

292895

August 6, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596 - 492

Mr. Whitlow:

We, as a family members of an oxygen-dependent person would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient’s air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation’s greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,


Jack R. and Mary Anne Moore
2031 Calle Cantora
El Cajon, CA 92019

On Behalf of The LAM Foundation

August 6, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as an oxygen-dependent person would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or

caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient’s air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

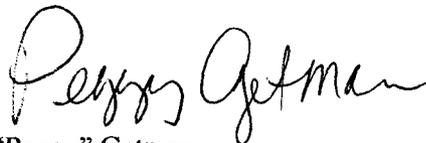
POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation’s greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



Margaret “Peggy” Getman
On Behalf of The LAM Foundation

SANDRA S. WILHOIT

*P.O. Box 231
Edwardsburg, MI 49112*

August 9, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as an oxygen-dependent person, (or as a family member or friend of an oxygen-dependent person) would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation."

Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

Mr. James W. Whitlow
August 9, 2004
Page 2

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines.

The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Mr. James W. Whitlow
August 9, 2004
Page 3

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provide battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



Sandra S. Wilhoit

On Behalf of The LAM Foundation

August 6, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as Board Chairman of The LAM Foundation and father-in-law of a LAM patient who will in the future be an oxygen-dependent person, would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

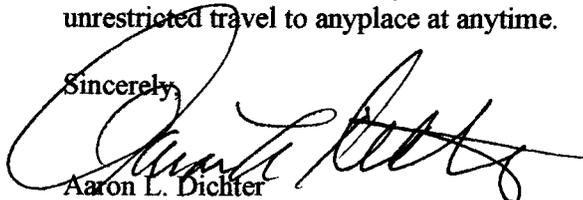
POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



Aaron L. Dichter

On Behalf of The LAM Foundation
10000 Meydenbauer Way SE
Bellevue, WA. 98004

August 9, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as an oxygen-dependent person, (or as a family member or friend of an oxygen-dependent person) would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient’s air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

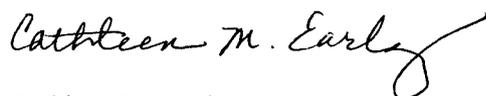
POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation’s greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



Cathleen M. Early
On Behalf of The LAM Foundation

Cheryl McQuiston

August 9, 2004

James W. Whitlow, Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as an oxygen-dependent person, (or as a family member or friend of an oxygen-dependent person) would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step toward improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

- ★ The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation? Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the hazardous material definition?
- ★ I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines, discretionary and discriminatory authority to prohibit POCs on board, even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.
- ★ One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.
- ★ In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.
- ★ In Section 3(a)(3) I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

Cheryl McQuiston

Page 2 - Letter to James W. Whitlow, Office of Chief Counsel Department of Transportation

- ★ In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.
- ★ In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.
- ★ In Section 3(a)(10) I recommend that provision of the physician letter ^ as called for in 3(b)(3) , as fulfillment of the requirement in 3(a)(10).
- ★ Section 3(b)(1) I ^ recommend that the physician who prescribes the POC for the patient,s air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.
- ★ Section 3(b)(3) ^ I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.
- ★ Section 3(b)(5) ^ I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

- ★ **POC Users Access to On-Board Power Sources** - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.
- ★ **Limits on Carry on Bags** - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.
- ★ **POC Operation During Take-off and Landing** - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits, the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



Cheryl McQuiston, On Behalf of The LAM Foundation

August 9, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as a family member or friend of an oxygen-dependent person would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board - even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested a certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) - I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) - as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I - recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) - I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) - I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance

that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits - the freedom of unrestricted travel to anyplace at anytime.

Sincerely,

Carl Vinson

On Behalf of The LAM Foundation

August 6, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as an oxygen-dependent person, would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or

caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provide battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

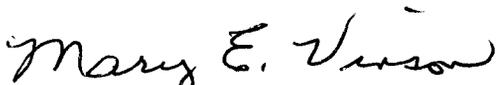
POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,


On Behalf of The LAM Foundation

114 DR 670
Jupelo, MS 38801

August 9, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as a family member or friend of an oxygen-dependent person would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board - even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested a certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) - I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) - as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I - recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) - I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) - I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance

that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits - the freedom of unrestricted travel to anyplace at anytime.

