NATIONAL ACADEMIES *Sciences Engineering Medicine*

DIVISION OF BEHAVIORAL AND SOCIAL SCIENCES AND EDUCATION
Board on Behavioral, Cognitive and Sensory Sciences
Study and Recommendations on the HIMS, FADAP, and Other Drug and Alcohol Programs within the USDOT

Dear Dr. Quay Snyder:

As indicted at the committee meeting on June 29-30, 2022, the National Academies study reviewing the HIMS program would appreciate your help in answering some follow-up questions. These questions are meant to provide the committee with the baseline knowledge necessary to complete the statement of task, as required by Congress. The committee also recognizes that some questions will require a best estimate, but please try to be as precise as possible as these answers will contribute to the study's findings and recommendations. If the answer to a question is already in a publicly available document or website, that is an acceptable response, but please feel free to elaborate if necessary. **The committee respectfully requests answers within two weeks of receipt (Tuesday, August 23, 2022)**.

NOTE: The National Academies is required to include this material in a public access file, and these answers will be made available to the public upon request.

PROGRAM STRUCTURE

1. What is the overall program design? The web site addresses the general design and presentations posted on the web site after the September seminar will have more details. Each airline management and pilot group can make their own program within the broad FAA guidelines. Many airlines will design their own handbook consistent with the benefits and polices in that airline. The common denominator is the requirement for FAA medical certification to perform any pilot duties.
    a. Is there an comprehensive 'HIMS' Handbook beyond the website's description of components of the treatment continuum such as intervention and continuing care'? NO, because each airline has their own unique program, any handbook must be tailored to that specific airline
2. Who reports possible substance abuse issues, who treats, who suspends/fires, and who reinstates? Substance abuse can be identified by FAA requests for evaluations following DUI's, medical admissions, etc. Pilots can self -refer; peers may identify potential pilots w/ SUD to their union HIMS committee; the airline can refer pilots for evaluation following behavioral problems or other indicators of a potential SUD. DOT positive drug and alcohol tests make up about 8% of identifications and are by regulatory definition, at least a substance abuse conditions disqualifying for medical certification.
3. How much discretion do the airlines have in taking unilateral action? The collective bargaining agreements and LOA's determine what action an airline can take. In many cases, proposed actions are coordinated with the union and may involve a referral for a substance abuse evaluation
4. What is HIMS' definition of success? Multiple definitions of "success". From a medical perspective, identification, treatment ongoing abstinence and reinstatement of FAA medical certification so the pilot may return to duty. From a safety perspective, removing any pilots who have an active untreated SUD from flying protects the public safety, the airline and fellow pilots. Identifying a relapse is also a success as it removes the pilot from flying until rehabilitated to abstinence and reinstatement of medical certification
    a. Does it differ from the HIMS website's "Treatment" Subpage: "Rehabilitation, rather than termination, should be the ultimate goal, since it is much more cost effective to treat rather than replace a highly skilled pilot?" See above.
5. What is HIMS' definition of sobriety? Sobriety does not equal abstinence although in the medical certification realm, abstinence is a necessary but not sufficient requirement. Sobriety also involves working an active healthy recovery program and complying with union, airline and FAA requirements for continued medical certification. Higher quality recovery programs are also demonstrated by the pilot's voluntary

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participation in the union/airline HIMS program. The FAA will generally not certify a pilot who does not show evidence of a good recovery program and sobriety.

