



INTERNATIONAL UNION, UNITED AUTOMOBILE, AEROSPACE & AGRICULTURAL IMPLEMENT WORKERS OF AMERICA – UAW

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October 29, 2025

The Honorable David Keeling
Assistant Secretary of Labor for Occupational Safety & Health
USDOL-OSHA

Re: Amending the Medical Evaluation Requirements in the Respiratory Protection Standard for Certain Types of Respirators
Docket No. OSHA-2025-0006
29 CFR Part 1910

Dear Assistant Secretary Keeling:

The International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW), representing about a million active and retired workers, thanks you for the opportunity to comment on the proposed rule.

The Respiratory Protection Standard in 29 CFR 1910.134 requires employers to establish a comprehensive written respiratory protection program that includes procedures for respirator use, training, and fit testing to protect workers from inhaling hazardous airborne contaminants. The medical evaluation component of this standard determines whether workers are physically able to wear respirators safely. Workers must be evaluated by a physician or other licensed health care professional, using the mandatory OSHA medical questionnaire, to assess medical conditions that could interfere with respirator use (e.g., cardiovascular or pulmonary diseases). This medical evaluation is a necessary measure to make sure that workers can safely wear a respirator. The standard also mandates fit testing for tight-fitting facepiece respirators, training on proper use and maintenance, and ongoing monitoring of workplace conditions to ensure adequate protection of workers. The respiratory protection program must be regularly evaluated for compliance and effectiveness, with recordkeeping mandates to track compliance. To remove the medical evaluation requirement for some respirators without rigorous data to support the changes is reckless and will put workers' health at risk.

We strongly oppose OSHA's proposal to remove some medical evaluation requirements in the Respiratory Protection Rule for filtering facepiece respirators and loose-fitting powered air-

purifying respirators. In urging you to withdraw this Notice of Proposed Rulemaking, we offer the following comments in opposition:

- 1. Eliminating medical evaluations endangers worker health.** The proposed rule eliminates the requirement for employers to conduct both initial and follow-up medical evaluations for filtering facepiece respirator and loose-fitting powered air-purifying respirator use. This change is a direct threat to worker health. Many medical conditions (e.g., cardiovascular disease, asthma, and anxiety disorders) can contraindicate respirator use, yet these conditions may not be immediately apparent to the worker or employer. Medical evaluations are the only reliable means for detecting these conditions, are an important part of a respiratory protection program,¹ and OSHA has repeatedly used language in interpretation letters supporting the need for and importance of medical clearance prior to respirator use:²

Various medical conditions can compromise an employee's ability to tolerate the physiological burdens imposed by respirator use, thereby placing the employee at increased risk of illness, injury, and even death. These medical conditions include cardiovascular and respiratory diseases, reduced pulmonary function caused by other factors (e.g., smoking or prior exposure to respiratory hazards), neurological or musculoskeletal disorders (e.g., ringing in the ears, epilepsy, lower back pain), and impaired sensory function (e.g., a perforated ear drum, reduced olfactory function). Psychological conditions, such as claustrophobia and severe anxiety, can also impair the effective use of respirators by employees and may also cause, independent of physiological burdens, significant elevations in heart rate, blood pressure, and respiratory rate that can jeopardize the health of employees who are at high risk for cardiopulmonary disease. For these reasons, a medical evaluation is required, even for the use of a powered air purifying respirator (PAPR).

OSHA has also referenced that “clinical studies show that positive pressure respirator use can harm the employee”³ in a Q&A Memorandum about the respiratory protection program. Clearly, OSHA has believed that medical clearance is an important part of the respiratory protection process in the past. If OSHA intends to backtrack those earlier interpretations it must show scientifically rigorous, technically sound, peer-reviewed

¹ Szeinuk, J., Beckett, W. S., Clark, N., & Hailoo, W. L. (2000). Medical evaluation for respirator use. *American journal of industrial medicine*, 37(1), 142-157. [https://doi.org/10.1002/\(SICI\)1097-0274\(200001\)37:1%3C142::AID-AJIM11%3E3.0.CO;2-K](https://doi.org/10.1002/(SICI)1097-0274(200001)37:1%3C142::AID-AJIM11%3E3.0.CO;2-K).

² 10/28/2004 - 1910.134(e) - [Requirements for providing medical evaluations prior to wearing respiratory protection for training exercises](#); 10/16/1998 - 1910.134(e) - [Health care professional's discretion regarding medical evaluations and exams](#); 10/05/1998 - 1910.134(e) - [Medical evaluation requirements under the respiratory protection standard](#).