Sincerely,

A handwritten signature in black ink that reads "Kim Beyer". The signature is written in a cursive style with a large, prominent "K" and "B".

On Behalf of The LAM Foundation

QualChoice of Arkansas, Inc.
QCA Health Plan, Inc.

Suite 400
10825 Financial Centre Parkway
Little Rock, AR 72211
www.qcark.com
501-228-7111
FAX 501-228-0135

The logo for QualChoice/QCA features a stylized 'Q' icon on the left, followed by the text 'QualChoice/QCA' in a bold, sans-serif font.

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as an friend of an oxygen-dependent person) would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board - even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) - I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter - as called for in 3(b)(3) - as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I - recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) - I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) - I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

QualChoice of Arkansas, Inc.
QCA Health Plan, Inc.

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

10825 Financial Centre Parkway
Little Rock, AR 72111
www.qcark.com
501-228-7111

QualChoice/QCA

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits - the freedom of unrestricted travel to anyplace at anytime.

Sincerely,

Margaret Webb R.N., Case Manager

On Behalf of The LAM Foundation

August 9, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as an oxygen-dependent person, would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board - even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested a certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) - I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) - as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I - recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) - I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) - I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits - the freedom of unrestricted travel to anyplace at anytime.

Sincerely,

William H. Elmore
On Behalf of The LAM Foundation

*179 Willow Road
Tupelo, Ma 38804*

August 10, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I am a friend of an oxygen-dependent person and would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or

caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provide battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

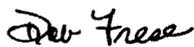
POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



Deb Frese
On Behalf of The LAM Foundation

Eva M. Rosenblatt

*Woltersstr. 10
22453 Hamburg
Germany*

August 7, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001
U.S.A

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as a person who requires supplemental oxygen for air travel and who often travels in America, would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent people who are currently restricted from one of America's greatest benefits – the freedom of unrestricted travel to any place at any time.

Sincerely,



Eva M. Rosenblatt
On Behalf of The LAM Foundation

August 9, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as an oxygen-dependent person, (or as a family member or friend of an oxygen-dependent person) would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient’s air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provide battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

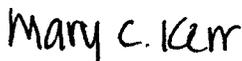
POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation’s greatest benefits – the freedom of unrestricted travel to anywhere at anytime.

Sincerely,



Mary C. Kerr

On Behalf of The LAM Foundation

August 9, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as a family member of an oxygen-dependent person would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the

POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



Monty R. Howe
2127 W. 12th St.
Port Angeles, WA 98363
On Behalf of The LAM Foundation

August 9, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as a family member of an oxygen-dependent person would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the

POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



Deborah C. Howe
2127 W. 12th St.
Port Angeles, WA 98363
On Behalf of The LAM Foundation

August 11, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

We, as a friend of an oxygen-dependent person, would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. We want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

We understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. We have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. We are also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

We have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) We would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

Raymond L. and Jane Kellum

688 George Ave.

Tupelo, MS 38801

In Section 3(a)(3) –We believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6)We recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) We recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) We recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) We – recommend that the physician who prescribes the POC for the patient’s air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) We encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – We recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - We recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags -We recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - We recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

We appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation’s greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



Raymond L. Kellum (and Jane)
On Behalf of The LAM Foundation

Raymond L. and Jane Kellum

688 George Ave.

Tupelo, MS 38801

August 10, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, the husband of a LAM patient and on behalf of an oxygen-dependent person would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule: The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems. One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have

the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

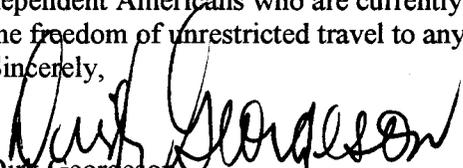
Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule: POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act. Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit. POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,


