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DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 121

[Docket No. FAA-2026-9178; Notice No. 26-12]

RIN 2120-AM18

Improving Emergency Medical Kit Efficacy and Flexibility in Commercial Airline Operations

AGENCY: Federal Aviation Administration (FAA), Department of Transportation (DOT).

ACTION: Notice of proposed rulemaking.

SUMMARY: FAA proposes to eliminate the prescriptive list of required items in emergency medical kits and first aid kits and replace it with a performance-based requirement to ensure contents are practical and sufficient to allow crewmembers to address the most common medical emergencies that occur onboard commercial aircraft. FAA seeks to increase flexibility for operators while maintaining predictability for operators to equip their onboard medical kits. This rule would also remove an outdated reference to certain emergency medical kits modified on April 12, 2004. This action is necessary to address requirements in the FAA Reauthorization Act of 2024.

DATES: Send comments on or before [INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER].

ADDRESSES: Send comments identified by docket number FAA-2026-9178 using any of the following methods:

- *Federal eRulemaking Portal:* Go to www.regulations.gov and follow the online instructions for sending your comments electronically.

- *Mail:* Send comments to Docket Operations, U.S. Department of Transportation (DOT), 1200 New Jersey Avenue, SE, West Building, 5th Floor (W58-213), Washington, DC 20590.
- *Hand Delivery or Courier:* Take comments to Docket Operations in Room W58-213 of the West Building 5th Floor at 1200 New Jersey Avenue, SE, Washington, DC, 20590 between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.
- *Fax:* Fax comments to Docket Operations at (202) 493-2251.

Docket: Background documents or comments received may be read at www.regulations.gov at any time. Follow the online instructions for accessing the docket or go to the Docket Operations in Room W58-213 of the West Building 5th Floor at 1200 New Jersey Avenue, SE, Washington, DC, 20590 between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

FOR FURTHER INFORMATION CONTACT: Dr. Charles Mathers, Office of Aerospace Medicine, Federal Aviation Administration, 800 Independence Avenue SW, Washington, DC 20591; telephone (202) 267-3535; email *9-FAA-Medical-Standards-and-Guidance@faa.gov*.

SUPPLEMENTARY INFORMATION:

List of Abbreviations and Acronyms Frequently Used in This Document

AED: Automated external defibrillator

AsMA: Aerospace Medical Association

EMK: Emergency medical kit(s)

FAK: First aid kit(s)

UPK: Universal precaution kit(s)

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I. Executive Summary

A. Overview of Proposed Rule

FAA proposes to revise 14 CFR 121.803, *Emergency medical equipment,* and remove and reserve Appendix A to 14 CFR part 121 ("Appendix A"), *First Aid Kits and Emergency Medical Kits,* and replace that appendix with the proposed new performance-based requirement in new § 121.807. These changes would ensure the content of each kit is practical and sufficient to allow crewmembers to address common emergency illnesses or accidents that may occur onboard commercial aircraft. This proposal would also remove an unnecessary reference to kits modified on April 12, 2004, from § 121.805, *Crewmember training for in-flight medical events.* FAA's intent is to

increase flexibility in the manner in which operators equip their onboard medical kits and train personnel for their use.

This proposal is necessary to address section 368 of the FAA Reauthorization Act of 2024 ("2024 FAA Reauthorization") that directed FAA to issue a notice of proposed rulemaking regarding first aid kit (FAK) and emergency medical kit (EMK) equipment and training required for flight crewmembers. It would also replace prescriptive language in the existing regulation that cannot be kept current with new, flexible requirements and advances in medicine and would reduce further resource expenditure by stakeholders and FAA for Appendix A exemptions.

B. Statement of the Problem

The 2024 FAA Reauthorization directed FAA to propose a rule regarding FAK and EMK equipment and training required for flight crew members. The 2024 Reauthorization directed that the proposed rule consider the benefits and costs of any new medications or medical equipment to address the emergency medical needs of children and pregnant women, opioid overdose reversal, anaphylaxis, and cardiac arrest. The 2024 Reauthorization further directed the proposed rule to consider to what extent EMK should be readily available for use by flight crews without prior approval by a medical professional.

In addition, FAA is proposing to address other problems it has identified, such as those related to Appendix A to part 121. The problem with the current Appendix A is it prescribes specific medications and quantities of each medical item. Medical science and medication innovation often evolve, and FAA's proposal would allow operators' EMK or FAK to evolve with them.[1] However, Appendix A's prescriptiveness that specifically names certain medications and specific quantities of each medication in the EMK

[1] FAA uses the term EMK and FAK to refer to emergency medical kits and first aid kits in general, respectively. For purposes of this rulemaking document, FAA uses the abbreviation "EMK" and "FAK" to refer to both the singular and plural of those kits.

prevents operators' EMK or FAK contents from keeping up with the most modern medical scientific developments.

In addition, medication shortages occasionally impact operators' abilities to acquire an adequate supply for their EMK. An incomplete EMK prevents an operator from operating the aircraft because this kit is considered a "GO/NO-GO" item.[2] When a shortage impacts one or more medications required in an EMK, then all affected aircraft are removed from service. In these instances, operators or trade associations may petition FAA for relief from the prescriptive list of kit items.[3] FAA grants an exemption from a regulation if the petitioner shows that granting the relief is in the public interest and would not adversely affect safety.[4] This process is resource-intensive for both the petitioner and FAA. For that reason, FAA seeks to end the need for regular exemptions by initiating this rulemaking action. These proposed regulatory changes would alleviate these resource concerns.

C. Summary of the Costs and Benefits

The proposed rule would create new flexible EMK and FAK requirements, potentially reducing the risk of negative health outcomes during part 121 operations. The new flexible requirements would also result in cost savings for part 121 operators by allowing more options for equipping and restocking FAK on their aircraft and by eliminating the need to petition for an exemption from regulatory requirements in

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[2] *See* 14 CFR 121.803(a).

[3] FAA approved 14 exemptions to address shortages in the EMK since 2015: *Spirit Airlines, Inc.* (FAA-2025-0521); *Airlines for America, the National Air Carrier Association, Cargo Airline Association, and the Regional Airline Association* (FAA-2021-0706) (19 operators exercised this exemption relief) *Spirit Airlines, Inc.* (FAA-2025-0522); *Ameristar Air Cargo, Inc.* (FAA-2017-0780); *Airlines for America/National Air Carrier Association/Regional Airline Association* (FAA-2013-0034) (29 operators exercised this exemption relief) NOTE: this docket contains seven exemptions/amendments for exemption number 10690 over the past ten years; *Airlines for America, the National Air Carrier Association, Cargo Airline Association, and the Regional Airline Association* (FAA-2021-0706); *Aerodynamics Inc.* (FAA-2019-0014); *Vision Airlines* (FAA-2016-8158).

[4] 14 CFR 11.81.

Appendix A to part 121. FAA would experience cost savings on the processing of petitions for exemption from Appendix A.

Though part 121 operators would incur minimal costs to equip an EMK with a few additional supplies, overall, the proposed rule would maintain safety and result in net cost savings for both industry and FAA by establishing more flexible EMK and FAK requirements.

II. Authority for this Rulemaking

FAA's authority to issue rules on aviation safety is found in title 49 of the United States Code (49 U.S.C.). Subtitle I, section 106, describes the authority of the FAA Administrator. Subtitle VII, Aviation Programs, describes in more detail the scope of the agency's authority.

FAA is issuing this notice of proposed rulemaking under the authority described in 49 U.S.C. 106(f), which establishes the authority of the Administrator to promulgate regulations and rules, and 49 U.S.C. 44701(a)(5), which requires the Administrator to promote safe flight of civil aircraft in air commerce by prescribing regulations and setting minimum standards for cybersecurity and other practices, methods, and procedures necessary for safety in air commerce and national security. This rulemaking is within the scope of that authority. Finally, this rulemaking implements the Congressional mandate set forth in section 368 of the FAA Reauthorization Act of 2024. Section 368 requires FAA to issue a notice of proposed rulemaking regarding FAK and EMK equipment and training for required flight crewmembers, as provided in 14 CFR part 121.[5]

[5] Section 368 of Pub. L. No. 118-63, 138 Stat. 1136 (49 U.S.C. 44701 note).

III. Background

A. 2024 FAA Reauthorization

1. Section 367 "Sense of Congress Regarding Mandated Contents of Onboard Emergency Medical Kits"

Section 367 of the 2024 FAA Reauthorization[6] provided that it was the sense of Congress that:

> (1) a regularly scheduled panel of experts should reexamine and provide an updated list of mandated contents of onboard emergency medical kits that is thorough and practical, keeping passenger safety and well-being paramount; and
>
> (2) such panel should consider including on the list of mandated contents of such medical kits, at a minimum, opioid overdose reversal medication.

In response to section 367 of the 2024 FAA Reauthorization, FAA's Federal Air Surgeon asked the Aerospace Medical Association (ASMA) to provide scientific and practical advice for revising current EMK requirements.

