

**Department of Transportation  
Federal Aviation Administration**

**SUPPORTING STATEMENT**

**Alternative Pilot Physical Examination and Education Requirements (BasicMed)**

2120-0770

**INTRODUCTION**

This information collection is submitted to the Office of Management and Budget (OMB) to fulfill the requirements of section 2307 of Public Law 114-190, and 14 CFR parts 61, 68 and 91.

**Part A. Justification**

**1. Circumstances that make collection of information necessary.**

Section 2307 of Public Law 114-190, medical certification of small aircraft pilots, provides that, within 180 days of enactment of Public Law 114-190, the FAA Extension, Safety and Security Act of 2016, the Administrator of the FAA shall issue or revise regulations to ensure that an individual may operate as pilot in command of a covered aircraft if certain provisions stipulated in the Act are met. The Act was enacted July 15, 2016. Those provisions include requirements for the individual to:

- Possess a valid driver's license;
- Have held a medical certificate at any time after July 15, 2006;
- Have not had the most recently held medical certificate denied, revoked, suspended, or (if authorized under special issuance provisions) had the authorization withdrawn;
- Have taken a medical education course within the past 24 calendar months;
- Have completed a physical examination within the past 48 months;
- Be under the care of a physician for certain medical conditions;
- Have been found eligible for special issuance of a medical certificate for certain specified mental health, neurological, or cardiovascular conditions;
- Consent to a National Driver Register check;
- Fly only certain small aircraft, at a limited altitude and speed, and only within the United States;
- Not fly for compensation or hire.

The use of section 2307 by any eligible pilot is voluntary. Persons may elect to use these alternative pilot physical examination and education requirements or may elect to continue to operate using a third-class or higher medical certificate (information collection 2120-0034).

The requirements of section 2307 were codified in 14 CFR parts 61, 91 and newly created part 68 on January 11, 2017 (82 FR 3165). This alternative medical certification is known as BasicMed.

This information collection reflects the burden and costs associated with **(1) completion of the medical education course and attestations every 24 calendar months, (2) the National Driver Register check every 24 calendar months, and (3) the physical examination every 48 months.**

## **2. How, by whom, and for what purpose is the information used.**

The FAA has established a form to fulfill the requirements of this information collection:

- FAA form 8700-2, Comprehensive Medical Examination Checklist

The FAA uses this information to determine that individual pilots have met the requirements of section 2307 of Public Law 114-190. It is important for the FAA to know this information as the vast majority of pilots conducting operations described in section 2307 of Public Law 114-190 must either hold a valid medical certificate or be conducting operations using the requirements of section 2307 as an alternative to holding a medical certificate. This form is not submitted to the FAA unless specifically requested.

The independent entities that issue Course Completion Certificate do not have to use a particular form, but the certificate must contain the following information as prescribed by 14 CFR § 68.3 - *Medical education course requirements*:

- A certification of completion of the medical education course, which shall be retained in the individual's logbook and made available upon request, and shall contain the individual's name, address, and airman certificate number;
- A release authorizing single access to the National Driver Register through a designated State Department of Motor Vehicles to furnish to the FAA information pertaining to the individual's driving record;
- A certification by the individual that the individual is under the care and treatment of a physician if the individual has been diagnosed with any medical condition that may impact the ability of the individual to fly, as required under § 61.23(c)(3) of this chapter;
- A form that includes -
  - The name, address, telephone number, and airman certificate number of the individual;
  - The name, address, telephone number, and State medical license number of the physician performing the comprehensive medical examination;
  - The date of the comprehensive medical examination; and
  - A certification by the individual that the checklist described in § 68.7 was followed and signed by the physician during the medical examination required by this section; and
- A statement, which shall be signed by the individual certifying that the individual understands the existing prohibition on operations during medical deficiency by stating:

“I understand that I cannot act as pilot in command, or any other capacity as a required flight crew member, if I know or have reason to know of any medical condition that would make me unable to operate the aircraft in a safe manner.”.

While BasicMed is an entirely voluntary program available to pilots as an alternative to a traditional FAA medical certificate, those pilots who do opt for BasicMed must meet certain requirements in order to enjoy its benefits. Specifically, pilots who voluntarily operate under BasicMed are required to complete Section 1 of the Comprehensive Medical Examination Checklist (FAA Form 8700-2) every 48 months, regardless of age, and they must also complete the online medical education course every 24 months. A state-licensed physician is required to complete the rest of the Medical checklist.

### **3. Extent of automated information collection.**

As required by section 2307 of Public Law 114-190, the FAA has worked with nonprofit and not-for-profit general aviation stakeholder groups to develop medical education courses for pilots wishing to use section 2307 as an alternative to holding a medical certificate. Those medical courses will be provided free of charge on the Internet, as required by section 2307. Course providers will transmit course completion information to the FAA, which will retain the information as part of its airmen registry records.