Dirk Georgeson

On Behalf of The LAM Foundation

August 9, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as a family member of an oxygen dependent person, would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or

caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provide battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

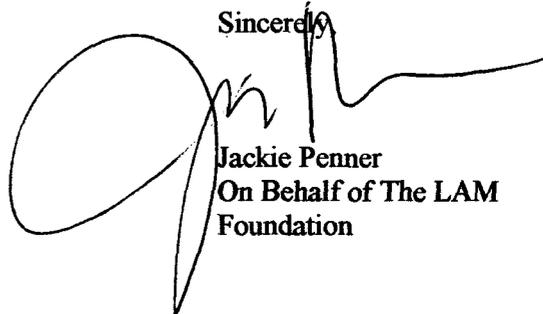
POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



Jackie Penner
On Behalf of The LAM
Foundation

August 10, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as a friend of a LAM patient and on behalf of an oxygen-dependent person would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule: The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems. One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have

the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

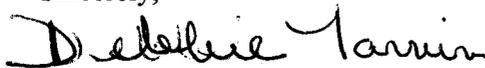
Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provide battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule: POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act. Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit. POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



Debbie Tarvin
On Behalf of The LAM Foundation

August 9, 2004

Mr. James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Dear Mr. Whitlow:

I, as a LAM patient, would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in

the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provide battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



Elizabeth A. Hardy
On Behalf of The LAM Foundation

August 8, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as a physician and husband of a lung-disease sufferer, would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient’s air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation’s greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



Dr. Brent Beasley

On Behalf of The LAM Foundation

August 6, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as a family member of an oxygen-dependent person would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provide battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

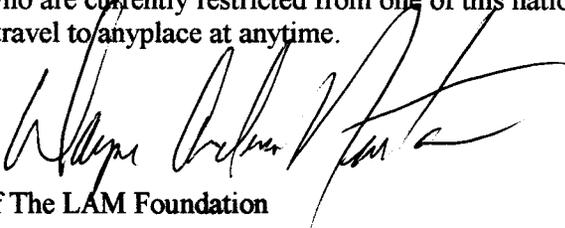
POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



On Behalf of The LAM Foundation

Wayne Newton
P.O. Box 51
Langley, AR 71952

OraLee Kirkham
934 Circle Bend Drive
Missouri City, TX 77489

August 9, 2004

James W. Whitlow, Office of Chief Counsel
Department of Transportation, Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Dear Mr. Whitlow:

I, as a person who depends on oxygen during air travel, would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient’s air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provide battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation’s greatest benefits – the freedom of unrestricted travel to anywhere at anytime.

Sincerely,



OraLee Kirkham

On Behalf of The LAM Foundation

August 6, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as the sister of an oxygen-dependent person, would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another

secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provide battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,

A handwritten signature in black ink that reads "Lesli Stumph". The signature is written in a cursive, flowing style.

Lesli Stumph
On Behalf of The LAM Foundation

**Susan E. Makowski
P.O. Box 1118
Dennis, MA 02638**

August 7, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as the friend of an oxygen-dependent person, would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation. Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board, even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the

manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter as called for in 3(b)(3) as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) I recommend Requiring POC users or caregivers to provide battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing

segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits, the freedom of unrestricted travel to anyplace at anytime.

Sincerely,

A handwritten signature in black ink that reads "Susan G. Mahowski". The signature is written in a cursive, flowing style.

On Behalf of The LAM Foundation

August 6, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as an oxygen-dependent person, (or as a family member or friend of an oxygen-dependent person) would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient’s air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

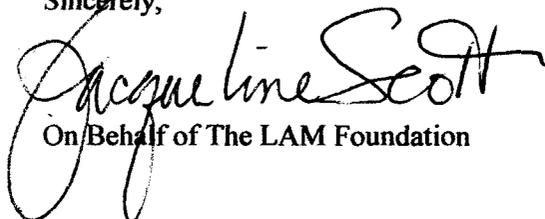
POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation’s greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



On Behalf of The LAM Foundation

August 6, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

As an oxygen-dependent person, I would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or

caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provide battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anywhere at anytime.