2. Section 368 "Passenger Aircraft First Aid and Emergency Medical Kit Equipment and Training" of the 2024 FAA Reauthorization

Section 368(a) of the 2024 FAA Reauthorization required FAA to issue a notice of proposed rulemaking regarding first aid and emergency medical kit equipment and training required for flight crewmembers as provided in 14 CFR part 121, no later than 2

[6] Section 367 of Pub. L. No. 118-63, 138 Stat. 1136.

years after the date of the Act's enactment.[7] Specifically, in carrying out subsection (a) of section 368, subsection (b) directed FAA to consider the following:

> (1) the benefits and costs (including the costs of flight diversions and emergency landings) of requiring any new medications or equipment necessary to be included in approved emergency medical kits;
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> (2) whether the contents of the emergency medical kits include, at a minimum, appropriate medications and equipment that can practicably be administered to address—
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> > (A) the emergency medical needs of children and pregnant women;
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> > (B) opioid overdose reversal;
> >
> > (C) anaphylaxis; and
> >
> > (D) cardiac arrest;
>
> (3) what contents of the emergency medical kits should be readily available, to the extent practicable, for use by flight crews without prior approval by a medical professional.[8]

FAA considered subsection (b)(1) of Section 368 and supported this directive in section V.A. (Regulatory Notices and Analyses, Regulatory Impact Analysis) of this preamble. FAA considered subsection (b)(2) and the medications and equipment listed therein using a proposal by AsMA, with further discussion of AsMA's report in section III.C of this preamble. With AsMA's report (referred to hereinafter as the AsMA report) and FAA's independent analysis of section 368(b)(2)(A) through (D), FAA concluded that appropriate medications and medical equipment should be made available for use on transport aircraft for the

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[7] Section 368 of Pub. L. No. 118-63, 138 Stat. 1136 (49 U.S.C. 44701 note).

[8] *Id.*

medical conditions and events as considered by Congress. Therefore, FAA proposes in this rulemaking for operators to equip their aircraft with an EMK that includes adequate supplies for medical personnel to provide basic evaluation and initial treatment for medical conditions and events described in section 368 and other life-threatening conditions as proposed in § 121.807. FAA considered section 368(b)(3) and discusses access and contents of EMK in sections IV.A.1. (Appendix A to part 121, Emergency Medical Kit) and IV.B. (Flight Crewmember Training) of this preamble. Finally, FAA is aware of the agency's obligation as discussed in section 368(c) that FAA "not later than 5 years after the issuance of the final rule under subsection (a) and every 5 years thereafter" take action as appropriate to evaluate and revise "(1) the first aid and emergency medical kit equipment and training required for flight crewmembers; and any required training for flight crewmembers regarding the content, location, and function of such kit."

B. History

1. EMK, FAK, and crewmember training history

A FAK is a kit that contains supplies to provide necessary care for injuries such as abrasions, lacerations, sprains or strains, and fractures. An EMK contains supplies to address more serious conditions. FAK were first introduced on commercial airliners in 1949, and EMK were first introduced in 1986.[9] The most recent revision to the EMK or FAK in Appendix A occurred over 20 years ago.[10] When each of these pieces of emergency medical equipment was introduced, FAA set the requirement for the kits to contain certain medical equipment and supplies approved by the Administrator as

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[9] *See generally* Part 42-Irregular Air Carriers and Off-Route Rules, 14 FR 7034 (Nov. 22, 1949); Emergency Medical Equipment, 51 FR 1218 (Jan. 9, 1986).

[10] *See Emergency Medical Equipment,* 66 FR 19028 (Apr. 12, 2001).

suitable and sufficient for the type of operation involved. This revision, titled "Emergency Medical Equipment" (hereinafter the "2001 Final Rule"), updated EMK and FAK by establishing the current prescriptive list of each kit's[11] contents. Though the 2001 EMK contents are dated by today's standards, the list of contents was relatively modern when introduced. The 2001 revision required 64 different items from updated medication and medical equipment lists—double the number (32) required previously.[12]

Unlike the prescriptive kit content requirements, the 2001 final rule did not mandate a "one-size-fits-all" requirement for crewmember training utilizing an EMK and FAK. FAA asserted that requiring such a training scheme would be overly burdensome and contrary to the efforts made by operators who already were responsible for training crewmembers on medical emergencies.[13] However, some standardization for crewmember training for in-flight medical events was implemented with the publication of subpart X of part 121 on April 12, 2001.[14] Training requirements outlined in § 121.805, *Crewmember training for in-flight medical events*, apply to all crewmembers, with additional automated external defibrillator (AED) and cardiopulmonary resuscitation (CPR) performance drill training requirements for flight attendants.

2. Exemptions history

As previously mentioned, FAA issues exemptions on a temporary basis to mitigate the negative externalities of relevant medication shortages. The prescriptive nature of the current Appendix A to part 121 requires an exemption for every modification to a medication listed. An exemption is required to substitute a medication, change a dosage amount, or both.

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[11] *Id.* at 19044.

[12] Appendix A to 14 CFR 121 (2000).

[13] *See* Emergency Medical Equipment, 66 FR 19028 at 19036.

[14] *Id*.

For example, in 2013, FAA granted exemptions to Airlines for America (A4A), National Air Carrier Association, Regional Airlines Association, Sierra Pacific Airline, Inc., Virgin America Inc., and Mesa Airlines, Inc. from § 121.803(c)(3) and Appendix A to part 121 because of a Dextrose shortage in the market. These exemptions allowed the subject air carriers to not stock Dextrose in their EMK. Operators were required to inform employees, crewmembers, and other relevant parties of the lack of Dextrose in the EMK, and the operators' crewmembers were required to maintain a physical copy of the exemption on each flight during which the exemption was used. This exemption was for one year and was extended by two years by exemption number 10721A. FAA considered the petitioners' request and supporting information and found that a grant of exemption would be in the public interest for three reasons: (1) an EMK is considered a "no-go" item, and the small risk of a lack of an infrequently used EMK input (Dextrose) is outweighed by the benefit of grounding fewer planes; (2) Dextrose substitutions, while available, would be complex to administer and potentially lead to human error and less operational efficiency; and (3) given the nationwide shortage of Dextrose at the time, FAA determined that it was not in the public interest for EMK suppliers to be competing for Dextrose with the greater need and demand of ground-based medical providers.

If this proposed rule were in place, then A4A could have found a replacement for Dextrose, such as Glucagon, if such an option were appropriate and available on the open market without requesting an FAA exemption.

Many medications in the EMK can be pervasively unavailable, which requires ongoing petitions for exemption. The process of reviewing the efficacy of potentially dozens of exemptions is a resource-intensive process for FAA. Several FAA offices meticulously review exemptions to ensure the petition for an exemption, if granted, would meet regulatory requirements in 14 CFR part 11 and safety thresholds. This process requires resources from both FAA and the petitioners, who are responsible for

preparing and submitting the required exemption paperwork. For example, FAA granted exemption number 10690 in 2013 in response to a shortage of Atropine. Since 2013, FAA has extended this exemption 11 times and expanded the exemption to include Atropine, Dextrose, Epinephrine, or Lidocaine or all four medications if the market fails to produce enough of each medication.

C. 2025 Aerospace Medical Association Report

In response to section 367 of the 2024 FAA Reauthorization,[15] FAA's Federal Air Surgeon asked the Aerospace Medical Association to provide scientific and practical advice for revising current EMK requirements. FAA wanted to hear from Aerospace Medicine experts and practitioners familiar with existing requirements who would be able to make educated, scientifically based recommendations for improving FAA EMK. In October 2024 AsMA convened a working group to develop recommendations based on clearly identified (1) conditions, or categories of conditions, that are reasonable to expect trained cabin crew members to be able to address effectively with the contents of an EMK or FAK; (2) contents, or categories of contents, necessary to include to address these conditions; and (3) specific examples of contents that would be sufficient to address each condition identified.

FAA received the AsMA report on April 30, 2025. AsMA expanded the scope of FAA's original request from solely providing a recommendation on the contents for EMK to also include recommended revisions to the contents of the FAK and Universal

[15] Section 367 of Pub. L. No. 118-63, 138 Stat. 1136.

Precautions Kits (UPK) as well.[16] As such, the AsMA report provided recommendations to revise each kit to modern standards.

AsMA developed this report with the intent that the report would serve as a model for updating the list of medication contents and dosages and the equipment required in a part 121 FAK and EMK. FAA concluded a more flexible regulation to replace Appendix A would be appropriate to avoid unnecessary exemptions for medication and equipment substitutions while maintaining an equivalent level of safety.[17]

IV. Discussion of the Proposal

A. Appendix A to part 121

Currently, Appendix A to part 121 contains a prescriptive list of medications and equipment for FAK and EMK along with a requirement that at least one approved AED be on board. Appendix A currently requires only one EMK and one AED for all operators operating under part 121. In contrast, Appendix A requires operators to adjust the number of FAK depending on the number of passenger seats.[18]

1. Emergency Medical Kit

FAA currently requires an EMK to contain the following specific items and quantities: one Sphygmomanometer; one Stethoscope; three sizes of cricopharyngeal[19] airways; four syringes of sizes necessary to administer the required medications; six needles of the sizes necessary to administer required medications; one 50 percent dextrose injection, 50cc; two epinephrine 1:1000, single dose ampule or equivalent; two diphenhydramine HC1 injection, single dose ampule or equivalent; ten nitroglycerin

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[16] For purposes of this rulemaking document, FAA uses the abbreviation "UPK" to refer to both the singular and plural of universal precaution kits. FAA considers the two respective terms to be synonymous.

[17] DeVoll J. P., Alves P., and Lyng J., *FAA Onboard Medical Kits Working Group Report* (May 1, 2025). FAA placed a copy of the AsMA report in the docket for this NPRM.

[18] *See* Appendix A to 14 CFR 121 (2025).

[19] The term "cricopharyngeal" is spelled incorrectly in the current regulation.

tablets; one set of basic instructions for the use of the medications in the kit; and one pair of protective nonpermeable gloves or equivalent.[20]

The purpose of the EMK is to provide basic evaluation and initial treatment for a passenger experiencing moderate to severe injuries and illnesses until the aircraft can land and the passenger can be transferred to emergency medical personnel. The contents of the EMK include medicines and a wider range of medical equipment than in the FAK. FAA intends for any person providing care using the contents of the EMK to be a person with medical training. Furthermore, a crewmember would only provide medical care using the contents of the EMK with supervision from ground-based medical oversight.

