accurately reflect the standard which the FAA will apparently adopt before the NTSB and its administrative law judges. Moreover, if the FAA

[6] *Administrator v. Finazzo*, NTSB Docket No. SE-18095 (2008).
[7] *Administrator v. Finazzo*, NTSB Order EA-5581 at n.7 (2011) citing *Administrator v. Evans*, NTSB Order No. EA-3679 (1992).

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is concerned about medications used by airmen, we contend that the FAA should implement NTSB safety recommendation A-14-92, which called for the FAA to "Develop, publicize, and periodically update information to educate pilots about the potentially impairing drugs identified in your toxicology test results of fatally injured pilots, and make pilots aware of less impairing alternative drugs if they are available." The Office of Aerospace Medicine has consistently resisted publicizing an official FAA list of medications – even though it is common knowledge that one exists that is regularly consulted and utilized by agency personnel. Since a pilot cannot consult the list beforehand, the FAA only reveals the acceptability of a medication after a pilot reports that the medication is currently being taken – leading to both confusion and distrust, and also preventing airmen discussing with their treating physicians alternative medication options that would not lead to FAA concerns.

AOPA contends that the FAA must take the appropriate steps, including notice and comment, to properly revise the questions on Form 8500-8. This is the same conclusion reached by the GAO when it completed its 2014 report, which specifically stated that FAA "officials noted that while they maintain a list of questions on the application form that pose problems for applicants, they do not make frequent changes, in part, because of the time and resources needed to complete a lengthy public comment and Office of Management and Budget (OMB) approval processes which, they say, can take up to two years."[8]

The GAO's recommendation is now about five years old, and the FAA has chosen to use the past several years to seek OMB approval of ad hoc changes to Form 8500-8, rather than properly fix the problems by revising the questions. AOPA agrees with the GAO's statement that "While it will take time and resources to improve the clarity FAA's medical application form, if left unchanged, the accuracy and completeness of the medical information provided by applicants may not be improved."[9]

2. Expansion of Decisional Authority by the Federal Air Surgeon

By increasing the scope of the questions on Form 8500-8 through the additional instruction drop-downs, the likelihood of an applicant answering "yes" to certain questions also increases, which in turn makes it more likely that the AME will defer to the Federal Air Surgeon the decision to issue or deny a medical certificate to the applicant. It appears the position of the Federal Air Surgeon is that FAA doctors in the Office of Aerospace Medicine, based solely on a review of paper medical records, are able to make a more informed clinical judgement of an individual's

[8] U.S. Gov't Accountability Off., GAO-14-330, FAA Should Improve Usability of its Online Application System and Clarity of the Pilot's Medical Form at 28 (2014).
[9] *Id*. at 29.

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fitness to fly than the AME who examined the individual, or the individual's own treating physicians.

We are aware of an example where an AME issued a medical certificate in a manner consistent with the FAA's guidance and eligibility criteria, resulting in the Federal Air Surgeon sending the AME an ominous letter stating that:

> "If you should encounter future cases where there may be some doubt as to the applicant's eligibility, may we suggest that you withhold certification and send the completed report, together with all pertinent data, to us for decision… Your assistance in such cases will avoid disappointment to the applicant and possible embarrassment to you when we are forced to reverse your decision."

This was coupled with ominous letters to the airman stating "If you choose not to voluntarily surrender your airman certificate to us for cancellation within fourteen days of receipt of this letter, we will have no alternative but to forward your case to our legal counsel's office for appropriate legal enforcement action against your certificate." However, while no legal enforcement action was ever initiated to revoke the airman's medical certificate issued by the AME, the conduct of the Federal Air Surgeon in this case will make it more likely that the AME will defer future decisions to the Federal Air Surgeon, even if not required by FAA guidance and eligibility criteria.

Deferred medical application decisions result in significant delays for the applicant, a situation that is made even more frustrating by the FAA's failure to provide any mechanism for AMEs to track the status of an airman's medical application once submitted to the FAA. Without this mechanism, the AME lacks the ability to provide updates to his or her patient, often adding a needless increase in workload for the FAA medical team when AMEs or airmen are left with no choice but to pick up the phone and call FAA personnel.