Sincerely,



Madeline Nolan
150 Bluebird Dr.
Naugatuck, CT 06770

On Behalf of The LAM Foundation

123 Sherwood Drive
Greensburg, PA 15601

August 9, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as an oxygen-dependent person, would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient’s air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation’s greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



Linda T. Winter

On Behalf of The LAM Foundation

August 6, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
~~Room Plaza 401~~
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as a family member of an oxygen-dependent person would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs; the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

~~In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.~~

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provide battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

~~POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.~~

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely, 

On Behalf of The LAM Foundation

Robert Porterfield
776 Hwy 462
Shenandoah, Ar
72150

August 6, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as a family member of an oxygen-dependent person would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

~~POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.~~

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



On Behalf of The LAM Foundation

04 AUG 17 PM 1:21

August 6, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as an oxygen-dependent person with LAM, would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen. I am currently limited in my ability to visit my family in Kansas due to the inability to carry my own portable oxygen. There are currently no airlines that provide direct service from Phoenix to Kansas City that will provide oxygen, so this regulation could greatly affect my life in a positive way.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

Page Two of Two

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anywhere at anytime.

Sincerely,



Karlene K. Garinger
Tempe, Arizona
On Behalf of The LAM Foundation,

Patricia Houghton
173 Mathewson Rd
Barrington, RI 02806

August 7, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as an oxygen-dependent person, would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or

caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

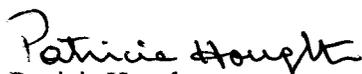
POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



Patricia Houghton

On Behalf of The LAM Foundation

August 6, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as an oxygen-dependent person, (or as a family member or friend of an oxygen-dependent person) would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient’s air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation’s greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,

Sharlene Van Winkle, Lung disease patient
On Behalf of The LAM Foundation

August 7, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as an oxygen-dependent person, (or as a family member or friend of an oxygen-dependent person) would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient’s air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

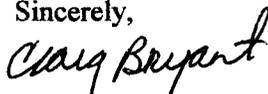
POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation’s greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



Craig D. Bryant
Brother of a LAM patient

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient’s air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provide battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

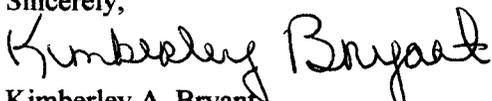
POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

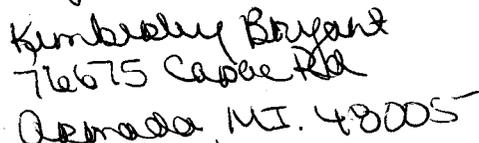
POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation’s greatest benefits – the freedom of unrestricted travel to anywhere at anytime.

Sincerely,



Kimberley A. Bryant
Sister of a LAM patient



August 7, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as an oxygen-dependent person, (or as a family member or friend of an oxygen-dependent person) would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient’s air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provide battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

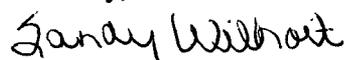
POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation’s greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



Sandy Wilhoit

August 7, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as an oxygen-dependent person, (or as a family member or friend of an oxygen-dependent person) would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient’s air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provide battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

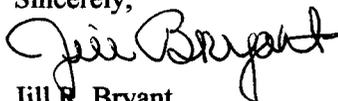
POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation’s greatest benefits – the freedom of unrestricted travel to anywhere at anytime.