FAA proposes to remove and reserve Appendix A to part 121 and replace the current prescriptive list of items in Appendix A with proposed § 121.807. This new section would allow operators to determine the items and amounts of those items that should be included in an EMK to treat a list of life-threatening conditions operators may encounter during a flight.

Specifically, FAA proposes operators equip their EMK with sufficient resources to detect and treat, at a minimum, the nine life-threatening medical conditions discussed further in the following paragraphs. In accordance with section 368(b)(2)(B) of the 2024 FAA Reauthorization, FAA has considered the specific signs and symptoms and possible treatment options for opioid overdose. Further, in accordance with section 368(b)(2)(A), FAA has considered the specific needs of children and pregnant women when discussing signs and symptoms and possible treatment options.

First, FAA recommends sufficient resources for chest pain and cardiac emergencies, such as cardiac arrest, heart attack, unstable angina, or arrhythmia which may include the following signs and symptoms: loss of consciousness; chest pain or

[20] Appendix A to 14 CFR 121 (2025).

discomfort; shortness of breath; rapid or irregular pulse; pain radiating to the arm, jaw, neck, or back; dizziness, lightheadedness, or sweating. Treatment options could include medication such as Aspirin.

Second, FAA recommends sufficient resources for airway or breathing emergencies, which may include the following signs and symptoms: shortness of breath, wheezing, coughing, chest tightness, difficulty speaking, or blue skin. Treatment options could include medication such as an inhaled short-acting bronchodilator.

Third, FAA recommends sufficient resources for sudden impairment of consciousness, such as a seizure, which may include the following signs and symptoms: loss or impairment of consciousness or confusion. Treatment options could include antiepileptic medication.

Fourth, FAA recommends sufficient resources for major bleeding (hemorrhage), which may include the following signs and symptoms: visible blood loss, rapid heart rate or breathing or both, pale or clammy skin, weakness, dizziness, confusion, disorientation, or loss of consciousness. Treatment options could include equipment such as a commercial windlass-style tourniquet.

Fifth, FAA recommends sufficient resources for opioid overdose, which may include the following signs and symptoms: slow or shallow breathing, small pupils, altered mental status, blue skin or lips, or unresponsiveness. Treatment options could include medication such as naloxone.

Sixth, FAA recommends sufficient resources for hypoglycemia, which may include the following signs and symptoms: altered mental status, shakiness, sweating, clammy skin, nausea or vomiting, rapid heart rate or breathing or both, or loss of

consciousness. Treatment options could include medication such as a dextrose-containing intravenous (IV) solution.

Seventh, FAA recommends sufficient resources for gastrointestinal (stomach) emergencies, which may include the following signs and symptoms: dehydration from severe vomiting or diarrhea. Treatment options could include medication such as an isotonic crystalloid IV solution and antiemetics.

Eighth, FAA recommends sufficient resources for anaphylaxis (sudden/acute severe allergic reaction), which may include the following signs and symptoms: hives; swelling of the mouth, throat, or tongue; difficulty breathing, rapid or weak pulse, dizziness; stomach pain; nausea or vomiting; or loss of consciousness. Treatment options could include medication such as epinephrine.

Finally, FAA recommends sufficient resources for childbirth, which may include the following signs and symptoms: contractions, water breaking, vaginal discharge, back pain, or pelvic pressure. Treatment options could include equipment such as a delivery kit.

FAA relied on the AsMA report to formulate this list of life-threatening conditions. Specifically, FAA determined the list of life-threatening conditions AsMA's recommended list of medications and equipment were intended to treat. FAA also considered the situations in section 368 of the 2024 FAA Reauthorization that Congress asked FAA to consider when proposing rulemaking regarding FAK and EMK. After consideration of all sources, FAA concluded this proposed list of life-threatening conditions was the most appropriate list for treatment by modern EMK.[21]

In this NPRM, FAA seeks to address a long-standing need to provide clear, risk-based requirements to operators for equipping and training sufficiently to enable effective

[21] Sec. 368 of Pub. L. No. 118-63, 138 Stat. 1136 (49 U.S.C. 44701 note).

response to medical emergencies onboard commercial aircraft. FAA believes the equipment identified in existing Appendix A is too specific to be practical and cannot be updated timely in response to changing standards of medical practice and product availability. The prescriptive nature of Appendix A results in unnecessary stakeholder and agency workload to submit and respond to petitions for exemption when medications are not available. If finalized as proposed, operators would utilize their Safety Management System (SMS) to ensure the content of the FAK and EMK would be monitored and adjusted, when necessary, based on the scope of their operation, emergency medical event data, and advances in medical science.[22]

To assist operators in developing their EMK, procedures, and training, FAA has revised the current Advisory Circular (AC) 121-33 to include a model list of medications and equipment. AC 121-33C would replace 121-33B[23] and InFO 20001[24] and would establish one way, but not the only way, for a part 121 operator to comply with the proposed requirements for each FAK and EMK. Furthermore, FAA intends to combine AC 120-44A[25] and 121-34B[26] into revised AC 120-44B to consolidate flight

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[22] SMS includes systematic procedures, practices, and policies for the management of safety risk. All part 121, 135 and 91.147 operators must have an SMS that meets the requirements of 14 CFR part 5. The SMS is approved and surveilled by FAA to ensure compliance. The operator implements medical event risk controls (policies, procedures, and training) through the safety risk management (SRM) processes required by part 5 (14 CFR 5.71). The safety assurance component of SMS (14 CFR 5.53) requires monitoring and measuring safety performance of operational processes and continuously improving the level of safety performance. Strong safety assurance processes will yield information used to maintain the integrity of risk controls. The operator monitors the operation and collects and analyzes data from medical events to validate the risk controls are effective. If the risk controls are not effective or the operator identifies a need for a new risk control, then the operator triggers the SRM process to change the ineffective risk control or develop the new risk control. This whole process is data driven and monitored by FAA through continued operational surveillance.

[23] AC 121-33B - Emergency Medical Equipment, https://www.faa.gov/regulations_policies/advisory_circulars/index.cfm/go/document.information/documentID/22516.

[24] InFO20001: Emergency Medical Equipment on Passenger Aircraft, https://www.faa.gov/sites/faa.gov/files/other_visit/aviation_industry/airline_operators/airline_safety/InFO20001.pdf.

[25] AC Air Carrier First Aid Programs, https://www.faa.gov/documentLibrary/media/Advisory_Circular/ac120-44a.pdf.

[26] AC Emergency Medical Equipment Training, https://www.faa.gov/documentLibrary/media/Advisory_Circular/AC121-34B.pdf.

crewmember training content appropriately. A draft of these ACs has been placed in the docket for this rulemaking for public comment.

FAA proposes this revision because, as previously mentioned, FAA seeks to promote modern medical practices by allowing assemblers of kits to follow the most up-to-date medical advice and make changes as necessary when designing the contents of each kit to treat the life-threatening conditions proposed in § 121.807. FAA also seeks to end the practice of processing and granting exemptions to operators when there are medication shortages in the market affecting the availability of EMK contents.

FAA believes given the volume of requests for exemptions to Appendix A, a rulemaking action would be appropriate to increase flexibility to air carriers' EMK.

2. First Aid Kit

The current requirement for a FAK is the following: sixteen adhesive bandage compresses, 1-inch; twenty antiseptic swabs; ten ammonia inhalants; eight bandage compresses, 4-inch; five triangular bandage compresses, 40-inch; one arm splint, noninflatable; one leg splint, noninflatable; four roller bandage, 4-inch; two adhesive tape, 1-inch standard roll; and one bandage scissors.[27]

The purpose of the FAK is to provide necessary care for injuries such as abrasions, lacerations, sprains or strains, and fractures. Crewmembers are already trained by their part 121 operators to assist with such injuries but are not required to be equivalent to the expert level of proficiency attained by professional emergency medical personnel.

As previously mentioned, FAA proposes to remove and reserve Appendix A to part 121 and replace the current prescriptive-based regulation in Appendix A with a new § 121.807. This new section would maintain the current requirement for the number of FAK equipped onboard the aircraft to increase as the number of passenger seats

[27] Appendix A to 14 CFR 121 (2025).

increase.[28] Each operator would have the flexibility to design their own FAK and any ancillary equipment; however, each operator would ensure their FAK contents were sufficient to provide adequate medical supplies to address injuries such as abrasions, lacerations, sprains or strains, and fractures.

Though AsMA recommended operators include medications in their FAK, FAA declines to pursue that recommendation but intends to encourage those same medications to be included in an EMK. FAK currently in use in part 121 operations do not contain any medications. Adding a medication to those kits would require altering crewmember training and adding unnecessary complexity to the FAK because crewmembers are already aware and have the understanding that medications are found in an EMK rather than a FAK; therefore, requiring new medications in a FAK would only add unnecessary complication for crewmembers using a FAK. FAA believes it is appropriate to incorporate additional medications in an EMK if additional medications are required.

3. Universal Precaution Kit

FAA is not proposing UPK requirements in this proposed rulemaking. FAA does not currently regulate UPK; however, AsMA recommended and proposed a model UPK. The purpose of the UPK is to provide Occupational Safety and Health Administration (OSHA)-compliant Personal Protective Equipment (PPE) for crewmembers and on-board volunteer medical responders. The AsMA report recommended UPK include nitrile gloves, sanitizer, absorbent pads, and other necessary PPE for mitigating bodily fluids until the aircraft lands and additional resources are available.

FAA encourages operators to create and maintain their own suite of UPK but declines to propose a regulation requiring it to be onboard aircraft. FAA would provide guidance in its draft Advisory Circular on how an operator might design a UPK if they

[28] FAA intends to maintain the current requirement found in Appendix A of one FAK for 0-50 passenger seats, two FAK for 51-150 passenger seats, three FAK for 151-250 passenger seats, and four FAK for more than 250 passenger seats.

choose to stock such a kit. The draft Advisory Circular has been placed in the docket for this rulemaking.

