



U.S. Department
of Transportation
**Federal Aviation
Administration**

Office of the Chief Counsel

800 Independence Ave., SW.
Washington, DC 20591

May 25, 2023

Aaron Siri, Esq.
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Dear Mr. Siri:

Thank you for your January 24, 2023, correspondence on behalf of the Informed Consent Action Network concerning the Federal Aviation Administration's (FAA) provision in the 2023 Guide for Aviation Medical Examiners (Mar. 29, 2023) (AME Guide) regarding the FAA's guidance to aviation medical examiners (AMEs) for PR intervals. You question why the FAA changed its guidance for PR intervals such that an AME may elect to not defer medical certification for applicants with a PR interval of less than 0.3 seconds. You note that the guidance previously recommended deferral for applicants under 51 years of age with PR intervals of less than 0.21. You suggest that this change in guidance "poses a safety hazard to the general public" and that "[c]rucially [sic], once the PR interval increases above 0.2 seconds, silent heart irregularities are much more likely to eventually manifest clinically."

As a threshold matter, the AME Guide contains, among other provisions, *guidelines* to AMEs in determining whether applicants meet the medical standards prescribed in Title 14 of the Code of Federal Regulations (14 CFR) part 67. Specific to your inquiry, AMEs must determine whether the person applying for the medical certification has demonstrated "an absence of myocardial infarction and other clinically significant abnormality" through electrocardiographic examination, as required by § 67.111. Although you have characterized the guidance on PR intervals as a requirement, it is guidance that informs and directs the AME's performance of their duties in determining whether the regulatory standard has been met. As explained more fully below, it is not itself dispositive with regard to the AME's decision.

The FAA routinely updates the AME Guide based on emerging scientific evidence and expert consensus. FAA aerospace medicine specialists review proposed changes using both current medical literature and advice from relevant external clinical experts whom the FAA has designated as Federal Air Surgeon consultants. The goal is to prevent conditions that could result in sudden or subtle incapacitation in the aviation environment. As to PR intervals, the FAA concluded in 2017 that first-degree atrioventricular (AV) blocks between 0.20 and 0.29 seconds (*i.e.*, 200 and 290 milliseconds (ms)) may not require a cardiac workup and may be followed as a normal variant. First-degree AV blocks in this range are not associated with sudden or subtle incapacitation and do not usually progress to more abnormal cardiac rhythms or lost beats. As a

result, in 2017, the FAA added first-degree AV blocks up to 300 ms to the list of normal variants. The FAA updated the AME Guide in October 2022 to reflect this decision. The FAA also notes that overly stringent requirements for additional workup and testing may not be benign and may expose an applicant to overly burdensome costs and unwarranted hazards.

On a more individualized level, AMEs are expected to use their clinical judgment when evaluating the unique circumstances for each individual. Further, FAA physicians review all EKGs performed as part of a first-class medical certificate application and compare them to previous results. If an AV block shows progression, the FAA refers pilots for a cardiology evaluation.

Although you indicate that “[t]here are significant clinical impacts associated with higher PR intervals,” including “silent heart irregularities,” you do not mention that the AME Guide provides that when evaluating PR intervals of less than 300 ms, AMEs should take factors in addition to the PR interval into consideration. In fact, the AME Guide recommends the issuance of a medical certificate in such a circumstance (assuming the applicant is otherwise qualified) only if the applicant shows no symptoms or the AME is not otherwise concerned about the PR interval. *See* AME Guide at 86. To be clear, the guidelines for PR intervals do not recommend the issuance of an unrestricted medical certificate in every circumstance where the PR interval is less than 300 ms.

I trust this responds to your concerns.

Sincerely,

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Theresa D. Dunn
Division Counsel for Aviation Safety