Sincerely,



Jill R. Bryant
LAM Patient

August 6, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as a family member of an oxygen-dependent person would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule-making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

~~POC Users Access to On-Board Power Sources~~ - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



On Behalf of The LAM Foundation



Mr. Sonny Zuber
20544 Highway 51
Malvern, AR 72104

August 9, 2004

James W. Whitlow
Office of Chief Counsel – Dept. of Transportation
Dockets Management System - U.S. Dept. of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as a friend of an oxygen-dependent person) would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure

the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) - I recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provide battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



Chris Weinert
On Behalf of The LAM Foundation

August 9, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as an oxygen-dependent person, for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or

caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provide battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



Sun Hwa Gearhart
250 Annalisa Pl,
Merritt Island, Fl
32953

On Behalf of The LAM Foundation

August 6, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as an oxygen-dependent person, would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or

caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provide battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

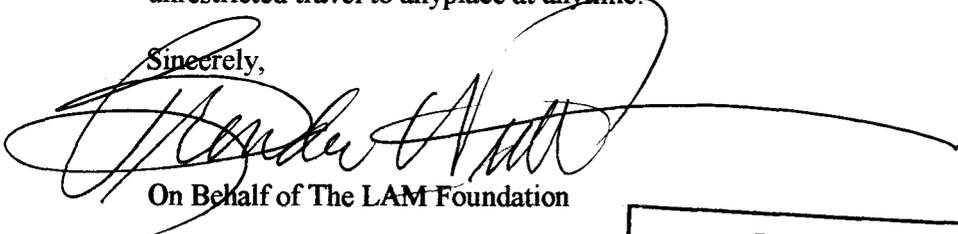
POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,


On Behalf of The LAM Foundation

Brenda Nutt
1812 Shelle Ln.
Harrison, AR 72601-7712

August 7, 2004

James W. Whitlow, Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Dear Mr. Whitlow:

I, as an oxygen-dependent person, would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient’s air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation’s greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,


Audrey L. Hay, Ph.D., R.D., L.D.
On Behalf of The LAM Foundation

August 6, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as an oxygen-dependent person, (or as a family member or friend of an oxygen-dependent person) would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provide battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

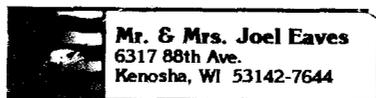
POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,

Sharon Eaves *Kenosha, WI*

On Behalf of The LAM Foundation



August 6, 2004

James W. Whitlow

Office of Chief Counsel

Department of Transportation

Dockets Management System

U.S. Department of Transportation

Room Plaza 401

400 Seventh Street, S.W.

Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as an oxygen-dependent person, (or as a family member or friend of an oxygen-dependent person) would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient’s air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provide battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,

A handwritten signature in black ink that reads "Kathryn Hamilton". The signature is written in a cursive, flowing style.

Kathryn G Hamilton

On Behalf of The LAM Foundation

August 6, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as a family member of an oxygen-dependent person would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

~~In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.~~

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provide battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

~~POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.~~

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,

Chemica Porterfield &

On Behalf of The LAM Foundation

Garry Porterfield

August 10, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as a formerly totally oxygen-dependent person, would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or

caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provide battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

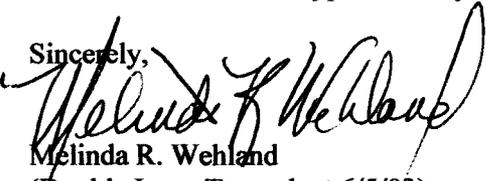
POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



Melinda R. Wehland
(Double Lung Transplant 6/5/03)
On Behalf of The LAM Foundation

August 6, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as a family member of an oxygen-dependent person would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient’s air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

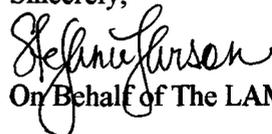
POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation’s greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



On Behalf of The LAM Foundation

August 6, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: Docket # FAA-2004-18596

Mr. Whitlow:

I, as a family member of an oxygen-dependent person would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs onboard, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient’s air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

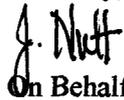
POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation’s greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



On Behalf of The LAM Foundation

August 6, 2004

James W. Whitlow
Office of Chief Counsel
Department of Transportation
Dockets Management System
U.S. Department of Transportation
Room Plaza 401
400 Seventh Street, S.W.
Washington, D.C. 20590-0001

Re: ~~Docket # FAA-2004-18596~~

Mr. Whitlow:

I, as an oxygen-dependent person, would like to thank the Federal Aviation Administration (FAA) for publishing the draft notice of proposed rule for allowing the use of portable oxygen concentrators (POC) during commercial air travel. I want to thank the FAA for their work and recognize this draft rule as a significant step towards improving travel for patients requiring supplemental oxygen.