4. Emergency Medical Equipment and Automated External Defibrillators (§§ 121.803, 121.805)

Currently, § 121.803, titled *Emergency medical equipment*, contains the requirement that passenger-carrying airplanes must be equipped with approved FAK and EMK, and AEDs. Though Appendix A to part 121 lists specific contents for each kit, § 121.803 contains the regulatory requirement that each passenger-carrying airplane equip each kit. Specifically, § 121.803(c) references Appendix A when describing the contents of both kits. Section 121.803(c)(3) also references emergency medical kits as modified as of April 12, 2004.

FAA proposes to make a conforming amendment to § 121.803(c) to strike the reference to Appendix A and replace it with a reference to § 121.807. FAA finds this action is necessary to remove and reserve Appendix A as part of this rulemaking while still referencing the new, appropriate section in part 121 for each kit's contents. FAA also proposes to remove § 121.803(c)(3) because the reference to an "approved emergency medical kit as modified effective April 12, 2004" is no longer relevant given operators would no longer carry EMK more than 20 years old.

In addition, part 121 regulations pertaining to AEDs on aircraft are located in Appendix A. Given FAA does not intend to remove any requirements for AEDs, FAA proposes to redesignate and update this regulatory requirement in § 121.803(c)(3). FAA also proposes to remove the current reference to "April 30, 2005" in the removed Appendix A because FAA finds that operators would no longer equip their AEDs with power sources more than 20 years old. FAA finds it is necessary to redesignate this regulatory requirement because FAA proposes to remove and reserve Appendix A. In doing so, FAA does not seek to remove or otherwise modify the manner and means of

compliance for operators regarding their AEDs. FAA seeks to maintain the same AED requirements that part 121 operators have followed for decades. Furthermore, the current reference to AEDs is outdated. The current regulations in §§ 121.803(c)(3) and 121.805(b)(1) contain references to 21-year-old EMK that operators no longer use or would be approved to use today. Thus, FAA proposes to relocate the current AED requirements found in Appendix A to § 121.803(c)(3), and FAA proposes to remove references to "April 12, 2004" and associated language from §§ 121.803 and 121.805.

B. Crewmember Training

Section 368(a) of the 2024 FAA Reauthorization also directed the NPRM to address training required for flight crewmembers. FAA has considered if changes to required crewmember training are necessary and has concluded the regulations do not require changes at this time.

Currently, § 121.801 establishes that certificate holders or their agents are not required to provide medical care or establish a standard of care; rather, § 121.805 requires each training program to provide instruction as appropriate for each crewmember. Air carriers are currently responsible for instructional training of crewmembers on the location, function, and intended operation of emergency medical equipment and the associated emergency medical event procedures, in accordance with § 121.805(b)(1) and (2). In addition, crewmembers must receive instruction to familiarize them with the content of the EMK, in accordance with § 121.805(b)(3). Familiarization with the content of EMK is appropriate because requiring crewmembers to be skilled in administering the contents of EMK, without medical advice, would require crewmembers to be given medical training. There is no need to change these requirements as part of this rulemaking because the current requirements are flexible enough to accommodate the changes in this proposed rule that would allow operators to change the content of their kits. The current requirements would continue to require crewmembers to be familiar

with the content of those changing kits. Therefore, FAA will not take further action to revise crewmember training regulations.

C. Crewmember Training for In-Flight Medical Events (§ 121.805)

Section 121.805 establishes standards for crewmember training concerning the location, function and operation of emergency medical equipment, and the contents of EMK. Though Appendix A is not specifically mentioned in this section, § 121.805(b)(4) provides instruction to familiarize crewmembers with the content of EMK as modified on April 12, 2004. FAA proposes to remove § 121.805(b)(4) because this reference is no longer relevant given operators operating today would not be using pre-April 12, 2004, medical kits, and § 121.805(b)(3) already requires crewmember training to include instruction to familiarize crewmembers with the content of EMK. Therefore, FAA does not believe there is a need to reference pre- and post-April 2004 EMK.

V. Regulatory Notices and Analyses

A. Regulatory Impact Analysis

Executive Order (E.O.) 12866 ("Regulatory Planning and Review") and E.O. 13563 ("Improving Regulation and Regulatory Review") require agencies to regulate in the "most cost-effective manner," to make a "reasoned determination that the benefits of the intended regulation justify its costs," and to develop regulations that "impose the least burden on society." FAA has determined this proposed rule is not a significant regulatory action as defined in section (3)(f) of E.O. 12866.

E.O. 14192 ("Unleashing Prosperity through Deregulation"), issued January 31, 2025, instructs agencies to "alleviate unnecessary regulatory burdens." FAA expects this proposed rule, if finalized as proposed, to be an E.O. 14192 deregulatory action.

In conducting this analysis, FAA has determined this proposed rule has benefits that justify its costs. This section provides FAA's analysis of the regulatory impact of the proposed rule.

1. Baseline for Analysis

The existing regulatory framework and practices for equipping a part 121 operator's EMK and FAK constitute the baseline for this analysis. The impacted entities of the proposed rule include all air carriers operating under part 121. FAA uses a 6-year period for this analysis. A 6-year period of analysis encompasses the typical time between granting, amending, and extending new precedent-setting Appendix A exemptions. A 6-year analysis period also encompasses the life span of a typical FAK.[29]

Currently, part 121 operators must have one to four approved FAK based on the number of passenger seats on the aircraft and one approved EMK per aircraft. Each approved kit must contain the medications and medical equipment specified in Appendix A to 14 CFR part 121. In addition to stocking medical kits with the contents required under Appendix A, several operators, including Southwest, United, Alaska, Delta, American,[30] and Frontier Airlines,[31] have voluntarily equipped their EMK with medications to treat medication overdoses. This economic analysis assesses the incremental costs and benefits of the proposed rule against these existing regulatory requirements and practices.

This proposed rule impacts the EMK and FAK on all aircraft conducting part 121 operations. FAA estimates that, in the base year of this analysis, the active affected fleet would include 7,063 active aircraft. Using an assumed annual growth rate of 1.7 percent,[32] FAA estimates the affected population would increase to 7,684 active aircraft

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[29] *Is Your First Aid Kit Expired?*, American Red Cross (Jun. 17, 2024), https://www.redcross.org/take-a-class/resources/articles/do-first-aid-kits-expire?srsltid=AfmBOoqnQY86Y1jjz70Z1vFYWGxINry9AMsYJ3QM1qg40-zP0Xsqij2m.

[30] *Southwest Airlines to Carry Naloxone or "Narcan" on Planes Following Pettersen Push*, Office of U.S. Representative Brittany Pettersen (February 1, 2024), https://pettersen.house.gov/news/documentsingle.aspx?DocumentID=566.

[31] Carvalho, Anna-Maria, and Vincent Poirier, *Naloxone is becoming more available in airline medical kits*, CMAJ (2018), https://pmc.ncbi.nlm.nih.gov/articles/PMC6019339/.

[32] FAA Aerospace Forecast Fiscal Years 2025–2045 (2025), https://www.faa.gov/data_research/aviation/aerospace_forecasts/FY-2025-2045-Full-Forecast-Document-and-Tables.pdf, page 103.

throughout the analysis period. Each active aircraft must have one EMK, but the number of FAK required on a part 121 aircraft depends upon the number of passenger seats on the aircraft.[33] FAA estimates there would be 17,807 FAK on the 7,063 active aircraft in the base year of the analysis, and FAA assumes the number of FAK would grow at the same rate as the number of active aircraft (1.7%). Table 1 displays the number of affected aircraft, FAK, and EMK throughout the period of analysis.

Table 1. Estimated Affected Aircraft, FAK, and EMK

Year	Active Aircraft	Total FAK	Total EMK
0	7,063	17,807	7,063
1	7,183	18,110	7,183
2	7,306	18,418	7,306
3	7,430	18,731	7,430
4	7,556	19,049	7,556
5	7,684	19,373	7,684
Source: FAA data as of June 2024			

2. Benefits

This rule proposes removing the list of required items in EMK and FAK and replacing those lists with a list of medical events those kits must be able to treat, thereby providing greater flexibility to operators to design their own kits based on current availability of contents. This proposed rule would ensure contents are practical and sufficient to allow crewmembers to address the most common emergency illnesses or injuries that occur onboard commercial aircraft. The proposed rule is necessary to replace prescriptive language within the existing regulation that cannot be kept current with new flexible requirements that address clearly defined risks.

Ideally, the quantification of the potential safety benefits for this proposed regulation would involve a three-step process. FAA would (1) estimate the baseline's expected

[33] The existing requirements for the number of FAK on part 121 aircraft are: 1 FAK for aircraft with less than 50 passenger seats; 2 FAK for aircraft with 51 to 150 passenger seats; 3 FAK for aircraft with 151 to 250 passenger seats; and 4 FAK for aircraft with more than 250 passenger seats. FAA estimated the number of FAK on part 121 aircraft based upon the number of certified passenger seats on all part 121 aircraft. 14 CFR 121, Appendix A (2025).

value of risk; (2) estimate how effectively the proposed rule would mitigate this risk; and (3) multiply the estimates in steps one and two. However, FAA could not quantify the potential safety benefits of the proposed rule because step two relies on data that is not currently available.

