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Andrew Levinson,
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Re: Docket No. Docket # OSHA-2025-0006, Amending the Medical Evaluation Requirements in the Respiratory Protection Standard for Certain Types of Respirators

NOTE: Cal/OSHA's comments are timely. Section 18.17(b) of Title 1 of the Code of Federal Regulations provides, "Dates certain will be computed counting the day after publication day as day one, and by counting each succeeding day, including Saturdays, Sundays, and holidays. However, where the final count would fall on a Saturday, Sunday, or holiday, the date certain will be the next succeeding Federal business day." Here, the Federal Register lists the due date of November 1, 2025. However, because November 1 is a Saturday, the due date is Monday, November 3, 2025, the next Federal business day. See also Federal Register, Table of Effective Dates & Time Periods, <https://www.federalregister.gov/reader-aids/using-federalregister-gov/table-of-effective-dates-time-periods> ("When a date falls on a weekend or holiday, the next Federal business day is used."). Cal/OSHA attempted to submit these comments through the online portal but was unable to do so due to the erroneous closure of the comment period prior to November 3.

The California Division of Occupational Safety and Health (Cal/OSHA) submits the following comments regarding OSHA's proposed revisions to Respiratory Protection, Title 29 Code of Federal Regulations (CFR) 1910.134. Cal/OSHA is the OSHA-approved workplace safety and health program administered by the State of California.

Cal/OSHA strongly opposes OSHA's proposed exemption from medical evaluations for workers required to use filtering facepiece respirators (FFRs) and loose-fitting powered air-purifying

respirators (PAPRs). This change would materially weaken worker protections, contradict longstanding regulatory principles, and increase preventable health risks. OSHA's rationale—centered on limited epidemiologic data and perceived burden—is insufficient to justify removing a proven safeguard.

Medical Evaluations Are an Important Preventive Measure

OSHA's proposal to eliminate medical evaluations for FFRs overlooks the physiological burden these respirators impose. Even lightweight respirators increase breathing resistance, thermal load, and cardiovascular strain—especially during physical labor or in hot environments. Workers with underlying conditions such as asthma, chronic obstructive pulmonary disease, hypertension, heart disease, anxiety, or claustrophobia are at elevated risk. Medical evaluations can identify these vulnerabilities before harm occurs.

OSHA cites a lack of data showing adverse outcomes from the absence of evaluations. But **absence of evidence is not evidence of safety**—especially when biologic plausibility and documented symptomatic burdens are clear.

OSHA's Epidemiologic Argument Is Misleading

The proposal claims that there is no data linking lack of medical evaluations to harm among workers in industries like hog farming. However, these sectors often include vulnerable populations—non-English speakers, temporary workers, and those fearful of reporting symptoms—which are particularly likely not to report harm they experience. Their underreporting does not equate to safety. OSHA's own data shows that 1–2% of evaluated workers are restricted or denied respirator use, which is the group this exemption would expose to harm.

The Proposal Undermines Program Quality and Risk Management

Medical evaluations do more than screen for eligibility. They enable:

- Tailored restrictions (e.g., wear time limits, break frequency)
- Symptom-triggered reevaluation
- Informed respirator selection

Removing this front-end involvement by a physician or licensed health care professional (PLHCP) means symptoms may be normalized or ignored—especially in small or under-resourced workplaces.

Heat and Exertion Risks Are Amplified Without Screening

FFRs elevate perceived dyspnea, exertion, and discomfort—effects that are amplified by both heat and heavy work. Studies consistently document increased symptoms (headache, heat stress, reduced comfort) and measurable physiologic shifts with N95 use. Without screening, workers are more likely to experience syncope, panic, or error in safety-critical tasks.

Recommended Mitigations if OSHA Proceeds

If OSHA declines to withdraw the exemption, Cal/OSHA urges the following:

- Make a PLHCP evaluations available to any employee who uses FFRs or PAPRs and requests a PLHCP evaluation.
- Require additional training for all FFR or PAPR users on possible adverse effects of respirator use and how to request a PLHCP evaluation from the employer.
- Prohibit any adverse action by the employer against employees who request a PLHCP evaluation or report adverse effects from respirator use. Include information on the prohibition in required employee training
- Require PLHCP evaluation in any FFR or PAPR user experiences any adverse symptoms while using the respirator.
- Require PLHCP evaluation for high-risk situations (hot work environments, higher exertion work, confined spaces, etc.) and industries (construction, oil and gas extraction, landscaping, agriculture, transportation, etc.).

Conclusion

The proposed exemption is a step backward in respiratory protection. It removes a low-burden, high-impact safeguard and shifts risk onto workers least equipped to self-advocate. Cal/OSHA urges OSHA to withdraw the exemption and preserve the integrity of § 1910.134.

Sincerely,

Eric Berg

Eric Berg, Deputy Chief of Health