AMENDMENT TO RULES COMMITTEE PRINT 118–11

OFFERED BY MS. JACKSON LEE OF TEXAS

Strike section 328 and insert the following:

1	SEC AVIATION MEDICAL INNOVATION AND MOD-
2	ERNIZATION WORKING GROUP.
3	(a) In General.—Not later than 120 days after the
4	date of enactment of this section, the Administrator shall
5	establish the Aviation Medical Innovation and Moderniza-
6	tion Working Group (in this section referred to as the
7	"Working Group") and appoint members of the Working
8	Group in accordance with subsection (b).
9	(b) Membership.—
10	(1) Number.—The members of the Working
11	Group shall not exceed 20 individuals.
12	(2) Composition.—
13	(A) FEDERAL AIR SURGEON.—The Federal
14	Air Surgeon shall be a member of the Working
15	Group and shall be the Chair of the Working
16	Group.
17	(B) SENIOR AVIATION MEDICAL EXAM-
18	INERS.—In addition to the Federal Air Sur-
19	geon, at least 8 members of the Working Group

1	shall be individuals who are Senior Aviation
2	Medical Examiners.
3	(C) Other members.—In addition to the
4	Federal Air Surgeon and the members ap-
5	pointed under subparagraph (B), the remaining
6	members shall be licensed medical physicians
7	with substantial expertise in—
8	(i) aerospace medicine;
9	(ii) psychological medicine;
10	(iii) neurological medicine;
11	(iv) cardiovascular medicine; or
12	(v) internal medicine.
13	(D) Preference in appointments.—
14	The Administrator shall give preference to ap-
15	pointing members of the Working Group who
16	are Aviation Medical Examiners or licensed
17	medical physicians who have demonstrated re-
18	search and expertise in aviation medical issues.
19	(E) Use of subgroups.—The Working
20	Group Administrator may use subgroups to de-
21	velop the recommendations under subsection
22	(e).
23	(c) Recommendations.—The Working Group shall
24	develop a report that includes recommendations with re-
25	spect to the following areas:

1	(1) Evaluation of the conditions an Aviation
2	Medical Examiner can issue.
3	(2) Improvements and reforms to the Special
4	Issuance process, including whether, after initial
5	medical certification by the FAA, renewals can be
6	based on a medical evaluation and treatment plan by
7	a pilot's treating medical specialist with concurrence
8	from the pilot's Aviation Medical Examiner.
9	(3) Development of an online medical portal ad-
10	ministered by the FAA that—
11	(A) adheres to cybersecurity protections
12	and protocols;
13	(B) authorizes Aviation Medical Exam-
14	iners, pilots, or their designee, to securely share
15	medical records;
16	(C) provides timely updates for a pilot's
17	medical application and improves return to fly-
18	ing timelines;
19	(D) provides pilots with the ability to sub-
20	mit additional information requested from the
21	FAA;
22	(E) includes the method to contact the re-
23	viewing office; and
24	(F) such other requirements as the Work-
25	ing Group may recommend.

1	(4) The use of technologies to address forms of
2	red-green color blindness for pilots.
3	(5) Improvements to Attention-Deficit Hyper-
4	activity Disorder and Attention Deficit Disorder pro-
5	tocols.
6	(6) Improvements to neurology protocols, spe-
7	cifically, stroke, head injury, and known loss of con-
8	sciousness.
9	(7) Improvements to FAA mental health proto-
10	cols, including, but not limited to, mental health
11	conditions such as depression and anxiety, the use of
12	medications for treating mental health conditions,
13	and neurocognitive testing rules and applicability.
14	(d) Report.—Not later than 1 year after the date
15	on which the Working Group is established—
16	(1) the Working Group shall submit the report
17	developed in accordance with subsection (c) to the
18	Administrator, along with recommendations for such
19	legislation and administrative action as the Working
20	Group determines appropriate; and
21	(2) the Administrator shall submit such report
22	and recommendations to the appropriate committees
23	of Congress.
24	(e) ACTIONS BY THE ADMINISTRATOR.—The Admin-
25	istrator may take such action as the Administrator deter-

1	mines appropriate to implement the recommendations in
2	the report under submitted under subsection (d).
3	(f) Exemption From the Federal Advisory
4	COMMITTEE ACT.—Chapter 10 of title 5, United States
5	Code, shall not apply to the Working Group.
6	(g) Sunset.—The Working Group shall terminate on
7	the date on which the Working Group submits the report
8	required by subsection (d).
9	(h) PILOT MENTAL HEALTH TASK GROUP.—
10	(1) Establishment.—Not later than 120 days
11	after the working group pursuant to subsection (a)
12	is established, the co-chairs of such working groups
13	shall establish a pilot mental health task group (re-
14	ferred to in this subsection as the "task group") to
15	develop and provide recommendations related to sup-
16	porting the mental health of aircraft pilots.
17	(2) Composition.—The co-chairs of such
18	working group shall appoint—
19	(A) a Chair of the task group; and
20	(B) members of the task group from
21	among the members of the working group ap-
22	pointed by the Administrator under subsection
23	(b)(1).
24	(3) Duties.—The duties of the task group
25	shall include—

1	(A) carrying out the activities described in
2	subsection (c)(11) and subsection (c)(12);
3	(B) reviewing and evaluating guidance
4	issued by the International Civil Aviation Orga-
5	nization on pilot mental health; and
6	(C) providing recommendations for—
7	(i) best practices for detecting, assess-
8	ing, and reporting mental health conditions
9	and treatment options as part of pilot
10	aeromedical assessments;
11	(ii) improving the training of aviation
12	medical examiners to identify mental
13	health conditions among pilots, including
14	guidance on referrals to a mental health
15	provider or other aeromedical resource;
16	(iii) expanding and improving mental
17	health outreach, education, and assistance
18	programs for pilots; and
19	(iv) reducing the stigma of assistance
20	for mental health in the aviation industry.
21	(4) Report.—Not later than 2 years after the
22	date of the establishment of the task group, the task
23	group shall submit to the Secretary, the Committee
24	on Transportation and Infrastructure of the House
25	of Representatives, and the Committee on Com-

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1	merce, Science, and Transportation of the Senate a
2	report detailing—
3	(A) the results of the review and evalua-
4	tion under paragraph (3)(A); and
5	(B) recommendations developed pursuant
6	to paragraph (3)(C).
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