³ OSHA Memorandum to All Administrators: Questions and Answers on the Respiratory Protection Standard. 08/03/1998, [A:QANDA2.PDF](#).

manuscripts supporting the claim in the proposed rulemaking that “OSHA concludes that the data available for health effects are lacking and insufficient to establish that medical evaluations meaningfully reduce material impairment caused by wearing an FFR or a loose fitting PAPR.” Additionally, the proposed rulemaking states “the use of medical evaluations in respiratory protection programs as a prospective measure to avoid adverse health outcomes remains a well-accepted best practice.” Acknowledging a best practice and then proposing to eliminate the practice is illogical and contradictory considering the dearth of evidence to support the claim, which OSHA freely acknowledges within the Notice of Proposed Rulemaking.

Studies have consistently demonstrated the need for further study of the health effects of workers with pulmonary and cardiac conditions that might be exacerbated by wearing respirators.⁴ A recent study showed that medical evaluations rarely prevent individuals from using a respirator but had a significant role in adjusting the recommended respirator type or conditions of respirator use to accommodate worker health conditions.⁵ Removing this requirement places workers at greater risk, especially since overexertion during work tasks increases the likelihood of respiratory distress⁶.

- 2. OSHA uses weak and misapplied scientific evidence to support the proposed rule changes.** The proposal to weaken respiratory protection standards is entirely without scientific justification. In 2006 the OSHA Final Rule on Assigned Protection Factors noted that “The final assigned protection factors (APFs) must be used in conjunction with the existing provisions of the Respiratory Protection Standard.”⁷ More broadly, the implication is that APFs should only apply when the respiratory protection program at a facility is effectively managed; including medical evaluations, fit testing, and proper training, storage, and maintenance. There is no new evidence since the 1998 Respiratory Protection standard or the 2006 APF rule went into effect that supports the removal of the medical evaluation requirements. Meanwhile, exposure assessment research

⁴ Harber, P., & Beckett, W. S. (2023). Health effects of filtering facepiece respirators: Systematic review of pulmonary and cardiovascular effects. *American journal of industrial medicine*, 66(3), 181–198. <https://doi.org/10.1002/ajim.23450>; Hodous T. K. (1986). Screening prospective workers for the ability to use respirators. *Journal of occupational medicine. : official publication of the Industrial Medical Association*, 28(10), 1074–1080. <https://doi.org/10.1097/00043764-198610000-00031>; Hodous, T. K., Boyles, C., & Hankinson, J. (1986). Effects of industrial respirator wear during exercise in subjects with restrictive lung disease. *American Industrial Hygiene Association journal*, 47(3), 176–180. <https://doi.org/10.1080/15298668691389540>.

⁵ Harber, Philip MD, MPH; Leib, Rachel MD, MBA, MS; Behrman, Amy J. MD et al. Respirator Medical Examinations: Current Practices and Future Needs. *Journal of Occupational and Environmental Medicine* 67(8):p 621-627, August 2025. <https://doi.org/10.1097/JOM.0000000000003436>.

⁶ Javanmardi, S., Rappelt, L., Heinke, L. et al. (2024). Impact of work pace on cardiorespiratory outcomes, perceived effort and carried load in industrial workers: a randomised cross-over trial. *Occupational and environmental medicine*, 81(9), 456–461. <https://doi.org/10.1136/oemed-2024-109563>.

⁷ 71 FR 50121 - 50192 (August 24, 2006). *Assigned Protection Factors; Final Rule*. [Federal Register : Assigned Protection Factors](https://www.federalregister.gov/documents/2006/08/24/assigned-protection-factors).

continues to emphasize the importance of proper respirator selection, training, and medical evaluation to ensure worker safety.⁸ If anything, this evidence reinforces the need to strengthen and maintain these vital protections, not remove them.

Much of OSHA's reasoning for this proposed change is based on the flawed logic that a lack of evidence equates to evidence that the existing requirements are not effective. The literature cited in support of the proposed rulemaking has several flaws and all studies are either focused on healthy individuals⁹, found that employers were not adhering to the regulations¹⁰, focused on highlighting the fact that not many workers are outright denied respirator use¹¹, claimed that psychological stressors were not valid reasons to require medical clearance or were not prevalent and that workers could simply remove their respirator due to psychological distress and be able to egress without harm.¹²

⁸ National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; Committee on Respiratory Protection for the Public and Workers Without Respiratory Protection Programs at Their Workplaces; Yost OC, Downey A, Samet J, editors. Frameworks for Protecting Workers and the Public from Inhalation Hazards. Washington (DC): National Academies Press (US); 2022 Feb 10. 3, Respiratory Protection in the Workplace. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK580372/>.