6. How do pilots get into HIMS and is there a minimum criteria? They are identified as having a SUD or self-identify and request assistance. Ultimately, the Federal Aviation Regulation – 14 CFR Part 67.107 – define Substance Abuse and Substance Dependance which are disqualifying for medical certification. These are not the same definitions of SUD by DSM 5.
7. What forms must pilots going through HIMS complete and are copies available? Each airline is unique in the requirements. Most are releases to communicate with others observing the recovery and some have HIMS "contracts" to sign defining company specific requirements.
    a. Are there any additional documents other than the "Recovery Contract" and "Last Change" agreement on the HIMS website? These are just templates, and each individual airline modifies these to meet their needs and to comply with any CBA, LOA or MOU
8. What are the infomercials and other promotional materials that the pilots are getting? All pilots are free to attend the HIMS seminars. Most airlines feature 20–60-minute training segments on initial hire training and annal recurrent training on HIMS. The Air Line Pilots Association (ALPA) and other pilot unions have produced trifolds to mail to pilot homes and distribute in pilot lounges or training center. Many HIMS volunteers wear HIMS lanyards when at work and wear HIMS wings on their uniforms. The unions periodically produce articles published in their periodicals distributed to all pilots.
9. Under what authorities was HIMS' data collected? The HIMS Advisory Board approved a recommendation to create a confidential database with the goal of finding areas to improve the HIMS program. The FAA funds the database as a part of the HIMS contract with ALPA. Is there documented permission to share data for research purposes (even if the data is de-identified)? NO. There are no pilot names or airline names in the database. All data is received directly from the pilot's AME that is sent to the FAA, although the database is maintained outside of the FAA. The data is not shared other than several slides shown at the HIMS seminars, but rather used internally to improve the HIMS program Is there any plan to increase data collection about participants? The database is reviewed by three individuals annually to determine areas of potential improvement in identification, treatment outcomes, risk factors for relapse, FAA and AME processing.
    a. What are the searchable fields in the HIMS database? Age cohort, size of airline, How entered program, primary DOC, dual diagnosis, number of relapses, family history
10. What are the rates of burnout, mental illness, and SUD in the workplace? Unknown. Burnout probably less since pilots are highly motivated to continue flying. Would assume that SMI and SUD are the same as the general population or less since there is a healthy worker effect with the medical certification requirement. Non-alcohol substances seem to be lower than the general population. More prevalent than non-safety sensitive positions? See previous responses. Comparative due to support networks? Don't understand the question. Is the aviation industry concerned about this issue? The pilot unions, the FAA and some airlines are actively addressing mental health issues in aviation including SUD. The emphasis seems to be on safety sensitive employees
11. What are the rules for reporting or not-reporting a colleague with suspected substance abuse issues? The FAR's state that a pilot cannot operate an aircraft if any member of the crew is under the influence of a psychoactive substance (paraphrasing). To do so would risk losing pilot certification (as opposed to medical certification) for the pilot not-under the influence. There is no requirement to report suspected SUD to the airline, the FAA or the union, but in many cases, such suspicions will be reported to the union HIMS committee. How often are external tips received? (ex. It's misconduct for a physician not to report suspected colleagues) Would have to inquire with HIMS Chairs for percentages, but identification by TSA or law enforcement is very, very small percentage of identification of SUD. If TSA or law enforcement have a suspicion, they report to the airline. As long as a pilot is removed from safety sensitive duties, there is no risk to the flying public.

What percentage of active pilots have a substance abuse-related special issuance? FAA has definitive answer. For 2018 statistics, See FAA technical report 2018 Aerospace Medical Certification Statistical handbook DOT/FAA/AAM-21/13 Approximately 1.4% for Abuse and Dependence and 0.37% monitored for misuse

12.
13. Has there been any notable change in how HIMS is administered and/or structured over time? The basic premises are the same, but there has been increased use of neurocognitive testing prior to recertification and increased abstinence testing, (frequency, media, substances tested for). The use of the "HIMS Team" of company, union, AME and mental health professionals has evolved as a cornerstone of airlines' HIMS programs. Additionally, many airlines that did not previously have a HIMS program and who chose to terminate employment for pilots with SUD's and loss of medical certification have embraced the HIMS program for safety, economical and humanitarian reasons.

a. Has there been any notable change in HIMS-provided therapy and/or treatment? HIMS does not directly provide therapy or treatment. The airline may select a treatment facility, an addiction psychiatrist to conduct evaluations or pay for continuing care, but airlines do not have embedded medical resources to provide care.

14. Where does HIMS' funding come from? The FAA funds the educational aspect of HIMS. The airlines and to some extent, the unions fund the treatment and monitoring. CBAs, LOAs and airline policies may provide coverage for treatment; payment for FAA-required medical evaluations; disability, sick and/or medical leave; scheduling and time for attendance at monitoring meetings, and more. The expenses covered by airlines can vary greatly.
    a. What are the administrative and other costs of HIMS? Each airline HIMS program is unique with costs determined by the nature and content of their programs.
    b. What services are paid for directly by the HIMS program? See above. The FAA pays for the educational component to conduct seminar for pilots and flight attendants, generally the airline pays for most of treatment with pilots paying uncovered or out of pocket costs.
    c. What is borne by the airlines vs. general government funds? See above. The only government funds come from the FAA. The vast majority of costs are borne by the airlines,and the unions with uncovered insurance costs paid by individual pilots.

