



What is a HIMS AME?

A HIMS AME is an FAA designated Senior Airman Medical Examiner who is trained in evaluating airmen for substance- or alcohol-related conditions and other mental health conditions.

While primarily serving airline pilots who are in recovery as part of the Human Interventional Motivation Study (HIMS) Program, the FAA may direct any pilot to consult a HIMS AME for possible special issuance of medical certification for these conditions.

What is the HIMS Program?

It is an industry-wide effort in which managers, pilots, healthcare professionals, and the FAA work together to preserve careers and enhance air safety. It is a partnership, a team approach.

HIMS is a voluntary, occupational substance abuse treatment program, specific to commercial pilots, that coordinates the identification, treatment, and return to work process for affected aviators. It is abstinence based.

The focus of HIMS isn't *regulation* (prescribing conduct) but about *changing thinking* (culture of safety). Recovery is a state of mind, not merely the absence of drugs; a process, not an event.

For more information, click this link: <https://himsprogram.com>

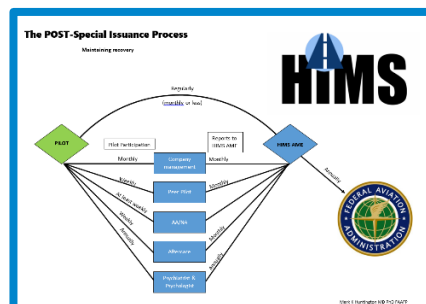
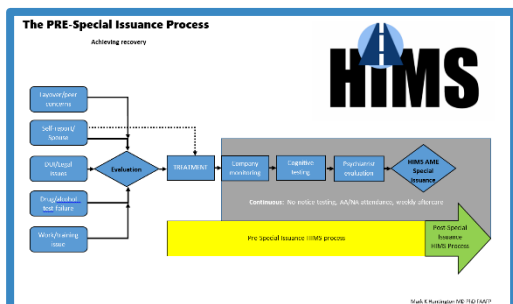
What is substance abuse (including alcohol)?

For aviation medicine, substance abuse is defined somewhat differently than current psychiatric definitions. A comparison of the definitions is shown in the table at the right (click for full size).

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What is the HIMS process?

For airline pilots, the process is summarized in the Pre-Special Issuance and Post-Special Issuance Diagrams below (click for full size).



Generally, the HIMS AME becomes involved following the “treatment box”; the airlines HIMS director will provide specific instructions on when to consult the HIMS AME. Documentation requirements for consideration of an initial Special Issuance are found at: https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/media/FAA_Certification_Aid_DA_Initial.pdf. Following Special Issuance, the following monitoring is required: https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/media/Drug_Alcohol_Monitoring_Recertification_Aid.pdf

For private pilots, or pilots flying for companies that do not have an in-house HIMS program, the above processes are a bit more challenging, as there is not company backing for many of the required monitoring steps. The process will need to be individualized in the areas of the diagram designated for monitoring by the Company Management and a Peer Pilot.

Individuals on serotonin-specific reuptake inhibitors (SSRIs) referred by the FAA to a HIMS AME have a different process: https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/media/Airman_Information_SSRI_Initial_Certification.pdf

How do I set up the first appointment with my HIMS AME?

Contact our office at 605.339.1783 and tell the scheduler you will be sending materials for an airman HIMS AME appointment.

Prior to your first appointment, you must arrange for the following [documentation](#) to be sent to our office.

- A copy of the letter from the FAA indicating you need to consult a HIMS AME – this can come from you.
- Copy of your FAA Airman Medical Record (to request, call 405.954.4821 or visit: https://www.faa.gov/licenses_certificates/medical_certification/media/MedicalRecordsRequestForm.pdf) – this needs to be sent to our office directly by the FAA.

These need to arrive well in advance of your appointment so that they can be reviewed. Once all documentation has arrived, your appointment will be scheduled.

What to expect at the first visit?

The first visit is typically a two hour session (later sessions will be 45-50 minutes).

During this time, the HIMS AME will provide an overview of the HIMS Program and the Special Issuance Process.

The FAA Airman's Medical Record will be reviewed in detail together, and the airman will sign a comprehensive [release form](#) for other records and information that may be required for the HIMS process.

