

RESIGNATION AS MEMBER OF
COMMITTEE ON THE BUDGET

The SPEAKER pro tempore laid before the House the following resignation as a member of the Committee on the Budget:

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, January 22, 2014.

Hon. JOHN A. BOEHNER,
Speaker of the House,
Washington, DC.

DEAR SPEAKER BOEHNER, Due to my recent appointment to the House Judiciary Committee, I hereby resign from the House Committee on the Budget.

Sincerely,

DAVID N. CICILLINE,
Member of Congress.

The SPEAKER pro tempore (Mr. HOLDING). Without objection, the resignation is accepted.

There was no objection.

MEDICAL CERTIFICATION RE-
QUIREMENTS FOR AIRMEN AND
AIR TRAFFIC CONTROLLERS RE-
LATING TO SLEEP DISORDERS

Mr. LOBIONDO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3578) to ensure that any new or revised requirement providing for the screening, testing, or treatment of an airman or an air traffic controller for a sleep disorder is adopted pursuant to a rulemaking proceeding, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3578

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

**SECTION 1. MEDICAL CERTIFICATION RE-
QUIREMENTS FOR AIRMEN AND AIR TRAF-
FIC CONTROLLERS RELATING TO
SLEEP DISORDERS.**

[(a) IN GENERAL.—The Secretary of Transportation may implement or enforce a requirement providing for the screening, testing, or treatment (including consideration of all possible treatment alternatives) of an airman or an air traffic controller for a sleep disorder only if the requirement is adopted pursuant to a rulemaking proceeding.

[(b) APPLICABILITY.—Subsection (a) shall not apply to a requirement that was in force before November 1, 2013.

[(c) DEFINITIONS.—In this section, the following definitions apply:

[(1) AIRMAN.—The term “airman” has the meaning given that term in section 40102(a) of title 49, United States Code.

[(2) AIR TRAFFIC CONTROLLER.—The term “air traffic controller” means a civilian employee of the Department of Transportation described in section 2109 of title 5, United States Code.

[(3) SLEEP DISORDER.—The term “sleep disorder” includes obstructive sleep apnea.]

**SECTION 1. MEDICAL CERTIFICATION RE-
QUIREMENTS FOR AIRMEN AND AIR TRAF-
FIC CONTROLLERS RELATING TO
SLEEP DISORDERS.**

(a) IN GENERAL.—The Secretary of Transportation may, consistent with accepted medical standards and practices, implement or enforce a requirement providing for the screening, testing, or treatment (including consideration of all possible treatment alternatives) of an airman or an air traffic controller for a sleep disorder—

(1) in the case of an airman, only if the requirement is adopted pursuant to a rulemaking proceeding; and

(2) in the case of an air traffic controller, only if the Federal Aviation Administration meets its obligations pursuant to chapter 71 of title 5, United States Code.

(b) APPLICABILITY.—Subsection (a) shall not apply to a requirement that was in force before November 1, 2013.

(c) DEFINITIONS.—In this section, the following definitions apply:

(1) AIRMAN.—The term “airman” has the meaning given that term in section 40102(a) of title 49, United States Code.

(2) AIR TRAFFIC CONTROLLER.—The term “air traffic controller” means a civilian employee of the Department of Transportation described in section 2109 of title 5, United States Code.

(3) SLEEP DISORDER.—The term “sleep disorder” includes obstructive sleep apnea.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. LOBIONDO) and the gentleman from Washington (Mr. LARSEN) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

□ 1515

GENERAL LEAVE

Mr. LOBIONDO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous materials for the RECORD on H.R. 3578.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. LOBIONDO. Mr. Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 3578.

Let me begin by thanking some of my colleagues—first and foremost, Congressman LARSEN, also Congressmen BUCHSHON, LIPINSKI, and GRAVES—for their help and support in introducing this very important bill.

Before I explain the bill, I would like to enter into the RECORD letters of support for H.R. 3578.

Mr. Speaker, H.R. 3578 addresses the medical certification process for pilots and air traffic controllers as it relates only to sleep disorders.

Currently, pilots and controllers are required to be medically certificated by the FAA at varying intervals. The duration, as well as the type of medical certification, depends on the type of activity they are seeking to perform—airline pilot, private pilot, et cetera—and all other factors, such as age. Regardless, pilots and controllers undergo a thorough medical review process, and the FAA ultimately decides whether or not to issue them a medical certification. Further, there are no certain medical conditions that the FAA automatically deems as disqualifying. Currently, pilots with one or more of those conditions, including sleep apnea, are required to seek a special certificate, which is issued at the sole discretion of the FAA and only if the applicants can prove they will not endanger public safety. Neither process is perfect, but it is a process that works.

In November of 2013, the FAA announced a proposal to significantly and arbitrarily modify the medical require-

ments for airmen who might be at risk of having a sleep disorder, such as sleep apnea, even in the absence of any clinical evidence. The FAA’s proposal would effectively assume overweight pilots have a sleep disorder based solely on their body mass index and would require them to prove otherwise at their own expense. It is a scenario of being guilty before proven innocent. The potential cost to these pilots could be thousands of dollars.

The FAA proposal, announced without any input from the stakeholders, is neither reasonable nor effective. However, health issues can arise unexpectedly, which is why I have always supported reasonable, effective, and proactive efforts to improve aviation safety; but the FAA’s action related to sleep disorders was carried out behind closed doors, with no input from stakeholders, and based upon controversial assumptions. While I applaud the FAA for seeking stakeholder input recently, it is too little, too late.

Safety is my top priority as chairman of the Aviation Subcommittee. That is why the legislation we are considering today, H.R. 3578, does not prohibit the FAA from implementing new medical certification requirements for sleep disorders, but it does require the FAA, in the case of pilots, to conduct an open rulemaking process and, in the case of air traffic controllers, to use a process established under current Federal employment law.

Finally, it is important to note that H.R. 3578 does not change the FAA’s medical certification process or otherwise prevent the agency from responding to new medical issues in a timely manner. This legislation applies only to proposed changes to the medical certification process for sleep disorders. In addition, the rulemaking process required by this legislation does not apply to the enforcement of requirements providing for the screening, testing, or treatment of pilots and controllers for sleep disorders in force prior to November 1, 2013.

H.R. 3578 is a bipartisan bill that is supported by a wide range of stakeholders, and I urge my colleagues to support it.

With that, I reserve the balance of my time.

H.R. 3578

Industry Supporters:

Air Line Pilots Association

Aircraft Owners and Pilots Association

Airlines for America

Allied Pilots Association

Coalition of Airline Pilots Association

Experimental Aircraft Association

Federal Aviation Administration Managers Association

General Aviation Manufacturers Association

Helicopter Association International

National Agricultural Aviation Association

National Air Traffic Controllers Association

National Air Transportation Association

National Business Aviation Association

NetJets Association of Shared Aircraft Pilots