## AMENDMENT TO THE AMENDMENT IN THE NATURE OF A SUBSTITUTE TO H.R. 3935 OFFERED BY MR. RYAN OF NEW YORK

Strike section 328 and insert the following:

| 1  | SEC AVIATION MEDICAL INNOVATION AND MOD-                   |
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| 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            |
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| 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           |
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| 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 | $\mathrm{FAA};$  |
| 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           |
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| 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  |
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| 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          |
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| 2  | subsection (e)(11) and subsection (e)(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 |
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| 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).                               |
|   | $\boxtimes$  |