⁹ Anil, A. K., Mannan, R., Shanmugasundaram, K. et al. (2023). Comparative study of the effect of N95 facemask and Powered Air-purifying Respirator (2 fans, N95 filter) on cardiovascular parameters of healthy individuals during exercise. *Industrial health*, 61(2), 125–133. <https://doi.org/10.2486/indhealth.2021-0279>; Epstein, D., Korytny, A., Isenberg, Y. et al. (2021). Return to training in the COVID-19 era: The physiological effects of face masks during exercise. *Scandinavian journal of medicine & science in sports*, 31(1), 70–75. <https://doi.org/10.1111/sms.13832>; Rothstein, A., Hirsch, J., Hillian, A., & DiFrancisco-Donoghue, J. (2025). A Randomized Control Trial Comparing the Effects of N-95 Respirator Versus Surgical Mask Use on Resting Metabolic and Respiratory Changes. *Journal of occupational and environmental medicine*, 67(5), 339–343. <https://doi.org/10.1097/JOM.0000000000003322>.

¹⁰ Brosseau, L. M., Conroy, L. M., Sietsema, M., et al. (2015). Evaluation of Minnesota and Illinois hospital respiratory protection programs and health care worker respirator use. *Journal of occupational and environmental hygiene*, 12(1), 1–15. <https://doi.org/10.1080/15459624.2014.930560>; Doney, B. C., Groce, D. W., Campbell, D. L. et al. (2005). A Survey of Private Sector Respirator Use in the United States: An Overview of Findings. *Journal of Occupational and Environmental Hygiene*, 2(5), 267–276. <https://doi.org/10.1080/15459620590949020>; Gibbs, J. L., Sheridan, C., Sullivan, D. et al. (2023). Self-reported respiratory health symptoms and respiratory protection behaviors of young adult hog producers in the United States. *American journal of industrial medicine*, 66(9), 794–804. <https://doi.org/10.1002/ajim.23515>.

¹¹ Desai, U., Johnson, G., McCluskey, J. and Harbison, R. (2017) Evaluation of Spirometry for Medical Clearance in Occupations Requiring Respirator Usage. *Occupational Diseases and Environmental Medicine*, 5, 67-77. <https://doi.org/10.4236/odem.2017.53007>; Harber, P., Leibu, R., Behrman, A. J., Isakari, M. et al. (2025). Respirator Medical Examinations: Current Practices and Future Needs. *Journal of occupational and environmental medicine*, 67(8), 621–627. <https://doi.org/10.1097/JOM.0000000000003436>; Pappas, G. P., Takaro, T. K., Stover, B. et al. (1999). Respiratory protective devices: rates of medical clearance and causes for work restrictions. *American journal of industrial medicine*, 35(4), 390–394. [https://doi.org/10.1002/\(sici\)1097-0274\(199904\)35:4%3C390::aid-ajim10%3E3.0.co;2-7](https://doi.org/10.1002/(sici)1097-0274(199904)35:4%3C390::aid-ajim10%3E3.0.co;2-7).

¹² McLellan RK. (2020). Medical qualification for respirator use: an essential component of respiratory protection. *American Journal of Industrial Medicine*. 63:949-950. <https://onlinelibrary.wiley.com/doi/10.1002/ajim.23162>; Harber P and WS Beckett. (2023). Health effects of filtering facepiece respirators: research and clinical implication of comfort, thermal, skin, psychologic, and workplace effects. *American Journal of Industrial Medicine*. 66(12):1017-1032. <https://onlinelibrary.wiley.com/doi/10.1002/ajim.23450>.

