



National Association
of EMS Physicians

**Docket No. FAA-2026-9178; Notice No. 26-12 RIN 2120-AM18:
Improving Emergency Medical Kit Efficacy and Flexibility in Commercial Airline
Operations**

Submitted via www.regulations.gov

Dr. Charles Mathers
Office of Aerospace Medicine
Federal Aviation Administration
800 Independence Avenue SW
Washington, DC 20591

Dear Dr. Mathers:

The National Association of EMS Physicians (NAEMSP) respectfully submits these comments in response to the Federal Aviation Administration's (FAA) Notice of Proposed Rulemaking ("NPRM"), *"Improving Emergency Medical Kit Efficacy and Flexibility in Commercial Airline Operations,"* published in the Federal Register on August 5, 2026. NAEMSP represents emergency medicine and EMS physicians nationwide, and these comments reflect input from practicing physicians with direct experience in prehospital and in-flight emergency care.

I. General Support for the Proposed Approach

NAEMSP supports the FAA's proposed transition from the current prescriptive Appendix A framework to a performance-based regulatory model for emergency medical kits (EMK) and first aid kits (FAK). We agree that the existing prescriptive list, largely unchanged for over twenty years, cannot keep pace with advances in medical science, medication availability, and evolving standards of emergency care. The proposed approach of identifying life-threatening conditions that kits must be capable of treating, rather than mandating specific items, represents a sound regulatory philosophy that we believe will improve patient outcomes aboard commercial aircraft.

We particularly appreciate the FAA's decision to address Section 368 of the FAA Reauthorization Act of 2024 through a framework that permits adaptation to medication shortages, new therapeutic options, and emerging clinical evidence without requiring the resource-intensive exemption process that has characterized the current system.

We also note that, when considered together with the draft Advisory Circular (AC 121-33C), many concerns that might arise from reading the regulatory language alone are substantially addressed. The Advisory Circular's model medication and equipment lists provide a practical reference point for operators and will support consistency in implementation. We encourage the FAA to finalize the Advisory Circular alongside the rule.

II. Maintain a Standardized Minimum Floor

While NAEMSP endorses the concept of operator flexibility, we urge the FAA to ensure that the final rule, and especially its implementing guidance, establishes a clearly defined minimum “floor” for EMK contents that applies uniformly across all part 121 operators.

The proposed § 121.807 identifies nine life-threatening conditions that an EMK must be equipped to treat. NAEMSP supports this condition-based framework but is concerned that the absence of any minimum specified contents, even as a baseline, may lead to excessive carrier-to-carrier variability in kit composition. When a volunteer clinician encounters an EMK on an unfamiliar carrier, substantial variation in available resources could compromise the speed and confidence of the clinical response.

Recommendation: NAEMSP recommends that the FAA adopt a hybrid model consisting of (1) a federally defined minimum core set of medications and equipment that all operators must include, and (2) performance-based flexibility above that floor, allowing operators to supplement or substitute based on their operational profile, route structure, and SMS data. Supplemental items should be clearly distinguished from the baseline kit, whether by labeling, packaging, or kit organization. The Advisory Circular’s model lists could serve as the basis for the minimum core, provided they are periodically updated through the process described below.

III. Ensure Qualified Medical Oversight

NAEMSP’s foremost concern with the proposed rule is the absence of a clearly defined role for qualified medical professionals, specifically, practicing emergency medicine and EMS physicians, in the ongoing determination and periodic review of EMK contents.

The NPRM appropriately relies on the Aerospace Medical Association’s expert working group report as the scientific foundation for the proposed conditions and treatment options. Section 367 of the 2024 FAA Reauthorization expressed the sense of Congress that “a regularly scheduled panel of experts should reexamine and provide an updated list of mandated contents.” Additionally, Section 368(c) obligates the FAA to evaluate and revise kit requirements no later than five years after the final rule and every five years thereafter. However, the proposed regulatory text does not specify how this expert panel will be constituted, how its members will be identified, or how its recommendations will inform the periodic review process.

Recommendations:

- The FAA should establish a standing multidisciplinary expert panel, with defined membership criteria, including practicing EMS and emergency physicians, to advise on EMK contents on a regular cycle coinciding with the five-year review mandated by Section 368(c).
- At the individual airline level, medical direction of EMK contents should be informed by board-certified emergency medicine or EMS physicians who understand the unique challenges of limited-resource, prehospital environments.
- Kit content decisions should be data-driven, incorporating in-flight medical event epidemiology and actual utilization data collected through operators’ Safety Management Systems.

- EMS physicians are uniquely qualified for this oversight role. They routinely make clinical decisions in resource-constrained, prehospital environments that closely parallel the conditions aboard commercial aircraft, limited equipment, no laboratory or imaging support, and the need for rapid stabilization pending definitive care. This expertise should be explicitly recognized in the regulatory framework.