I understand that the Air Transportation Association is seeking a 60-day comment period extension. This request for a delay is upsetting since it delays the rule making process. I have the following comments on the proposed rule:

The proposed regulation appears to be manufacturer specific, applying only to the AirSep POC. The process for approval by DOT and its regulatory agencies (RSPA and FAA) should apply uniformly to similar/identical devices. I am also puzzled by the comment that a "RSPA determination is an important step for the FAA's review of the POCs, the FAA must still make an independent determination whether the devices pose a hazard in aviation." Does this imply that FAA has the authority to overrule a determination that a device such as the POC does not fall into the "hazardous material" definition?

I have concern with Section 3 (a)(1). This permits airlines, or operators, permissive authority to allow POCs onboard if the airline chooses. The draft rule would retain airlines' discretionary and ~~discriminatory authority to prohibit POCs on board – even if POCs are proven not to interfere with~~ aircraft electronic, navigational and communications systems.

One of the greatest barriers to air travel for patients who need supplemental oxygen is the highly variable oxygen policy among airlines. The draft rule, while important in that it allows a new technology to be used by airlines and passengers, would not address the varying policies among airline providers. Unless airlines are required to allow POCs on board, travelers are likely to experience the frustrations inherent in the current systems.

In Section 3(a)(1) I would encourage the FAA to exercise its regulatory authority to ensure that once one operator or manufacturer has tested and certified that a POC does not interfere with electrical, communication, and navigational systems, that the POC is deemed tested for the entire fleet of that specific model of aircraft.

In Section 3(a)(3) – I believe strongly that the physician is best qualified to attest of the competency of the patient to safely use the POC. An alternative to having the airlines ensure the patient POC user or

caregiver is aware of and can respond to POC alarms would be to have the physician who prescribes the POC certify that the patient is capable of being alerted to and responding to POC unit alarms. This information could be included in the physician letter called for in Section 3(b)(3) of the rule.

In Section 3(a)(6) I recommend that FAA require POCs to be stored under the seat in front or in another secured storage area during taxi, takeoff and landing.

In Section 3(a)(9) I recommend that the FAA and airlines should use the manufacturer recommended scheduled maintenance as criteria to demonstrate the safety and functionality of a POC.

In Section 3(a)(10) I recommend that provision of the physician letter – as called for in 3(b)(3) – as fulfillment of the requirement in 3(a)(10).

Section 3(b)(1) I – recommend that the physician who prescribes the POC for the patient's air travel needs should also certify the ability of the POC user or caregiver to be able to hear and see alarm indicators and respond appropriately.

Section 3(b)(3) – I encourage FAA to consider adding to the physician statement the requirement on the competency of the POC user to see and hear alarms and respond appropriately.

Section 3(b)(5) – I recommend Requiring POC users or caregivers to provider battery power to last 150% of the schedule duration of the flight.

Additional Issues Related to the Draft Rule:

POC Users Access to On-Board Power Sources - I recommend that FAA and DOT monitor POC users experience with various air carriers in implementing the FAA policy on POC. Should FAA or DOT note a consistent pattern where POC users or their caregivers experience difficulty getting accurate and timely information regarding on board power sources, we would encourage FAA and DOT to take appropriate action under the powers of the Air Carrier Access Act.

Limits on Carry on Bags - I recommend FAA consider allowing POC users to have two carry on bags in addition to the POC unit.

POC Operation During Take-off and Landing - I recommend that FAA issue guidance that allows POCs to be used during the take-off and landing segments of the flight.

I appreciate this opportunity to comment on the draft FAA rule that would allow POC units on commercial air travel. This ruling will make a huge difference in the lives of oxygen-dependent Americans who are currently restricted from one of this nation's greatest benefits – the freedom of unrestricted travel to anyplace at anytime.

Sincerely,



MaryKate Mundell

On Behalf of The LAM Foundation