Section 2307 requires that pilots maintain the medical checklist completed by the pilot and the physician in the pilot’s logbook (section 2307(b)(3)). Section 2307(c)(10)(A) requires pilots to maintain a certification of completion of the medical education course, which shall be printed and retained in the individual’s logbook and made available upon request. Section 2307(c)(10)(E) requires pilots to be provided with a statement, which shall be printed, and signed by the individual certifying that the individual understands the existing prohibition on operations during medical deficiency by stating: “I understand that I cannot act as pilot in command, or any other capacity as a required flight crew member, if I know or have reason to know of any medical condition that would make me unable to operate the aircraft in a safe manner.” The FAA is permitting these written statements, once signed, to be retained electronically.

### **4. Efforts to identify duplication.**

There is no duplication. The FAA is the agency solely responsible for certificating pilots for civil operations in the United States.

### **5. Efforts to minimize the burden on small businesses.**

This rule is voluntary for pilots, who are individuals. Pilots choosing to use BasicMed must receive a medical examination conducted by any State-licensed physician. Any State-licensed physician, who could be (but is not required to be) an Aviation Medical Examiner, will complete the physician portion of the Comprehensive Medical Examination Checklist. Because Aviation Medical Examiners could choose to complete the physician portion of the Comprehensive Medical Examination Checklist in their capacity as a State-licensed physician, there is no impact on small businesses.

#### **6. Impact of less frequent collection of information.**

The relief provided by section 2307 of Public Law 114-190 is voluntary. A pilot may choose to use this relief or may continue to hold a medical certificate appropriate to the operation being conducted (information collection 2120-0034). If a pilot chooses to use this relief, the statute requires that a medical education course be taken every 24 calendar months, a National Driver Register check be conducted every 24 calendar months, and a physical examination be conducted every 48 months. These are statutory requirements over which the FAA has no discretion.

#### **7. Special circumstances.**

There are no special circumstances for this information collection.

#### **8. Compliance with 5 CFR 1320.8.**

The FAA published the 60-day notice for this information collection September 26, 2019 (84 FR 50877), and the 30-day notice on January 14, 2020 (85 FR 2228).

One commenter suggested that a comprehensive list of relevant medications be included on form 8700-2, to facilitate doctor-patient communication.

The FAA disagrees, and maintains that providing medication via a link to an FAA website is a more efficient way of providing access to information about medication.

#### **9. Payments or gifts to respondents.**

No gifts or payments are provided to respondents.

#### **10. Assurance of confidentiality.**

No assurance of confidentiality is provided.

#### **11. Justification for collection of sensitive information.**

This information collection does not collect information of a sensitive nature.

**12. Estimate of burden hours for information requested.**

Pilots operating under BasicMed are required to complete Section 1 of the Comprehensive Medical Examination Checklist every 48 months, regardless of age, and they must also complete the online medical education course every 24 months. A state-licensed physician is required to complete the rest of the Medical checklist.

**Paperwork (ALL RECORDKEEPING) Burden and Costs to Pilots and State-licensed Physicians (Annual Average)**

*Note:* Form 8500-8 is currently completed by all pilots that are required to hold a medical certificate to fly. These pilots may fly for personal use or for compensation or hire. However, this rule will only impact pilots flying for leisure who are not confined to any one occupation. Therefore, the FAA is using a general private sector fully loaded wage, **\$34.72** per hour, provided by the Bureau of Labor Statistics.<sup>1</sup> For physician salaries (**\$112.13**<sup>2</sup> on an hourly basis), the FAA uses a fringe multiplier of 31.4 percent,<sup>3</sup> plus an estimated 17 percent for overhead costs such as rent, equipment and utilities<sup>4</sup> for a total of 48.4 percent. This results in a fully loaded physician wage of **\$166.40** per hour.

Number of Respondents: In the first two years following the effective date of the BasicMed final rule (82 FR 3149, effective date May 1, 2017), approximately **50,000 pilots** availed themselves of the BasicMed regulatory regime. As the medical exam and completion of Form 8700-2 are required every 4 years, that number will be divided by 4 (**12,500**) when indicating annual responses for Form 8700-2. The online course is required every two years; thus, the annual number of respondents will be reflected as ½ of 50,000, i.e., **25,000**.

Form 8700-2 Summary (Annual numbers)	Reporting	Recordkeeping	Disclosure
<b># of Respondents</b>	0	12,500	0
<b># of Responses per respondent</b>	0	2 (1 form filled out by both pilot and doctor)	0
<b>Time per Response</b>	0	.75 hours (.25 hour for doctor, .5 for pilot)	0

<sup>1</sup> <https://www.bls.gov/news.release/ecec.nr0.htm>; “Private industry employers spent an average of \$34.72 per hour worked for total employee compensation in December 2019, the U.S. Bureau of Labor Statistics reported today. Wages and salaries averaged \$24.36 per hour worked and accounted for 70.1 percent of these costs, while benefit costs averaged \$10.37 and accounted for the remaining 29.9 percent.”