The HIMS AME will interview the airman at length regarding their medical, psychological, social, and family history, especially as it relates to the reason for entry into the HIMS Program. This will include a brief writing assignment.

The session will end with development of a plan of action and scheduling of the next HIMS AME appointment. Frequency of appointments will vary depending on the situation: typically monthly prior to receiving the Special Issuance; less frequently thereafter.

What does it cost?

The HIMS Program is both lengthy and costly. It is not covered by health insurance.

Components of the program that include fees are:

- Alcohol/substance abuse treatment*
- Aftercare* (in addition to AA/NA participation)
- Abstinence confirmation*
 - Alcohol spot-testing www.soberlink.com
 - DOT Drug testing: www.sanfordocmed.com/our-services/drug-testing-program
- Neuropsychological testing*
- Annual HIMS psychiatric evaluation*
- HIMS AME visits*

Only the HIMS AME portion occurs at the Center for Family Medicine. For the HIMS AME visits, payment must be made at time of the visit by CASH or CHECK. We will tell you the amount that will be due when we schedule the visit.

There may be some financial assistance available for pilots in the HIMS program through a benevolence fund: <https://www.aviationfamilyfund.org/>

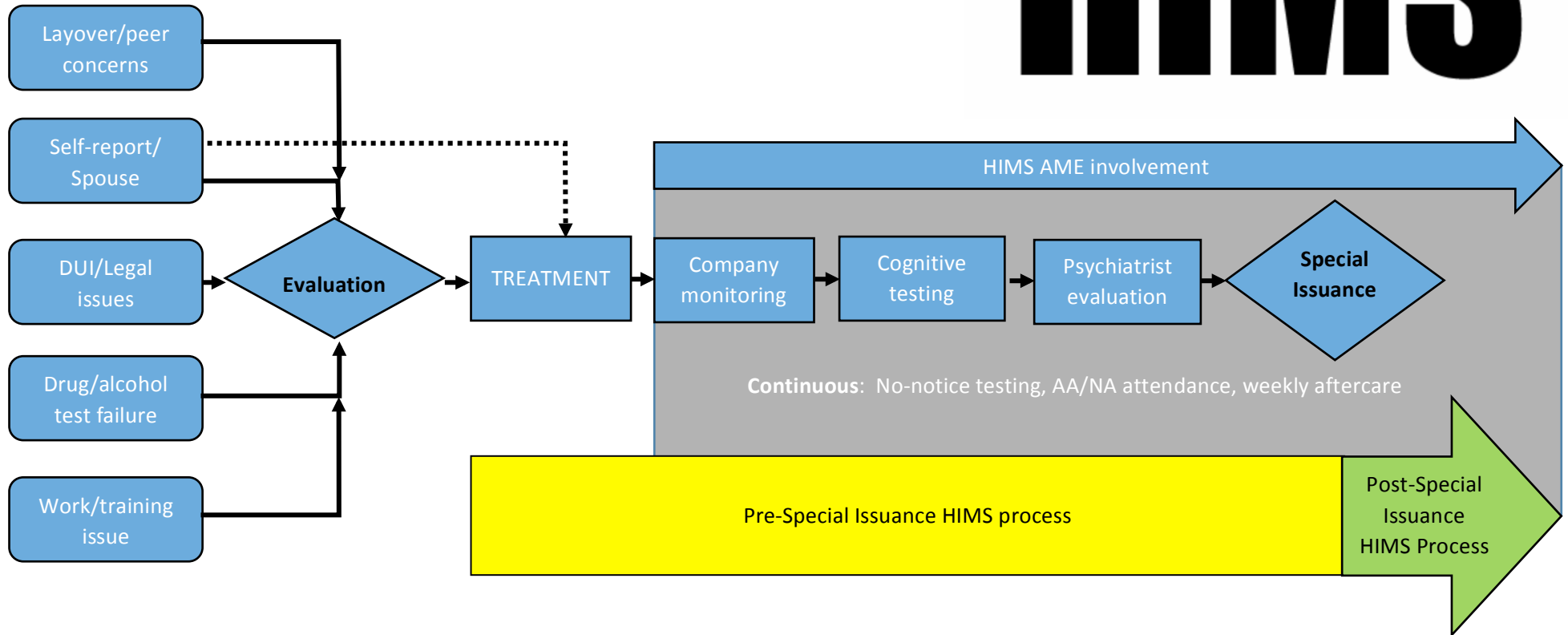
Is it worth it?