IV. Modernize Clinical Capabilities

NAEMSP commends the FAA for proposing to require treatment capabilities for opioid overdose, childbirth, and pediatric conditions, areas that the current Appendix A does not adequately address. Our committee's review identified several additional clinical priorities that warrant explicit attention:

- **Naloxone:** We strongly support the inclusion of opioid overdose as a required treatment condition. Naloxone (or equivalent opioid reversal agents) should be explicitly identified as the standard of care for this condition. Multiple carriers have already voluntarily adopted naloxone; universal availability is overdue.
- **Ondansetron (or equivalent antiemetic):** The proposed rule addresses gastrointestinal emergencies, but the Advisory Circular and guidance should specifically identify modern antiemetics such as ondansetron, which offer superior efficacy and safety profiles compared to older agents.
- **Bronchodilator therapy:** We support the inclusion of inhaled bronchodilator capability for airway and breathing emergencies. Guidance should ensure that adequate delivery devices and dosing are available for both adult and pediatric patients.
- **Pediatric capability:** While the proposed § 121.807(d) references "both adults and children," the rule should ensure that pediatric-appropriate medication dosing, delivery devices (including appropriately sized airway management equipment), and weight-based dosing references are specifically addressed in the Advisory Circular and operator compliance guidance.
- **Obstetric readiness:** Childbirth is appropriately included as one of the nine conditions. Guidance should specify that delivery kits include supplies adequate for common complications including postpartum hemorrhage.
- **Medication delivery and monitoring equipment:** The EMK should include equipment to support adequate medication delivery, including intravenous access supplies, and basic monitoring capability (e.g., pulse oximetry) where practicable.
- **Pain management:** While the current Appendix A includes a non-narcotic analgesic, clearer inclusion of effective pain management options warrants consideration in the Advisory Circular framework.

V. Preserve Predictability for Responding Clinicians

A critical safety consideration that NAEMSP wishes to emphasize is the perspective of the volunteer clinician. Physicians, nurses, paramedics, and other healthcare providers who respond to in-flight medical emergencies are typically doing so voluntarily, without compensation, and without prior familiarity with the specific kit they will be asked to use. These clinicians may fly multiple carriers and will encounter different EMKs depending on the airline. They rarely, if ever, have the opportunity to train with or preview the contents of an airline's medical kit before an emergency arises.

For these reasons, reasonable standardization of EMK contents is not merely an administrative convenience; it is an important safety and usability consideration. A clinician who must spend valuable minutes during an emergency searching for unfamiliar medications or equipment, or attempting to determine what resources are available, faces an unnecessary barrier to effective care.

Recommendation: The FAA should balance operator flexibility with sufficient standardization to ensure that a qualified clinician can open any part 121 EMK and rapidly identify available resources. Standardized labeling, organization schemes, and a universal quick-reference card identifying kit contents should be encouraged or required. The Advisory Circular should address kit design from the user's perspective, not solely from the operator's perspective.

VI. Align Training and Kit Design

NAEMSP supports the FAA's decision to maintain the current flexible crewmember training framework under § 121.805 without imposing a one-size-fits-all training mandate. However, as kit contents evolve under the proposed performance-based model, training must evolve in parallel.

Recommendations:

- Crew training programs should clearly distinguish between items intended for crewmember use (e.g., FAK contents, naloxone, AED) and items intended for use by medical professionals (e.g., injectable medications, advanced airway equipment). This distinction should be reflected in kit organization and labeling.
- As operators customize their kits, they should ensure crewmembers are trained on the specific contents of their airline's EMK, including any supplemental items beyond the baseline.
- The Advisory Circular should provide guidance on how operators can design kits that facilitate intuitive use under stress, including clear labeling, logical organization, and accessible quick-reference materials.

VII. Conclusion

NAEMSP supports the FAA's proposed modernization of emergency medical kit requirements for commercial aircraft. The performance-based approach represents a significant improvement over the rigid, outdated prescriptive framework of Appendix A. However, we urge the FAA to adopt a hybrid model that combines:

1. A federally defined minimum core of medications and equipment applicable to all part 121 operators;
2. Performance-based flexibility above that floor, allowing operators to tailor their kits based on operational data and evolving medical evidence;
3. Mandatory, defined involvement of EMS physicians and emergency medicine specialists in determining and periodically reviewing kit contents, both at the national advisory level and at the individual airline medical direction level; and
4. Sufficient standardization to preserve predictability and usability for volunteer responding clinicians.

NAEMSP and its Air Medical Services Committee stand ready to assist the FAA in developing the expert advisory framework, reviewing proposed Advisory Circular guidance, and contributing clinical expertise to the ongoing evolution of in-flight emergency medical capability.

We appreciate the opportunity to comment on this important, proposed rule and commend the FAA for its responsiveness to the Congressional mandate and its engagement with the medical community throughout this process.

Respectfully submitted,

National Association of EMS Physicians