According to the 2014 GAO report, "approximately 10 percent of applications – or nearly 40,000 annually – are deferred to the FAA for further medical evaluation." Despite the alleged need for this process, the FAA nevertheless certificates 98.8% of all applicants[10].

3. Untenable Application Completion and Processing Times

Due to the poor wording of the Form 8500-8 and accompanying instructions, applicants take far longer than the purported 1.5 hours to complete a medical application. Compiling information such as the last three years of medical visits, which is required to answer Question 19, often takes longer than 1.5 hours for this one question alone! According to the FAA AME Guide, a "yes" response on Form 8500-8 will often result in the AME requiring additional medical history or records from the airman applicant. It takes hours for the applicant to gather the requested medical records and

[10] *Id.* at 7.

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the FAA can request additional records without limits, sending the airman into hours more of work to obtain and submit the records. An airman who is prepared and goes to the AME with records in hand often is asked to again submit the records separately to the FAA in Oklahoma City, which takes additional time.

AOPA members routinely report FAA decision timelines on Special Issuance medical certificates typically range from 90 days to more than a year. The Federal Air Surgeon could alleviate this problem by delegating more issuance/denial decisions to the physicians who actually examine the patients. When the Federal Air Surgeon takes the decision out of an AME's control and asks for additional information, the applicant is typically given 60 days to provide the requested information or risk "legal action or denial of the medical application."

These demands for additional medical information routinely require pilots applying for medical certification be extensively examined, undergo invasive testing, and to submit any medical history or additional information deemed necessary. These requirements are enforced over any objections of the pilot's treating physician and must be completed at the pilot's sole financial expense.

The sixty days typically provided for an applicant to respond to the FAA's demand is often not enough time to find a medical provider with an option schedule that permits the required appointments or tests to be conducted in the time provided, so many applicants are required to seek extensions of time, which are not guaranteed. When the applicant does submit the FAA requested supplementary information, it goes into an informational black hole for both the airman applicant and the AME. Once an airman submits the information, it is processed through the FAA mail room then forwarded to the scanning section, where it sits until it finally processed into the airman's medical record and entered into "workflow." Until that happens, no one at the FAA even knows the information requested has been provided.

AOPA has observed that the time to scan routinely ranges from 20-30 days, and it's unclear how long submissions sit in the mail room before entering the scanning queue. If a submission takes more than 60 days to get into workflow from the date of the FAA's request, the FAA will deny the applicant's application based on an alleged failure to provide the requested information. As a result, the pilot is denied medical certification even though he/she has provided the requested information within the requested timeline and AOPA has observed this happening on an increasingly frequent basis.

The GAO also noted timeline problems in its 2014 report, as the FAA provided an average of 62 working days to make a medical determination in December 2013 and footnote 29 to the report noted that the "FAA only measures the time that FAA's AMCD manually codes and enters applicants' information into its Document Imaging Workflow System (DIWS) to when it either makes a determination to issue or deny a medical certificate, or requests further information from

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the applicant." To add to the situation, the FAA can issue multiple and sequential requests for information to the same applicant.

4. Conclusion.

As set forth above, the FAA has wasted years in failing to implement changes that have been recommended since at least 2010 by the NTSB and 2014 by the GAO, and has improperly changed Form 8500-8 without adhering to legal requirements. Revisions are indeed needed to enhance the quality, utility and clarity of medical information collected through Form 8500-8, and these improvements can be readily achieved through revision of the questions. The NTSB and the GAO have long recommended that the FAA conduct such revisions, however, the FAA has fallen far short of meeting these recommendations and wasted time by taking ad hoc measures hidden from the public to avoid the hard work of making proper, legal revisions. It is AOPA's position that the FAA should immediately undertake the process to make such revisions and ensure the public and aviation community is included in this process. We appreciate the opportunity to provide comments on Form 8500-8. Please do not hesitate to contact us if you have any questions. Thank you.

Sincerely,

Kenneth M. Mead
General Counsel