TREATMENT AND RECOVERY

1. Is a pilot's treatment paid for by the airline's insurance or HIMS-specific sources?? Airlines, although there is a non-profit organization, Aviation Family Fund, that can provide limited financial assistance to aviation professionals in desperate temporary financial need.
    a. What does coverage for HIMS treatment look like across airlines? Varies, but most major carriers and many of the small carriers provide coverage for treatment and some include coverage for psychological testing, psychiatric evaluation and limited number provide coverage for continuing care, abstinence testing and AME fees.
    b. What is the typical cost per episode? Highly variable but 28-day inpatient is ~ $30,000 but there are many variable costs after initial treatment. Treatment may be extended. It is extremely rare that an airline pilot will have IOP or less accepted as adequate treatment by the airlines or the FAA.
    c. What is the composition of treatment elements within episodes? Assuming an episode is a diagnosis of Substance Abuse or Dependence. 1) Evaluation 2) treatment 3) AME supervision 4) continuing care 5) neurocognitive testing 6) addiction psychiatric evaluation 7) abstinence testing. Airlines have additional costs in retraining pilots because of lengthy of time required to get medical certification. Airlines, unions and pilot have costs associated with monthly travel for required meetings with union and management reps.
    d. What is the variation in treatment costs? Unknown, each airline would have to provide information
2. What is the process for getting pilots treatment and who is involved? Identification of a disqualifying diagnosis and referral to treatment facility familiar with pilots and agreed upon by union and airline HIMS reps
3. What is HIMS' approach to monitoring and surveillance (testing)? See Stepdown plan below
    a. Is anyone else responsible for monitoring pilots going through HIMS beyond the what is listed in HIMS' Step Down Plan:
        i. HIMS psychiatrist/addictions specialist
        ii. Peer support group
        iii. Chief pilot/management
        iv. Peer pilot
        v. HIMS AME
        vi. Continuing care professional
4. How is testing done differently for different substances, and how good are the tests? Abstinence monitoring uses SoberLink, urine and PEth as primary tools. The HIMS AME and airline program may determine which tools are used in addition to the FAA specified minimum testing requirements. Hair and nails are rarely used except in questions of non-abstinence. Most urine testing includes EtG/EtS and intermittent use of a broader drug panel. If alcohol is not the DOC, broader tests are done more frequently. The FAA testing requirement is a minimum of 14 tests per year for at least the first 4 years following certification (frequently longer), but many pilots are tested more frequently than this, particularly in earlier phases of recovery. Testing frequency no earlier than 4 years after certification may be decreased to a minimum of 4 PEth tests per year.

What are the base rates of prevalence for each substance? Primary DOC Alcohol ~ 92%, Cannabis/ cocaine, opioids/opiates ~ 2% each, sedative hypnotics other than alcohol and non-cocaine stimulants ~ 0.5% total

5. What is the rationale for HIMS not offering Medication Assisted Therapy for opioid use disorder (buprenorphine, naltrexone and methadone) and alcohol (naltrexone)? The FAA would have to answer this question definitively as this is their policy. MAT can be used in the treatment phase but not immediately prior to or during certification
6. Does HIMS address tobacco? No. Tobacco use is not disqualifying under the FAR's. Some treatment centers provide assistance with tobacco cessation, but MAT is not allowed for certification other than nicotine supplements
7. How do pilots get evaluated? Posttreatment and prior to certification, there are evaluations by HIMS trained addiction psychiatrists and neuropsychologists, abstinence testing, inputs from company and union monitors, the aftercare provider and the HIMS AME. How often are there negative results (ex. no probable cause)? Do not understand the question Is a special issuance granted if any neurological deficits remain? No Is the aviation neurological standard higher and what is the rationale? (ex. More demanding day-to-day job duties compared to others?) Yes, neurocognitive tests are evaluated against aviation professional norms which are higher than that of the general population
    a. Could the committee see de-identified medical evaluations and/or progress reports of HIMS pilots? No, not unless the FAA releases them as they and the AME are the only ones who maintain records.
8. What happens to pilots in the gap between "normal" substance abuse criteria and "aviation" criteria? Airlines have agreements with a limited number of treatment center to have a waiver of medical necessity criteria and ASAM treatment criteria to have pilots admitted for a 28+ day treatment program
9. What was the rationale behind having aviation standards differentiate from DSM-5 standards? The aviation standards are dictated by Federal Regulations
10. What happens to pilots after 30-days of intensive treatment? See above What was the rationale for having 30 for presumed readiness? This is a baseline only for treatment, but not an indicator of recovery. All of the above requirements are evaluated prior to a pilot obtaining a new medical certificate. This process can be as much as two or three years after completion of treatment. If at the conclusion of a 28-day inpatient treatment, the pilot has not made sufficient progress toward recovery, inpatient stays are extended.
    a. Can you please elaborate on what happens to pilots in the "continuing care" phase? Pilots attend a minimum of one weekly group session with others in recovery that is supervised by a medical professional. The medical professional writes a report every 1-3 months to the AME on the pilot's progress. This occurs prior to certification and for at least one year after certification.
11. What was the rationale not including other potential co-occurring conditions, like mental illness, within HIMS? The FAA has separate protocols for a variety of dual diagnosis conditions. Pilots must comply with all protocols relevant to the medical conditions they are diagnosed with. See FAA Guide for Aviation medical Examiners disease protocols - psychiatric
    a. According to the HIMS website's Continuing Care subpage, the FAA has a specific separate protocol for regaining certification for pilots requiring treatment for depression – are there any other separate protocols for other mental illnesses? See previous response