<sup>2</sup> Physicians and Surgeons Mean Hourly Wage, Occupational Code 29-1060. Bureau of Labor Statistics May 2018. [http://www.bls.gov/oes/current/naics4\\_621100.htm#29-0000](http://www.bls.gov/oes/current/naics4_621100.htm#29-0000)

<sup>3</sup> <https://www.bls.gov/news.release/ecec.nr0.htm>

<sup>4</sup> <https://www.regulations.gov/document?D=EPA-HQ-OPPT-2014-0650-0005>

<b>Total # of responses</b>	0	12,500	0
<b>Total burden (hours)</b>	0	<b>9,375</b>	0
Online Course Completion (Annual numbers)	<b>Reporti ng</b>	<b>Recordkeeping</b>	<b>Disclosu re</b>
<b># of Respondents</b>	0	25,000	0
<b># of Responses per respondent</b>	0	1	0
<b>Time per Response</b>	0	.75	0
<b>Total # of responses</b>	0	25,000	0
<b>Total burden (hours)</b>	<b>0</b>	<b>18,750</b>	<b>0</b>
<b>GRAND TOTAL</b>		<b>28,125</b>	

#### Economic Burden

Form	# of Application s	Hours Per Applicatio n	Total Hours	Hourly Wage	Total Cost
Medical Checklist (Physician)*	12,500	0.25	3,125	\$166.40	\$520,000
Section 1 of the Medical Checklist (Pilot)	12,500	0.5	6,250	\$34.72	\$217,000
Medical Education Course (Pilot)	25,000	0.75	18,750	\$34.72	\$651,000
Total					<b>\$1,388,000</b>

\*As discussed above, the physician wage is different from the general pilot wage. Therefore, the economic burdens for physicians and pilots are listed separately.

### **13. Estimate of total annual costs to respondents. Provide an estimate of the total annual**

The Aircraft Owners and Pilots Association (AOPA) and Experimental Aircraft Association (EAA), in their petition for exemption, created and offered to host the medical education course at no charge. As the course has already been created, the FAA assumes no cost to establish the course and minimal costs for updates. The Mayo Clinic has followed suit, and is voluntarily offering its own course at no charge.

### **14. Estimate of cost to the Federal government.**

Previously, pilots consented to an NDR check, thru the MedXpress application, every 5 years for pilots under age 40 and every 2 years for pilots age 40 and over. Under this rule all pilots will consent to an NDR check every 24 calendar months, regardless of age, when they complete the online medical education course. For pilots 40 years of age and older, with or without a special

issuance medical certificate, the NDR check continues to occur every 2 years so there are no additional costs associated with these pilots. The FAA also continues to assume that active pilots age 40 and under without a special issuance will elect not to use this medical alternative. Therefore, the increase in NDR check will only impact pilots with active and expired special issuance medical certificates under age 40.

The 3% of pilots that require additional review is multiplied by the hourly wage for a special agent who verifies each identified record at an estimated 40 hours per record. The FAA assumes a mid-grade GS-13 salary, Rest of USA locality. Annual salary is \$103,396,<sup>5</sup> divided by 2,080 hours for an hourly rate of \$49.70. The FAA uses a fringe benefits and overhead cost, for FAA employees, of 100%.<sup>6</sup> This results in a fully loaded wage of \$99.42 per hour.

Assuming a total population of 50,000 pilots and 3 percent requiring further investigation, 1,500 pilots will require further investigation.

**FAA Cost for NDR Check (Annual)**

Form	# of Applications	Hours Per Record	Total Hours	Cost/ Hours	Total Cost (millions)
NDR Check	1,500	40.00	60,000	\$99.42	<b>\$5.97</b>

**15. Explanation of program changes or adjustments.** There has been a downward adjustment in economic burdens, because of the real-world hourly burdens are lower than the pre-rulemaking estimates. The annual hourly burdens have similarly been adjusted downward for the same reason.

**16. Publication of results of data collection.**

The results of this information collection will not be published.

**17. Approval for not displaying the expiration date of OMB approval.**

The FAA is not seeking approval not to display the date of expiration of this information collection.

**18. Exceptions to certification statement.**

There are no exceptions to the certification statement for this information collection.

<sup>5</sup> <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2020/RUS.pdf>

<sup>6</sup> U.S. Department of Health and Human Services, “Guidelines for Regulatory Impact Analysis” (2016), [https://aspe.hhs.gov/system/files/pdf/242926/HHS\\_RIAGuidance.pdf](https://aspe.hhs.gov/system/files/pdf/242926/HHS_RIAGuidance.pdf). On page 30, HHS states, “As an interim default, while HHS conducts more research, analysts should assume overhead costs (including benefits) are equal to 100 percent of pretax wages....”