Expected Value of Risk for the Baseline

Quantifying the expected value of risk for the baseline is a three-step process. First, FAA identified what could go wrong in the absence of the proposed rule. Outcomes include in-flight medical emergencies, hospitalizations,[34] deaths, and diversions.[35] Second, FAA uses probabilities of what could go wrong through the relative frequency approach.[36] Based upon a 2013 study of over 7 million flights, the New England Journal of Medicine estimated the likelihood of an in-flight medical emergency (0.1664%), a hospitalization (0.043%), a death (0.0005%), and a diversion (0.0123%) on a given flight.[37] Third, FAA quantified the expected value of risk[38] for the baseline using the DOT's Value of Statistical Life (VSL) of $13.7 million[39] and a weighted average cost of a diversion of approximately $132,000.[40] Table 2 displays the expected value of risk for the baseline.

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[34] Whether or not the passenger was admitted to a hospital.

[35] Whether or not the aircraft was diverted from its intended destination.

[36] The probability of any outcome is roughly equal to the proportion of times it comes up over a long history of repetitions.

[37] Peterson et al., *Outcomes of Medical Emergencies on Commercial Airline Flights*, The New England Journal of Medicine (May 30, 2013), https://www.nejm.org/doi/10.1056/NEJMoa1212052.

[38] The expected value of risk is an operation that essentially multiplies the cost consequences of each event by its probability of occurrence and sums all these products over the entire universe of events.

[39] *Departmental Guidance on Valuation of a Statistical Life in Economic Analysis*, U.S. Department of Transportation (2025), https://www.transportation.gov/office-policy/transportation-policy/revised-departmental-guidance-on-valuation-of-a-statistical-life-in-economic-analysis.

[40] The cost of a diversion is dependent on several factors, including aircraft size. A 2023 Transportation Research Board research paper estimated that the cost of a diversion ranged from $25,000 for narrow-body aircraft to $100,000 for widebody aircraft. See *Managing a Flight Diversion with an Emergency Response at Small, Non-Hub, or General Aviation Airports*, National Academies of Sciences, Engineering, and Medicine (2023), https://nap.nationalacademies.org/catalog/26900). FAA used a weighted average cost of a flight diversion based upon the share of domestic operations in widebody and narrowbody aircraft and then converted this weighted average to 2024 dollars. See *Transtats*, Bureau of Transportation Statistics (2025), https://www.transtats.bts.gov/Fields.asp?gnoyr_VQ=GED).

Table 2. Expected Value of Risk for the Baseline

Year	Departures[1]	In-Flight Medical Emergencies	Event Frequencies			Cost of Adverse Outcomes ($M)			Total Costs ($M)
			Hosp.[2]	Death	Diversions	Hosp.[3]	Death	Diversions	
0	8,593,688	14,304	3,596	43	1,058	$2,315	$589	$123	**$3,083**
1	8,739,781	14,547	3,657	44	1,076	$2,355	$599	$125	**$3,135**
2	8,888,357	14,794	3,764	44	1,094	$2,423	$609	$127	**$3,189**
3	9,039,459	15,046	3,828	45	1,113	$2,465	$619	$130	**$3,243**
4	9,193,130	15,302	3,893	46	1,132	$2,507	$630	$132	**$3,298**
5	9,349,413	15,562	3,959	47	1,151	$2,549	$641	$134	**$3,354**

1. FAA used the 2025 – 2045 FAA Aerospace Forecast's 2024 domestic departures estimation (8.2 million) with a 1.7% annual departures growth rate (https://www.faa.gov/data_research/aviation/aerospace_forecasts/FY-2025-2045-Full-Forecast-Document-and-Tables.pdf).
2. The number of hospitalizations excludes fatalities.
3. USDOT's Maximum Abbreviated Injury Scale (MAIS) estimates the cost of non-lethal injuries based upon a fraction of the VSL, with a MAIS 1 injury being a minor injury and a MAIS 5 being a critical injury. FAA assumes that all hospitalizations result in a MAIS 2 (moderate) injury, which is estimated to be 4.7% as costly as a fatality ($643,900). (See: *Departmental Guidance on Valuation of a Statistical Life in Economic Analysis,* U.S. DOT (2025), https://www.transportation.gov/office-policy/transportation-policy/revised-departmental-guidance-on-valuation-of-a-statistical-life-in-economic-analysis)

Effectiveness of the Proposed Rule at Mitigating the Baseline's Risk

Although FAA expects the proposed rule to reduce the risk of adverse outcomes relative to the baseline, the Agency does not know the extent of the reduction. Therefore, it was not possible for FAA to quantify the potential safety benefits of this proposed rule. When a proposed rule's effects cannot be quantified or monetized, OMB Circular A-4 requires that FAA present any relevant quantitative information along with a description of unquantified effects.[41] In the following paragraphs, FAA describes why the Agency expects the proposed rule to result in a risk reduction relative to the baseline.

This rule would revise the list of required items in EMK and FAK to ensure contents are up to date, practical, and sufficient to allow crewmembers to address the most common emergency illnesses or accidents that occur onboard commercial aircraft. Having current and appropriate medical supplies onboard aircraft would thus lower risk to the passengers, airline staff, and operators by allowing for effective

[41] OMB Circular A-4, (2003), page 28. https://obamawhitehouse.archives.gov/omb/circulars_a004_a-4.

treatment of life-threatening emergencies aboard aircraft. Lowered risk would likely lead to lower rates of patient morbidity, mortality, and possibly fewer aircraft diversions.

Furthermore, changing the regulatory requirement from a list of items to a list of conditions creates flexibility for operators to use their SMS to reduce medication and equipment or increase medication and equipment based on the emergency medical events the operator encounters or trending aviation medical event data or both. For example, small operators conducting short flights in small aircraft might have different medical event risks than large operators conducting long flights in larger aircraft. The operators monitor medical event data through their SMS and can revise the kit to address the new or increased risk in their operation.

3. Cost Savings

First Aid Kit

FAA finds that affected operators would experience cost savings from the proposed rule's flexible FAK requirements. FAA assumes that purchasing a new FAK would cost approximately 15 percent less due to the proposed rule's flexibilities.[42] FAA requests comment on this assumption. According to a 2024 article by the American Red Cross, most FAK supplies have a shelf life of 5 years.[43] Therefore, FAA assumes a FAK needs to be fully replaced every five years, or alternatively, 20 percent of all FAK must be replaced annually. A standard part 121 FAK available for purchase from medical supplier Cabin Crew Safety costs $192.50.[44] Based upon the cost savings and kit replacement schedule, FAA estimates that affected operators would save approximately

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[42] FAA estimated the cost savings from the FAK recommended, but not required, by the draft Advisory Circular by comparing the cost of each item in the existing FAK to the costs of items in a new FAK, which would comply with the proposed rule's flexible requirements.

[43] *Is Your First Aid Kit Expired?*, American Red Cross (June 17, 2024), https://www.redcross.org/take-a-class/resources/articles/do-first-aid-kits-expire?srsltid=AfmBOoo_yuYk-rMlMKZxceGppcYP1siQpC5C97i2EOTIog2yQoYE8-DZ.

[44] *Aircraft First Aid Kit Standard*, Cabin Crew Safety (2025), https://www.cabincrewsafety.aero//stock/cabin/199/aircraft-first-aid-kit-standard.html.

$28.88 every 5 years for each new FAK purchased. Using cost and population projections, FAA estimates that part 121 operators would save $643,943 ($545,557 at a seven percent discount rate and $597,966 at a three percent discount rate) on FAK throughout the period of analysis. Table 3 displays the FAK population and cost savings over the analysis period.

Table 3. Cost Savings from Symptoms-Based FAK

Year	Total FAK	New or Replaced FAK[1]	Per-Unit FAK Savings	Total FAK Savings[2]
0	17,807	3,561	$28.88	**$102,842**
1	18,110	3,622	$28.88	**$104,603**
2	18,418	3,684	$28.88	**$106,382**
3	18,731	3,746	$28.88	**$108,190**
4	19,049	3,810	$28.88	**$110,027**
5	19,373	3,875	$28.88	**$111,898**

1. Assuming 20% of FAK are replaced annually, the number of FAK replaced equals 20% of total FAK in a given year. For example, the number of new or replaced FAK in year 0 is calculated as follows: 3,561 = 20% * 17,807.

2. Total FAK savings equals the number of new or replaced FAK times the per-unit FAK savings.

Appendix A Exemptions

The proposed rule would eliminate the need for exemptions from EMK and FAK contents requirements because of medication shortages. This would save both FAA and affected entities exemption application and processing costs. To estimate petition for exemption and processing costs, FAA separates exemptions into precedent-setting exemptions, extensions, and amendments.[45] Precedent-setting exemptions incur a greater cost to FAA and industry than non-precedent setting extensions and amendments. FAA

[45] Precedent-setting exemptions are exemptions that would provide relief from a section of 14 CFR for which relief has not been provided in the past or that would provide relief under a new factual situation. An extension may be granted when a petitioner states, and FAA agrees, that the conditions and reasons in the original petition and exemption remain unchanged. A petitioner may also request an amendment to its exemption, such as adding aircraft, changing a name, adding a part, or changing a condition or limitation. Most Appendix A precedent-setting exemptions have been initial petitions, and most extensions and amendments have been non-precedent setting. Though precedent-setting exemptions can also be amendments or extensions, in this analysis, FAA assumes all amendments and extensions in the period of analysis are not precedent-setting. Oftentimes, air carrier trade associations file petitions on behalf of their organization and member airlines. When this occurs, each air carrier wishing to exercise the relief provided in a particular grant of exemption must submit a letter of intent to FAA, and FAA must process this letter of intent. In this analysis, FAA assumes no costs to submit or process a letter of intent.

assumes amendments and extensions incur the same time and cost burdens, whereas precedent-setting exemptions incur a much greater burden on FAA and industry.[46] Based upon internal estimates of processing time and costs,[47] FAA assumes precedent-setting exemptions cost FAA $2,272 per petition for exemption, whereas amendments and extensions cost FAA $901 per petition for exemption. Table 4 shows the total unit cost of precedent setting and non-precedent setting exemptions.