The HIMS program is highly successful, with 85% of participants achieving and maintaining sobriety (and with it, their aeromedical certification).

In addition to its implications for the pilot's career and the safety of the national airspace system

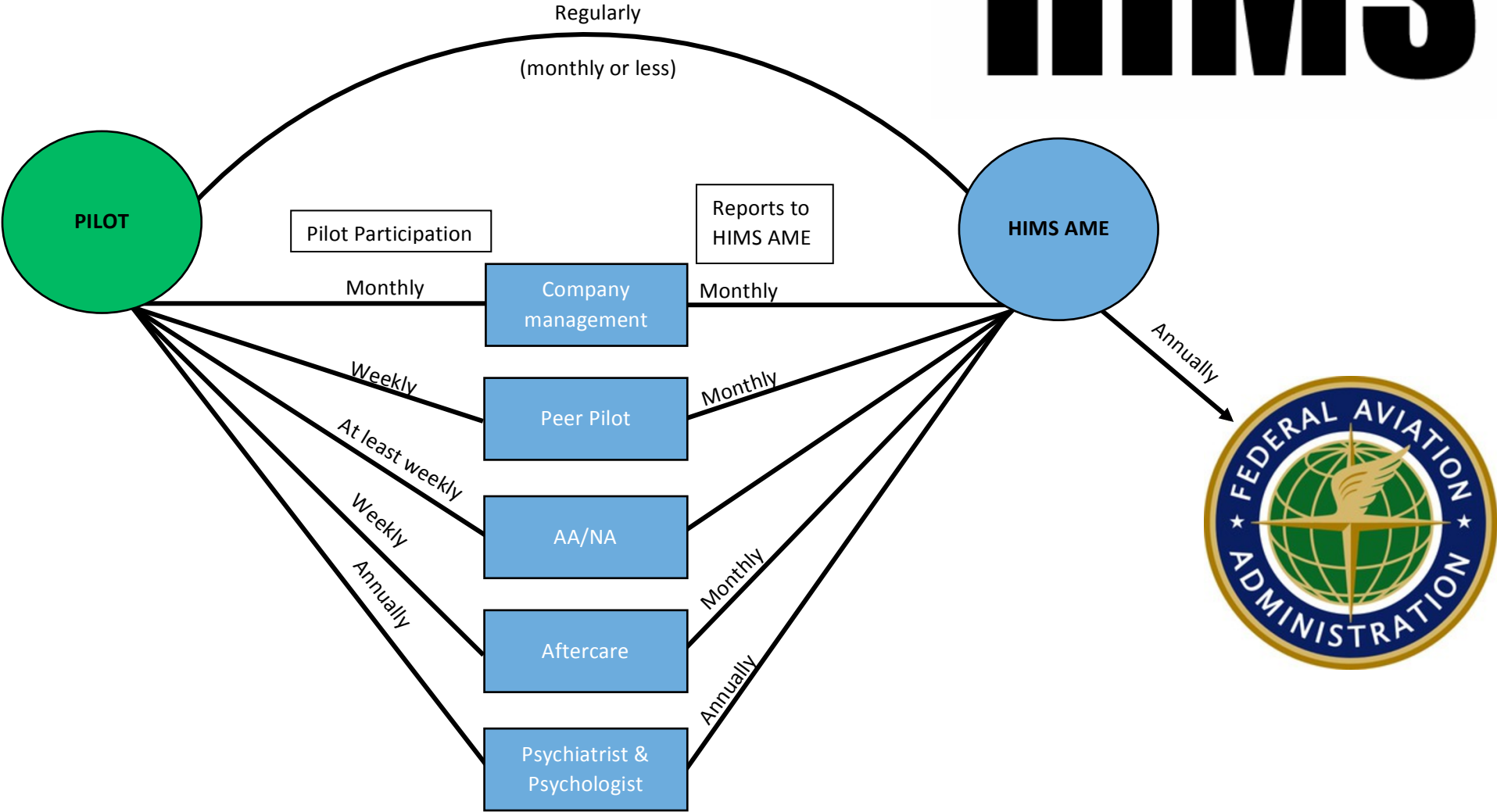
The PRE-Special Issuance Process

Achieving recovery



The POST-Special Issuance Process

Maintaining recovery



§ 67.107 Mental.