- Using studies involving only healthy individuals cannot provide information about the impacts of wearing filtering facepiece respirators and PAPRs. In this proposal, OSHA uses studies showing minimal physiological effects for healthy individuals wearing filtering facepiece respirators to support their claim that similar phenomenon would apply to workers with underlying health conditions. One of the studies even includes this discussion point: *“Subjects suffering from lung diseases should have a cautious evaluation before attempting physical activity with any mask.”*¹³
- OSHA also uses the illogical argument that employers not adhering to the medical evaluation requirements as reasoning for eliminating those requirements. Employers not adhering to regulations is grounds for corrective action, not an elimination of the regulatory requirements.
- OSHA is attempting to make the argument that few workers have their respirator use limited through a failed medical evaluation. This is yet another false premise since the medical questionnaires and evaluations are intended to help customize the respiratory protection and overall protection ensemble based on the individual worker, not simply approve or deny respirator use. Workers may need to wear different models or types of respirators for different reasons; there are any number of reasons why a medical evaluation could change the plan. Additionally, OSHA seems to be ignoring the possibility that workers may suffer from non-pulmonary health issues (e.g., neck or back injuries, impaired hearing) that might inform what type of respirator is appropriate for that worker.
- OSHA claims that workers experiencing psychological stressors could simply remove their respirator and be able to egress without harm. This is another illogical argument since the worker doffing the respirator would certainly be exposed to the hazards that the respirator was intended to protect against. The goal of any respiratory protection is to limit or eliminate inhalation exposures to hazardous substances, not to avoid immediately dangerous to life or health (IDLH) atmospheres. Even momentary exposures could have adverse health effects. For example, a healthcare worker wearing an N-95 respirator to protect against infectious aerosols could inhale an infectious dose if that respirator was removed while in proximity to an infected patient. A machinist wearing a P-100 to protect against inhaling metalworking fluids could be exposed to an oil mist that triggers an asthmatic response if that respirator was removed while at their workstation.
- Finally, OSHA makes the outrageous claim that *“It is reasonable to assume that work that requires high exertion could impact the health of a wearer, but that high*

¹³ Epstein, D., Korytny, A., Isenberg, Y. et al. (2021). Return to training in the COVID-19 era: The physiological effects of face masks during exercise. *Scandinavian journal of medicine & science in sports*, 31(1), 70–75. <https://doi.org/10.1111/sms.13832>.

exertion work likely self-selects for individuals who would be medically fit to wear an FFR or a PAPR.” This is a shocking statement that is an insult to workers everywhere. Individuals who are not medically fit to wear a respirator deserve to work and be protected from the hazardous exposures at work.

- 3. Responsibility for ensuring respirator suitability and safety is shifted away from employers and placed on workers.** Currently, workers who feel they are unable to wear a respirator can rely on medical evaluations to ensure their health is not at risk. Without such evaluations, workers will be left to determine on their own whether the respirator is compromising their health, potentially leading to dangerous health outcomes.

UAW members wear a variety of respirators, both required and voluntary. When respiratory protection is required (e.g., ½ face organic vapor/P95 in a paint shop, N95 in a hospital), members should receive annual medical evaluations, training, and fit testing. UAW membership works in a diverse set of industries and respiratory protection worn by our members covers the entire spectrum of respiratory protection; from filtering facepiece respirators to ½ or full faced elastomeric to loose- and tight-fitting PAPRs, even emergency escape respirators and self-contained breathing apparatus (SCBA). When respiratory protection is worn voluntarily, there is some variability (depending on the language in collective bargaining agreements) but generally: members who choose to voluntarily wear an elastomeric respirator receive an annual medical evaluation and members who choose to voluntarily wear a loose-fitting respirator receive a medical evaluation every three years.

There are several reasons why foregoing an examination by a physician or other licensed health care professional (PLHCP) is dangerous, even in cases involving lower-burden devices such as filtering facepiece respirators or loose-fitting PAPRs:

- Undetected health risks: Without medical evaluations, employees with pre-existing or undiagnosed medical conditions (e.g., asthma, COPD, cardiovascular disease, anxiety-related disorders) may unknowingly place themselves at risk. Apparently healthy individuals can have hidden underlying health conditions.¹⁴ Even respirators perceived as low-burden can contribute to adverse health events, particularly under physically demanding or high-stress conditions¹⁵. A medical

¹⁴ Morrison, B. N., McKinney, J., Isserow, S. et al. (2018). Assessment of cardiovascular risk and preparticipation screening protocols in masters athletes: the Masters Athlete Screening Study (MASS): a cross-sectional study. *BMJ open sport & exercise medicine*, 4(1), e000370. <https://doi.org/10.1136/bmjsem-2018-000370>.

¹⁵ Wangsan, K., Sappamrer, R., Sirikul, W. et al. (2022). Effect of N95 Respirator on Oxygen and Carbon Dioxide Physiologic Response: A Systematic Review and Meta-Analysis. *International journal of environmental research and public health*, 19(14), 8646. <https://doi.org/10.3390/ijerph19148646>; Mapelli, M., Salvioni, E., De Martino, F. et al. (2021). "You can leave your mask on": effects on cardiopulmonary parameters of different airway protective masks

evaluation serves as an essential screening tool to help identify these vulnerabilities before exposure occurs and provides an opportunity for alternative protection strategies.