Table 4. Per-Unit FAA Exemption Processing Costs

FAA Office / Role	Annual Salary[1]	Fully Loaded Hourly Wage[2]	Amendments and Extensions		Precedent Setting	
			Labor Hours	*Labor Cost*	*Labor Hours*	*Labor Cost*
Petitions Analyst	$67,847	$44.44	1.5	$67	3	$133
Petitions Manager	$165,891	$108.67	0.5	$54	1	$109
Attorney	$141,125	$92.44	0	$0	3	$277
Flight Standards Administrative	$60,489	$39.62	2	$79	2	$79
Flight Standards Analyst	$114,298	$74.87	5	$374	18	$1,348
Flight Standards Manager	$165,891	$108.67	3	$326	3	$326
Per-Unit Exemption Processing Cost				**$901**		**$2,272**

1. Source: 2024 Core Compensation Plan (FV) Salary Table, Rest of U.S. Locality (See: *Pay and Benefit,* FAA (2025), https://www.faa.gov/jobs/working_here/benefits)

2. The fully loaded wage is estimated using a fringe benefit of 36.25% (See: OMB Memo M-08-13 (March 11, 2008)) and an estimated 2,080 hours worked annually. For example, the fully loaded hourly wage of a rulemaking analyst is calculated as follows: $50.85 = ($77,631 * 1.3625) / 2,080

FAA assumes that, for a petitioner to submit an Appendix A petition for exemption, an administrative assistant prepares the Appendix A petition, and an executive-level employee reviews the petition. For amendments and extensions, FAA assumes an administrative assistant spends 1 hour drafting a petition and an operations

[46] Petitions to amend or extend exemptions are often requested in tandem by a petitioner. For this analysis, FAA assumes the cost burden of an exemption extension/amendment equals the cost and time burden of individual extensions and amendments.

[47] FAA employees from four offices (the Office of Rulemaking, the Office of the Chief Counsel, the Office of Aerospace Medicine, and the Flight Standards Service) process Appendix A exemptions. FAA estimated the labor hours for each role within each office and estimated those labor costs using each role's fully loaded hourly wage. An FAA employee's fully loaded wage is the hourly wage of each employee (assuming an employee works 2,080 hours annually) multiplied by the Federal Government's fringe benefit factor. A fringe benefit factor estimates the additional monetary benefits an employee receives beyond their salary, including insurance and retirement benefits. The Federal Government's fringe benefit rate is 36.25 percent (a fringe benefit factor of 1.3625). See OMB Memo M-08-13 (March 11, 2008).

manager spends 0.25 hours reviewing the petition. For precedent-setting petitions, FAA assumes administrative assistants spend 1.5 hours drafting a petition and an operations manager spends 0.5 hours reviewing the petition. Using Bureau of Labor Statistics salary estimations, FAA assumes the unitary application cost for a petitioner ranges between $57 and $97. FAA requests comment on the Appendix A application labor and cost assumptions. Table 5 displays the unitary application cost for precedent setting and non-precedent setting petitions.

Table 5. Per-Unit Industry Petition for Exemption Cost

Industry Role	Annual Salary[1]	Fully Loaded Hourly Wage[2]	Amendments and Extensions		Precedent Setting	
			Labor Hours	*Labor Cost*	*Labor Hours*	*Labor Cost*
Administrative Assistant	$54,060	$33.66	1	$34	1.5	$50
Operations Manager	$150,080	$93.44	0.25	$23	0.5	$47
Per-Unit Petition Application Cost				**$57**		**$97**

1. FAA uses the Bureau of Labor Statistics (BLS) mean annual wage for Office and Administrative Support Occupations to estimate the salary of an Administrative Assistant and General and Operations Managers for an Operations Managers within the Air Transportation industry (See: *Occupational Employment and Wage Statistics Query System*, BLS (May 2024), https://data.bls.gov/oes)

2. The fully loaded wage is estimated using a fringe benefit of 29.5% (See: *Employer Cost for Employee Compensation - December 2024*, BLS (2024), https://www.bls.gov/news.release/archives/ecec_03142025.pdf) and an estimated 2,080 hours worked annually. For example, the fully loaded hourly wage of an administrative assistant is calculated as follows: $33.66 = ($54,060 * 1.295) / 2,080

FAA estimated the number of precedent setting and non-precedent setting exemptions based on the number of exemptions from 2016 to 2025. From 2016 to 2025, there were two precedent-setting exemptions, four extensions, and 10 amendments.[48] Based upon this historical data, FAA made the following assumptions for Appendix A petitions for exemption: (1) there would be one new precedent-setting exemption during

[48] Exemption No. 10690 from 2013, granted airlines represented by Airlines for America (A4A), the National Air Carrier Association (NACA), and the Regional Airline Association (RAA) to operate without meeting the Appendix A requirements for Atropine. Between 2016 and 2025, FAA granted seven amendments and three extensions to Exemption No. 10690, including an amendment (10690E) which expanded the exempted requirements to include Atropine, Dextrose, Epinephrine, and Lidocaine. See FAA Exemption No. 10690E, Regulations.gov (2016), https://www.regulations.gov/document/FAA-2013-0034-0015). Exemption No. 18995 from 2022 granted airlines represented by A4A, NACA, and RAA to operate without meeting the Appendix A requirements for ammonia inhalants. Between 2022 and 2025, FAA granted one extension and one amendment to Exemption No. 18995. See: FAA Exemption No. 18995, Regulations.gov (2022), https://www.regulations.gov/document/FAA-2021-0706-0001).

the analysis period that would be extended biennially; (2) two existing precedent-setting exemptions (10690 and 18955) would exist throughout the period of analysis, and the two active 10690 and one active 18995 exemptions would continue to be extended biennially; and (3) all three exemptions would have amendments granted biennially. Table 6 displays the projected number of precedent setting and non-precedent setting exemptions processed throughout the period of analysis. FAA estimates there would be one precedent-setting exemption, 11 extensions, and nine amendments.

Table 6. Projected Number of Exemptions in the Absence of the Proposed Rule

Exemption Name/Type	Year					
	0	**1**	**2**	**3**	**4**	**5**
10690 Exemptions						
Non-Precedent Setting	1	2	1	2	1	2
Extensions		*2*		*2*		*2*
Amendments	*1*		*1*		*1*	
18995 Exemptions						
Non-Precedent Setting	1	1	1	1	1	1
Extensions		*1*		*1*		*1*
Amendments	*1*		*1*		*1*	
Projected New Exemption						
Precedent Setting Exemption	1	0	0	0	0	0
Non-Precedent Setting	0	1	1	1	1	1
Extensions			*1*		*1*	
Amendments		*1*		*1*		*1*

Using the estimated unitary costs and exemption projections, FAA estimates that, in the absence of the proposed rule, the existing Appendix A exemption process would cost $21,522 ($18,423 at a seven percent discount rate and $20,074 at a three discount rate) over the period of analysis. Table 7 displays the annual number of exemptions, the costs of industry applications, and FAA's processing costs.

Table 7. Exemption Costs in the Absence of the Proposed Rule

Year	Total Exemptions		Industry Petition Costs			FAA Processing Costs			Total Costs
	Precedent	Non-Precedent	Precedent	Non-Precedent	Total Cost	Precedent	Non-Precedent	Total Cost	
0	1	2	$97	$114	$211	$2,272	$1,801	$4,073	$4,285
1	0	4	$0	$228	$228	$0	$3,602	$3,602	$3,830
2	0	3	$0	$171	$171	$0	$2,702	$2,702	$2,873

3	0	4	$0	$228	$228	$0	$3,602	$3,602	$3,830
4	0	3	$0	$171	$171	$0	$2,702	$2,702	$2,873
5	0	4	$0	$228	$228	$0	$3,602	$3,602	$3,830

4. Unquantified Costs

FAA cannot quantify the proposed rule's impact on the costs of EMK because FAA cannot quantify either the costs of new EMK requirements or the cost savings from increased requirement flexibilities. When a proposed rule's effects cannot be quantified or monetized, OMB Circular A-4 requires FAA to present any relevant quantitative information along with a description of unquantified effects.[49] The proposed rule would impose costs on affected operators to equip their EMK through additional supplies, including supplies to treat opioid overdose, childbirth, and supplies for treating children. Though this would present an additional cost for operators, FAA cannot quantify the magnitude of this cost. Further, five operators (Southwest, United, Alaska, Delta, American, and Frontier Airlines) already equip EMK with overdose medication and would not incur an additional cost from the proposed rule's overdose medication requirement. The proposed rule would also grant operators new flexibilities to reduce or replace other medications and equipment, resulting in initial and recurrent EMK cost savings. However, FAA cannot quantify the magnitude of the proposed rule's initial and recurrent EMK cost savings.

Table 8 compares the proposed rule's flexible requirements with the baseline EMK content requirements. FAA requests comment on the unquantified impacts the proposed rule would have on EMK production.

Table 8. Comparison of Proposed Rule Conditions with Baseline EMK Contents

Baseline EMK Contents [Quantity]	Proposed Rule Conditions
Stethoscope [1]	Chest pain and cardiac emergencies such as cardiac arrest, heart attack, unstable angina, or arrhythmia
CPR mask (3 sizes), 1 pediatric, 1 small adult, 1 large adult, or equivalent	

[49] OMB Circular A-4, (2003), page 28. https://obamawhitehouse.archives.gov/omb/circulars_a004_a-4.