Mental standards for a first-class airman medical certificate are:

(a) No established medical history or clinical diagnosis of any of the following:

(1) A personality disorder that is severe enough to have repeatedly manifested itself by overt acts.

(2) A psychosis. As used in this section, "psychosis" refers to a mental disorder in which:

(i) The individual has manifested delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of this condition; or

(ii) The individual may reasonably be expected to manifest delusions, hallucinations, grossly bizarre or disorganized behavior, or other commonly accepted symptoms of this condition.

(3) A bipolar disorder.

(4) Substance dependence, except where there is established clinical evidence, satisfactory to the Federal Air Surgeon, of recovery, including sustained total abstinence from the substance(s) for not less than the preceding 2 years. As used in this section -

(i) "Substance" includes: Alcohol; other sedatives and hypnotics; anxiolytics; opioids; central nervous system stimulants such as cocaine, amphetamines, and similarly acting sympathomimetics; hallucinogens; phencyclidine or similarly acting arylcyclohexylamines; cannabis; inhalants; and other psychoactive drugs and chemicals; and

(ii) "Substance dependence" means a condition in which a person is dependent on a substance, other than tobacco or ordinary xanthine-containing (e.g., caffeine) beverages, as evidenced by -

(A) Increased tolerance;

(B) Manifestation of withdrawal symptoms;

(C) Impaired control of use; or

(D) Continued use despite damage to physical health or impairment of social, personal, or occupational functioning.

(b) No substance abuse within the preceding 2 years defined as:

(1) Use of a substance in a situation in which that use was physically hazardous, if there has been at any other time an instance of the use of a substance also in a situation in which that use was physically hazardous;

(2) A verified positive drug test result, an alcohol test result of 0.04 or greater alcohol concentration, or a refusal to submit to a drug or alcohol test required by the U.S. Department of Transportation or an agency of the U.S. Department of Transportation; or

(3) Misuse of a substance that the Federal Air Surgeon, based on case history and appropriate, qualified medical judgment relating to the substance involved, finds -

(i) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(ii) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

(c) No other personality disorder, neurosis, or other mental condition that the Federal Air Surgeon, based on the case history and appropriate, qualified medical judgment relating to the condition involved, finds -

(1) Makes the person unable to safely perform the duties or exercise the privileges of the airman certificate applied for or held; or

(2) May reasonably be expected, for the maximum duration of the airman medical certificate applied for or held, to make the person unable to perform those duties or exercise those privileges.

SUBSTANCE ABUSE	
DSM-5 (diagnosis)	14CFR67 (aviation definition)
<p>Requires 2 of 11 (in the past 12 months):</p> <p>Substance is often taken in larger amounts and/or over a longer period than the patient intended.</p> <p>Persistent attempts or one or more unsuccessful efforts made to cut down or control substance use.</p> <p>A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from effects.</p> <p>Craving, strong desire or urge to use the substance</p> <p>Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.</p> <p>Continued substance use despite having persistent or recurrent social or interpersonal problem caused or exacerbated by the effects of the substance.</p> <p>Important social, occupational or recreational activities given up or reduced because of substance use.</p> <p>Recurrent substance use in situations in which it is physically hazardous.</p> <p>Substance use is continued despite having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.</p> <p>Tolerance, as defined as either: (a) Markedly increased amounts of the substance in order to achieve intoxication or desired effect; or (b) markedly diminished effect with continued use of the same amount</p> <p>Withdrawal, as manifested by either of the following: (a) The characteristic withdrawal syndrome for the substance; or (b) The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms</p>	<p>Any <u>1</u> of the following:</p> <p>Tolerance</p> <p>Withdrawal</p> <p>Impaired control of use</p> <p>Continued use despite damage to physical health or impairment of social, occupational, or personal functioning.</p>