- Cumulative physiological stress: While the immediate impact of wearing a filtering facepiece respirator or loose-fitting PAPR may appear minimal, extended use can create significant physiological strain¹⁶. This is especially true for hot environments or during physically intensive tasks. For medically susceptible workers, this cumulative burden may lead to serious health consequences.
- Complacency in risk management: The absence of a medical evaluation requirement may create a false sense of safety among both employers and workers. It could be mistakenly assumed that these types of respirators are safe for universal use, which may lead to diminished attention to comprehensive respiratory protection practices. Upholding a consistent policy of requiring medical evaluations helps reinforce the understanding that respirator use is inherently a medical concern and underscores the importance of preventive health screening in occupational settings. There are numerous examples of employers failing to recognize respiratory hazards,¹⁷ provide appropriate training,¹⁸ or provide medical clearance to their workers.¹⁹
- Legal and ethical responsibility: If an employee suffers a health incident related to respirator use and no prior medical evaluation was conducted, employers could be exposed to legal liability and ethical scrutiny. This could be viewed as a failure to uphold their duty to provide a safe workplace. The Occupational Safety and Health Act of 1970 clearly spells out Congressional intent for employers to ensure safe workplaces, regardless of the type of work being performed.²⁰

at rest and during maximal exercise. *The European respiratory journal*, 58(3), 2004473. <https://doi.org/10.1183/13993003.04473-2020>.

¹⁶Harber, P., & Beckett, W. S. (2023). Health effects of filtering facepiece respirators: Systematic review of pulmonary and cardiovascular effects. *American journal of industrial medicine*, 66(3), 181–198. <https://doi.org/10.1002/ajim.23450>; Rebmann, T., Carrico, R., & Wang, J. (2013). Physiologic and other effects and compliance with long-term respirator use among medical intensive care unit nurses. *American journal of infection control*, 41(12), 1218–1223. <https://doi.org/10.1016/j.ajic.2013.02.017>;

¹⁷ National Institute for Occupational Safety and Health (1988). Electroplater and Four Co-workers Die from Asphyxiation in Metal Plating Vat. <https://doi.org/10.26616/NIOSHFACE8833>; Massachusetts Fatality Assessment and Control Evaluation Project (Massachusetts FACE) (2023). Cannabis Flower Technician Experiences Fatal Asthma Exacerbation —Massachusetts. <https://doi.org/10.26616/NIOSHFACE22MA002>.

¹⁸ National Institute for Occupational Safety and Health (1986). Foundry Worker Dies in Indiana. <https://doi.org/10.26616/NIOSHFACE8623>.

¹⁹ Michigan Fatality Assessment and Control Evaluation (MIFACE). (2006). *Manager of after-market truck bed liner store dies of asthmatic attack after spraying van with isocyanate-based truck bed liner* (Investigation #03MI018). National Institute for Occupational Safety and Health (NIOSH). <https://doi.org/10.26616/NIOSHMIFACE03MI018>.

²⁰ Occupational Safety and Health Act of 1970, 29 U.S.C. §§ 651-678. Retrieved from <https://www.osha.gov/laws-regs/oshact/completeoshact>.

This policy shift violates basic worker rights by eliminating a critical safeguard – the right to medical assessments before being required to use respirators in dangerous work environments. By removing employer responsibility for medical evaluations, the burden of proof of harm falls unfairly on the employee. If a worker becomes ill from inadequate respiratory protection, they will face significant barriers to legal and medical recourse, which undermines both worker health and employer accountability.

- 4. The proposal’s underlying assumptions about workplace conditions are inaccurate and do not reflect the reality of UAW-represented workers.** For example, 12-hour shifts, mandatory overtime, and high-heat environments are standard in many of the industries our members work in. In such conditions, workers may not be able to take frequent breaks or adjust their respirators in response to discomfort, which increases the physiological burden of wearing a respirator.

Thank you for the opportunity to present our views on the proposed rule. With workers’ lives and wellbeing on the line, we urge OSHA to **withdraw this proposed rulemaking**. It is unnecessary and likely to result in increased worker harm. OSHA’s mandate is to protect worker’s safety and health by reducing occupational exposure, not to help employers with efficiency/removing requirements. If OSHA believes adjustments are needed, they must be narrow, specific, and developed with transparent stakeholder input and comprehensive analysis, not thrown together quickly without scientifically rigorous, technically sound, peer-reviewed research to support the changes. Anything less risks sacrificing the health and safety of millions of workers across the country. If you have any questions, please contact Dr. Michael Grant at mgrant@uaw.net or 508-859-0222.

Sincerely,



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