Epinephrine 1:10,000, 2 cc, injectable, (single dose ampule or equivalent) [2]	
Atropine, 0.5 mg, 5 cc (single dose ampule or equivalent) [2]	
Aspirin tablets, 325 mg [4]	
Lidocaine, 5 cc, 20 mg/ml, injectable (single dose ampule or equivalent) [2]	
Nitroglycerin tablets, 0.4 mg [10]	
Self-inflating manual resuscitation device with 3 masks (1 pediatric, 1 small adult, 1 large adult or equivalent)	Airway or breathing emergencies, such as asthma attack
Airways, oropharyngeal (3 sizes): 1 pediatric, 1 small adult, 1 large adult or equivalent	
Bronchodilator, inhaled (metered dose inhaler or equivalent) [1]	
Sphygmomanometer [1]	Sudden impairment of consciousness, such as seizure
Tourniquet (IV Admin Set) [1]	Sudden onset of major bleeding (hemorrhage)
No baseline content requirements	Opioid overdose
Dextrose, 50%/50 cc injectable (single dose ampule or equivalent) [1]	Hypoglycemia
IV Admin Set (Tubing w/ 2 Y connectors; Alcohol sponges [2]; Adhesive tape, 1-inch standard roll adhesive; Tape scissors; Tourniquet)	Gastrointestinal (stomach) emergencies
Saline solution, 500 cc [1]	
Needles (2-18 ga., 2-20 ga., 2-22 ga., or sizes necessary to administer required medications)	
Syringes (1-5 cc, 2-10 cc, or sizes necessary to administer required medications)	
Antihistamine tablets, 25 mg [4]	Anaphylaxis (sudden/acute severe allergic reaction)
Antihistamine injectable, 50 mg, (single dose ampule or equivalent) [2]	
Epinephrine 1:1000, 1 cc, injectable, (single dose ampule or equivalent) [2]	
No baseline content requirements	Childbirth
Pairs of Protective nonpermeable gloves or equivalent	*Medications and equipment not paired*
Analgesic, non-narcotic, tablets, 325 mg [4]	
Basic instructions for use of the drugs in the kit	

5. Summary

The proposed rule may reduce the risk of various negative outcomes that occur during part 121 operations, including in-flight emergencies, hospitalizations, deaths, and

aircraft diversions. In addition, part 121 operators and FAA would experience cost savings. Part 121 operators would save on the costs to equip and restock FAK on their aircraft and would save the costs associated with petitioning for an Appendix A exemption. FAA would experience cost savings on the processing of petitions for exemptions from Appendix A. Over the period of analysis, FAA estimates the proposed rule would save industry and FAA $665,476 ($563,992 at a seven percent discount rate and $618,051 at a three percent discount rate) on FAK. Part 121 operators would incur minimal costs to equip EMK with a few additional supplies. Overall, the proposed rule would maintain safety and result in net cost savings for both industry and FAA by creating more flexible EMK and FAK requirements. Table 9 provides a summary of the qualitative benefits and costs and the quantified cost savings to both part 121 operators and FAA.

Table 9. Summary of Costs (Millions 2024$)

Qualitative Benefits					
• Reduced probability of medical emergencies during part 121 operations, including in-flight medical emergencies, hospitalizations, deaths, and diversions. • Faster adoption of modern medications and equipment to best address medical emergencies in future part 121 operations.					
Qualitative Costs					
• Costs for affected operators to equip an EMK with additional supplies to treat opioid overdose, childbirth, and supplies for treating children. • Cost savings for affected operators through new flexibilities to reduce or replace other medications and equipment within EMK.					
Cost Savings ($M)					
	2024$	**7%**	**3%**	**7%**	**3%**
FAK Cost Savings		**Present Value**		**Annualized**	
Total (*Part 121 Operators*)	$0.644	$0.546	$0.598	$0.114	$0.110
Exemption Cost Savings		**Present Value**		**Annualized**	
Total Cost Savings	$0.022	$0.018	$0.020	$0.004	$0.004
Part 121 Operators	*$0.001*	*$0.001*	*$0.001*	*$0.000*	*$0.000*
FAA	*$0.020*	*$0.017*	*$0.019*	*$0.004*	*$0.003*
Total Cost Savings		**Present Value**		**Annualized**	
Total Cost Savings	$0.665	$0.564	$0.618	$0.118	$0.114
Part 121 Operators	*$0.645*	*$0.547*	*$0.599*	*$0.115*	*$0.111*
FAA	*$0.020*	*$0.017*	*$0.019*	*$0.004*	*$0.003*

B. Regulatory Flexibility Act

The Regulatory Flexibility Act (RFA) of 1980 (5 U.S.C. 601–612), as amended by the Small Business Regulatory Enforcement Fairness Act of 1996 (Pub. L. 104–121) and the Small Business Jobs Act of 2010 (Pub. L. 111–240), requires Federal agencies to consider the effects of the regulatory action on small business and other small entities and to minimize any significant economic impact. The term "small entities" comprises small businesses and not-for-profit organizations independently owned and operated and are not dominant in their fields, and governmental jurisdictions with populations of less than 50,000.

FAA used the definition of small entities in the RFA for this analysis. The RFA defines small entities as small businesses, small governmental jurisdictions, or small organizations. In 5 U.S.C. 601(3), the RFA defines "small business" to have the same meaning as "small business concern" under section 3 of the Small Business Act. The Small Business Act authorizes the Small Business Administration (SBA) to define "small business" by issuing regulations. SBA (2023) has established size standards for various types of economic activities, or industries, under the North American Industry Classification System (NAICS). These size standards generally define small businesses based on the number of employees or annual receipts.

SBA classifies a scheduled passenger air carrier as a small entity if that scheduled passenger operator has 1,500 or fewer employees.[50] To identify small entities, FAA identified the primary operator and used Bureau of Transportation Statistics (BTS) data to determine whether the operator meets the applicable size standard. Of the 38 passenger-carrying part 121 operators, FAA estimates 17 operators have 1,500 or fewer employees

[50] 13 CFR 121.201.

and are classified as small entities.[51] Therefore, FAA has determined this proposed rule will have an impact on a substantial number of small entities.

However, FAA has determined the proposed rule would not have a significant economic impact on a substantial number of small part 121 operators for the following reasons: The proposed rule would impose minimal costs on small entities to equip their EMK through additional supplies, including supplies to treat opioid overdose, childbirth, and supplies for treating children. Overall, the proposed rule would result in cost savings from the proposed new flexible EMK and FAK requirements, which would also eliminate the need for exemption from Appendix A.

Therefore, FAA certifies the proposed rulemaking would not result in a significant economic impact on a substantial number of small entities. FAA solicits comments regarding this determination.

C. International Trade Impact Assessment

The Trade Agreements Act of 1979 (Pub. L. 96-39), as amended by the Uruguay Round Agreements Act (Pub. L. 103-465), prohibits Federal agencies from establishing standards or engaging in related activities that create unnecessary obstacles to the foreign commerce of the United States. Pursuant to these Acts, the establishment of standards is not considered an unnecessary obstacle to the foreign commerce of the United States, so long as the standard has a legitimate domestic objective, such as the protection of safety, and does not operate in a manner that excludes imports that meet this objective. The statute also requires consideration of international standards and, where appropriate, that they be the basis for U.S. standards.

[51] FAA used BTS' September 2025 airline employment data to estimate the number of small and large part 121 passenger-carrying operators (See: *Airline Employment Data by Month,* BTS (September 2025), https://www.transtats.bts.gov/Employment/). FAA assumes all operators who did not meet BTS's size standard for employment reporting are small businesses.

FAA has assessed the potential effect of this proposed rule and determined it ensures the safety of the American public and does not exclude imports that meet this objective. As a result, FAA does not consider this proposed rule as creating an unnecessary obstacle to foreign commerce.

D. Unfunded Mandates Assessment

The Unfunded Mandates Reform Act of 1995 (2 U.S.C. 1531-1538) governs the issuance of Federal regulations that require unfunded mandates. An unfunded mandate is a regulation that requires a State, local, or Tribal Government or the private sector to incur direct costs without the Federal Government having first provided the funds to pay those costs. FAA determined the proposed rule would not result in the expenditure of $187,000,000 or more ($100,000,000 adjusted for inflation using the most current Implicit Price Deflator for the Gross Domestic Product) by State, local, or Tribal Governments, in the aggregate, or the private sector, in any one year.

E. Paperwork Reduction Act

The Paperwork Reduction Act of 1995 (44 U.S.C. 3507(d)) requires FAA to consider the impact of paperwork and other information collection burdens imposed on the public. FAA has determined there would be no new requirement for information collection associated with this proposed rule.

F. International Compatibility

In keeping with U.S. obligations under the Convention on International Civil Aviation, it is FAA policy to conform to International Civil Aviation Organization (ICAO) Standards and Recommended Practices to the maximum extent practicable. ICAO Annex 6, 6.2.2 (a) states, “An aeroplane shall be equipped with accessible and adequate medical supplies.” As a recommendation, it further states, “Medical supplies should comprise: 1) one or more first-aid kits for the use of cabin crew in managing incidents of ill health; and 2) for aeroplanes required to carry cabin crew as part of the

operating crew, one universal precaution kit (two for aeroplanes authorized to carry more than 250 passengers) for the use of cabin crew members in managing incidents of ill health associated with a case of suspected communicable disease, or in the case of illness involving contact with body fluids; and 3) for aeroplanes authorized to carry more than 100 passengers, on a sector length of more than two hours, a medical kit, for the use of medical doctors or other qualified persons in treating in-flight medical emergencies." Attachment A to Annex 6 provides guidance on the "types, number, location, and contents of the medical supplies." If finalized as proposed, this rule would harmonize with ICAO Annex 6, section 6.2.2 (a) in whole, since prescriptive requirements for the contents of on-board medical kits will be removed.

