



February 13, 2007

Ms. Pamela Hamilton-Powell
Director, Office of Rulemaking
Federal Aviation Administration
800 Independence Avenue, SW
Washington, D.C. 20591

RE: Petition for Exemption, DOT Docket Number FAA-2006-26407

Dear Ms. Hamilton-Powell:

The Association of Air Medical Services (AAMS) would like to thank the Federal Aviation Administration (FAA) for the opportunity to provide comments in support of the petition for exemption allowing Careflight to conduct Instrument Flight Rules (IFR) departures and approaches to airports and heliports without an approved weather source. AAMS is a non-profit trade association representing over 300 air ambulance and critical care transport service providers in the United States and Canada. AAMS supports this petition for exemption, as this exemption would allow for the increased use of IFR in providing air medical patient transport. IFR is a proven controlled flight into terrain (CFIT) avoidance system, and would therefore provide for an enhanced level of transport safety for critically ill and injured patients in Careflight's operating environment.

This type of recommendation was originally made to the FAA by the Part 135 Aviation Rulemaking Committee (ARC). The following points were made in that recommendation:

1.) There is precedent for such a request. Because of their unique characteristics, helicopters currently may operate in class G airspace under visual flight rules in Part 135 service with visibility requirements as low as ½ mile. (14 CFR §135.205.) The same helicopter, even when equipped and operated with an approved autopilot in lieu of a second in command, may not begin an approach to an airport / heliport without weather reporting facilities. The disparity serves to encourage operations in marginal conditions (i.e. "scud running") because of the limitations imposed by 14 CFR §135.225.

2.) In its letter of recommendation dated October 7, 2002, the National Transportation Safety Board notes that pilots operating helicopters in marginal visibility should be required to possess instrument ratings and to demonstrate instrument competency during initial and recurrent evaluation checks. Also, in the more recently released NTSB Report on Air Medical Services, the NTSB recommended that the FAA require that air medical flights be conducted under Part 135 whenever medical crews are on board. Without an exemption from the

526 KING STREET
SUITE 415
ALEXANDRIA, VA
22314-3143

(703) 836-8732
FAX (703) 836-8920
www.aams.org

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Part 135 weather reporting requirements, the results of the implementation of this recommendation would actually require significantly less IFR operations.

3.) Continuing improvements in ground and aircraft technology have made instrument approaches available in areas not previously served and have provided better and more reliable means for pilots to acquire weather and airport information in flight. Next generation technology and advances in autopilot and cockpit display technology have improved reliability and dependability of aircraft systems and have improved safety by reducing pilot workload.

4.) As noted in FAA Exemption No. 6175, there is a significant public interest in increasing the availability of IFR in air ambulance operations.

Again, AAMS would like to support Careflight's petition for exemption from Sections 135.213(a) and (b), 135.219, and 135.225(a)(1), (a)(2) and (g) of Title 14 Code of Federal Regulations (CFR). If you have any questions or require any further information please contact AAMS at your convenience.

Sincerely,



Edward R. Eroe, CHE, CAE, CMTE
President, AAMS
&
Partner & CEO
MedServ Air Medical Transport, LLC
Platte City, Missouri



Dawn M. Mancuso, MAM, CAE
Executive Director/CEO
AAMS