PARTNERS AND OVERSIGHT

1. What is the selection process for HIMS leadership positions? (ex. Chair, Vice Chair) At the ALPA National level, the Chair and Vice Chair are selected and approved by the union leadership after demonstrating years of experience and commitment to the HIMS program. At the airline level, each airline's union representative goes through the same process. All are volunteers and nearly all are in sustained recovery "HIMS graduates"
2. What is the role of the airlines, and who from the airlines is involved with HIMS? See multiple responses above addressing this. Generally chief pilots are the ones doing the monitoring and writing monthly reports to the HIMS AME since they are most familiar with the pilot's on-duty performance
    a. Who decides what gets delegated to the airlines? FAA protocol and CBA/MOU's/LOA's
3. What external organization has oversight authority of HIMS? The FAA
    a. How does FAA exercise any kind of guidance and guardrails beyond making the pilot-qualification policies? The FAA develops policies, guidelines, and guardrails for the process of medical certification amending policies based on feedback from HIMS Chairs, the HIMS Advisory Board and FAA psychiatry consultants.
4. What is the variation in how airlines run their HIMS programs, treatment, and providers? What is the variation in how the airlines refers a pilot for medical leave or employment termination? Cannot comment on variation as there are nearly 50 different airlines all with their own process. None of these are coordinated with any HIMS representative outside of their airline
    a. What is the rationale for not having a uniform, aviation-standard? There is the aviation standard set by the FAA, but each airline has different CBAs, resources, basing and route structures that require flexibility in monitoring the safety of their operations

5. What is the role of unions, and who from the unions is involved with HIMS? See above. The airline union representatives run the HIMS program at the airline level.
    a. Who decides on what gets delegated to the unions? See above, the union runs the HIMS committee and HIMS program at each airline. Airlines maintain their traditional managerial functions, comply with applicable collective bargaining provisions and largely pay for treatment and monitoring.
6. What are HIMS' agreements with the airline EAPs? two large airlines involve senior EAP professionals in the monitoring and possibly referral for assessments, but since the FAA requires the use of specially trained AME's, psychiatrists and neuropsychologists, and none are in any individual airline EAP, there is very little overlap.
    a. Where does HIMS overlap with EAPs? None except as noted above.
7. What important elements and/or best practices does HIMS share with other programs? (ex. FADAP, Physicians Health Programs) FADAP and PHP are invited to our seminars, but because of the recurring FAA medical certification requirement of pilots, there are very few analogous professions that use medical certification as the ultimate standard. We have also done educational seminars for police, fire fighters, first responders and numerous international aviation organizations and civil aviation authorities.
8. What substance abuse specifications, definitions, and/or requirements used by HIMS for pilots are in regulations or authorizing authorities? See 14 CFR part 67 Section 107 or the HIMS web site
9. Given HIMS' apparent heavy reliance on inpatient and residential care, how are those organizations and individual clinicians selected? See general criteria on web site, but most are selected based on track record for successful treatment of pilots, willingness to waive medical necessity criteria, ability to admit pilot within 24 hours of contact, willingness to interact with union HIMS representatives during treatment, willingness to provide COMPLETE medical records to HIMS AME, having a full time psychiatrist on staff, ability to treat dual diagnoses, connection with facility with detox capabilities, having family therapy integrated into treatment, have Birds of a Feather meetings and other pilots in treatment at the same time, having a connection with a continuing care facility that does not require exorbitant out of pocket cost to the pilots and most with the ability to do preliminary neurocognitive testing using FAA approved CogScreen – Aeromedical Edition during treatment.
    a. How is quality evaluated? The HIMS AME and the union HIMS rep discuss outcomes and administrative smoothness along with pilot feedback. Additional feedback is given by the HIMS trained addiction medicine psychiatrist evaluating the pilot after treatment. There are about a dozen facilities across the US that airlines use to treat pilots. Most other facilities are not willing to interact intimately with the HIMS Team during and after treatment. Without a cooperative relationship, the pilot may have an adequate medical recovery but has significant difficulty regaining medical certification and returning to work.
    b. I have three strong recommendations:
        i. Obtain a copy of a generic HIMS Special Issuance Authorization letter from the FAA
        ii. Read the Guide to Aviation Medical Examiners section on psychiatric conditions
        iii. Attend the HIMS Basic Education Seminar in Denver 11-13 September 2022

Thank you again on behalf of the committee for your assistance in clarifying these issues and do not hesitate to contract me if there are any issues.

Dylan Rebstock
Responsible Staff Officer