G. Environmental Analysis

FAA has analyzed the environmental impacts of this proposed rule pursuant to the National Environmental Policy Act of 1969 (NEPA) (42 U.S.C. 4321 *et seq*.). FAA has determined this rule is categorically excluded pursuant to Paragraph B-2.6(f) of Appendix B to FAA Order 1050.1G, FAA National Environmental Policy Act Implementing Procedures.[52] Categorical exclusions are categories of actions the agency has determined normally do not significantly affect the quality of the human environment and therefore do not require either an environmental assessment (EA) or environmental impact statement (EIS).[53] In analyzing the applicability of a categorical exclusion, the agency must also consider whether extraordinary circumstances are present that would warrant the preparation of an EA or EIS.[54] This rulemaking, which will provide additional flexibility to operators in how they stock their EMK, is categorically excluded pursuant to Paragraph B-2.6(f) of FAA Order 1050.1G: "Regulations, standards, and exemptions."

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[52] 90 FR 29615 (Jul. 3, 2025).

[53] *See* DOT Order 5610.1D § 9.

[54] Id. § 9(b).

FAA does not anticipate any environmental impacts, and there are no extraordinary circumstances present in connection with this rulemaking.

VI. Executive Order Determinations

A. Executive Order 13132, Federalism

FAA has analyzed this proposed rule under the principles and criteria of E.O. 13132, Federalism. FAA has determined this action would not have a substantial direct effect on the States, or the relationship between the Federal Government and the States, or on the distribution of power and responsibilities among the various levels of government, and, therefore, would not have federalism implications.

B. Executive Order 13211, Regulations that Significantly Affect Energy Supply, Distribution, or Use

FAA analyzed this proposed rule under E.O. 13211, Actions Concerning Regulations that Significantly Affect Energy Supply, Distribution, or Use. FAA has determined it would not be a "significant energy action" under the E.O. and would not be likely to have a significant adverse effect on the supply, distribution, or use of energy.

C. Executive Order 13609, Promoting International Regulatory Cooperation

E.O. 13609, Promoting International Regulatory Cooperation, promotes international regulatory cooperation to meet shared challenges involving health, safety, labor, security, environmental, and other issues and to reduce, eliminate, or prevent unnecessary differences in regulatory requirements. FAA has analyzed this action under the policies and agency responsibilities of E.O. 13609 and has determined this action would have no effect on international regulatory cooperation.

D. Executive Order 14192, Unleashing Prosperity Through Deregulation

This proposed rule, if finalized as proposed, is expected to be an E.O. 14192 deregulatory action.

VII. Additional Information

A. Comments Invited

FAA invites interested persons to participate in this rulemaking by submitting written comments, data, or views. FAA also invites comments relating to the economic, environmental, energy, or federalism impacts that might result from adopting the proposals in this document. The most helpful comments reference a specific portion of the proposal, explain the reason for any recommended change, and include supporting data. To ensure the docket does not contain duplicate comments, commenters should submit only one time if comments are filed electronically, or commenters should send only one copy of written comments if comments are filed in writing.

FAA will file in the docket all comments it receives, as well as a report summarizing each substantive public contact with FAA personnel concerning this proposed rule. Before acting on this proposal, FAA will consider all comments it receives on or before the closing date for comments. FAA will consider comments filed after the comment period has closed if it is possible to do so without incurring expense or delay. FAA may change this proposal in light of the comments it receives.

Privacy: In accordance with 5 U.S.C. 553(c), FAA solicits comments from the public to inform its rulemaking process better. FAA posts these comments, without edit, including any personal information the commenter provides, to www.regulations.gov, as described in the system of records notice (DOT/ALL-14 FDMS), which can be reviewed at www.dot.gov/privacy.

B. Confidential Business Information

Confidential Business Information (CBI) is commercial or financial information that is both customarily and actually treated as private by its owner. Under the Freedom of Information Act (FOIA) (5 U.S.C. 552), CBI is exempt from public disclosure. If your comments responsive to this NPRM contain commercial or financial information that is

customarily treated as private, that you actually treat as private, and that is relevant or responsive to this NPRM, it is important you clearly designate the submitted comments as CBI. Please mark each page of your submission containing CBI as "PROPIN." FAA will treat such marked submissions as confidential under the FOIA, and they will not be placed in the public docket of this NPRM. Submissions containing CBI should be sent to the person in the **FOR FURTHER INFORMATION CONTACT** section of this document. Any commentary FAA receives that is not specifically designated as CBI will be placed in the public docket for this rulemaking.

C. Electronic Access and Filing

A copy of this NPRM, all comments received, any final rule, and all background material may be viewed online at www.regulations.gov using the docket number listed above. Electronic retrieval help and guidelines are available on the website. It is available 24 hours each day, 365 days each year. An electronic copy of this document may also be downloaded from the Office of the Federal Register's website at www.federalregister.gov and the Government Publishing Office's website at www.govinfo.gov. A copy may also be found at FAA's Regulations and Policies website at www.faa.gov/regulations_policies.

Copies may also be obtained by sending a request to the Federal Aviation Administration, Office of Rulemaking, ARM-1, 800 Independence Avenue SW, Washington, DC 20591, or by calling (202) 267-9677. Commenters must identify the docket or notice number of this rulemaking.

All documents FAA considered in developing this proposed rule, including economic analyses and technical reports, may be accessed in the electronic docket for this rulemaking.

D. Small Business Regulatory Enforcement Fairness Act

The Small Business Regulatory Enforcement Fairness Act (SBREFA) of 1996 requires FAA to comply with small entity requests for information or advice about compliance with statutes and regulations within its jurisdiction. A small entity with questions regarding this document may contact its local FAA official or the person listed under the **FOR FURTHER INFORMATION CONTACT** heading at the beginning of the preamble. To find out more about SBREFA on the Internet, visit www.faa.gov/regulations_policies/rulemaking/sbre_act/.

List of Subjects in 14 CFR Part 121

Air carriers, Aircraft, Airmen, Aviation safety, Reporting and recordkeeping requirements, Safety, Transportation.

The Proposed Amendment

For the reasons discussed in the preamble, the Federal Aviation Administration proposes to amend chapter I of title 14, Code of Federal Regulations, as follows:

PART 121—OPERATING REQUIREMENTS: DOMESTIC, FLAG, AND SUPPLEMENTAL OPERATIONS

1. The authority citation for part 121 is revised to read as follows:

Authority: 49 U.S.C. 106(f), 40103, 40113, 40119, 41706, 42301 preceding note added by Pub. L. 112-95, sec. 412, 126 Stat. 89, 44101, 44701-44702, 44705, 44709-44711, 44713, 44716-44717, 44722, 44729, 44732; 46105; Pub. L. 111-216, 124 Stat. 2348 (49 U.S.C. 44701 note); Pub. L. 112-95, 126 Stat. 62 (49 U.S.C. 44732 note); Pub. L. 115-254, 132 Stat. 3186 (49 U.S.C. 44701 note) sec. 368, Pub. L. 118-63, 138 Stat. 1330 (49 U.S.C. 44703 note).

2. Amend § 121.803 by:

a. Revising paragraph (c) introductory text,

b. removing paragraph (c)(3),

c. Redesignating paragraph (c)(4) as paragraph (c)(3), and revising redesignated paragraph (c)(3).

The revisions read as follows:

§ 121.803 Emergency medical equipment.

* * * * *

(c) For treatment of injuries, medical events, or minor accidents that might occur during flight time, each airplane must have the following equipment that meets the specifications and requirements of § 121.807:

* * *

(3) In airplanes for which a flight attendant is required and with a maximum payload capacity of more than 7,500 pounds, at least one approved automated external defibrillator, legally marketed in the United States in accordance with Food and Drug Administration requirements, that must:

(i) Be stored in the passenger cabin.

(ii) Be maintained in accordance with the manufacturer's specification.

(iii) Have a power source that meets FAA Technical Standard Order requirements for power sources for electronic devices used in aviation as approved by the Administrator.

§ 121.805 [Amended]

3. Amend § 121.805 by removing paragraph (b)(4) and redesignating paragraph (b)(5) as paragraph (b)(4).

4. Add § 121.807 to read as follows:

§ 121.807 Performance requirements for emergency medical kits and first aid kits.

(a) The following items must be readily accessible to the crew, stored securely, and kept free from dust, moisture, and damaging temperatures:

(1) The number of FAA-approved first-aid kits required in paragraph (c) of this section;

(2) At least one emergency medical kit; and

(3) At least one automated external defibrillator complying with § 121.803 requirements.

(b) An aircraft must have a first aid kit(s) that is accessible to crewmembers and provides adequate medical supplies that address injuries. These injuries include abrasions, lacerations, sprains or strains, and fractures.

(c) The minimum number of first aid kits required on an aircraft is set forth in the following table:

No. of passenger seats	No. of first-aid kits
0-50	1
51-150	2
151-250	3
More than 250	4

(d) An aircraft must have an emergency medical kit that includes adequate supplies for medical personnel to provide basic evaluation and initial treatment for both adults and children with immediate life-threatening medical conditions, as found in the table below:

Life-Threatening Conditions

(1) Chest pain and cardiac emergencies such as cardiac arrest, heart attack, unstable angina, or arrhythmia
(2) Airway or breathing emergencies, such as asthma attack
(3) Sudden impairment of consciousness, such as seizure
(4) Major bleeding (hemorrhage)
(5) Opioid overdose
(6) Hypoglycemia
(7) Gastrointestinal (stomach) emergencies
(8) Anaphylaxis (sudden/acute severe allergic reaction)
(9) Childbirth

Appendix A to Part 121—First Aid Kits and Emergency Medical Kits [Removed and Reserved]

5. Remove and reserve Appendix A to part 121.

Issued under authority provided by 49 U.S.C. 106(f), 44701, and Sec. 368 of Pub. L. 118-63 in Washington, DC.

Susan Northrup,

Federal Air Surgeon, Office of Aerospace Medicine.

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