American Federation of Labor and Congress of Industrial Organizations

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AFL-CIO

AMERICA'S UNIONS

November 1, 2025

David Keeling

Assistant Secretary for Occupational Safety and Health

U.S. Department of Labor

200 Constitution Ave., N.W.

Washington, DC 20210

Re: Request for Comments on OSHA's proposed standard on Amending the Medical Evaluation Requirements in the Respiratory Protection Standard for Certain Types of Respirators Docket ID: OSHA-2025-0006

Dear Assistant Secretary Keeling,

The AFL-CIO is the federation of 63 national unions representing 15 million workers across industries, including manufacturing, construction, health care, food processing, warehousing, utilities, transportation, education, office settings, government services, entertainment, athletics and other industries.

We strongly oppose OSHA's proposal to eliminate employers' requirements to provide both initial and follow up medical evaluations for all workers required to wear filtering facepiece respirators (FFRs) and loose-fitting powered air-purifying respirators (PAPRs), across industries. We strongly object to the removal of initial and *any* followup medical evaluations for *any* worker, for *any* respirator. Respirators are meant to protect workers from chemical toxicants, dust, radiation, infectious agents and other workplace hazards, but they can also put workers at risk of serious health complications and safety issues in the workplace, leading to workplace injury, illness and death.

This proposal was issued by the U.S. Department of Labor with dozens of other proposals under the guise of duplicative, redundant or outdated requirements; however, this proposal totally eliminates protections that workers have relied on for decades and that are necessary to keep workers safe on the job.

This proposal is an irresponsible use of OSHA's time and shows a lack of understanding of how respiratory protection programs work on the ground.

I. OSHA's proposal weakens the promise to American workers of the right to a safe job.

OSHA's proposal to remove any kind of medical evaluation for any kind of respirator use would remove workers' right to access safe personal protective equipment and to a safe workplace. Removing medical evaluations removes worker protections against a recognized hazard and would generate new health hazards that are currently prevented.

The proposal would remove both initial and follow-up medical evaluations, including evaluations when the employee reports medical symptoms related to the ability to wear a respirator—which is a determination made by a medical provider, supervisor or respiratory program administrator for reevaluation and observations during a fit test that the employee needs to be reevaluated. Followup evaluations provide a key opportunity for workers to tell a medical professional what is and is not working. Thus, under the proposal, there would be absolutely no requirements in the respiratory protection program for a medical evaluation to be made at any point for workers or any requirement that they be provided a different respirator. This would leave the responsibility and accountability of workers' health in a respirator solely at the discretion of the employer, if they do not want to hire a medical professional for this purpose.

Under the proposal, when something goes wrong, OSHA's proposal would also shift the burden of proof onto the worker for proving that respirators harmed their health. Importantly, the majority of workers do not have strong training to know whether they are receiving the best respiratory protection and whether and who they can speak to when there are issues, without retaliation.

Removing medical evaluations would also weaken workers' ability to voluntarily upgrade their respirator, which is dependent on medical qualifications.[1]

II. Workers rely on adequate respiratory protection to prevent work-related injury, illness and death.

For decades, workers have relied on adequate respiratory protection as part of a comprehensive approach using the hierarchy of controls—where elimination, substitution, engineering controls and administrative/work practice controls are all implemented before requiring workers to rely on respiratory protection. In fact, OSHA's respirator standard

[1] *See* OSHA.gov/laws-regs/federalregister/2006-08-24.

(§1910.134) requires this hierarchical approach, with an emphasis on the use of engineering controls to the extent feasible before any respirator use is considered.

> "Paragraph (a)(1) requires the use of appropriate respiratory protection when ''effective engineering controls are not feasible, or while they are being instituted.'' This paragraph also stipulates that the prevention of atmospheric contamination caused by ''harmful dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors'' shall be accomplished, to the extent feasible, by the use of engineering control measures.
>
> As stated in the preamble of the proposed rule (59 FR 58895), OSHA did not in this rulemaking open the record on the issue of the hierarchy of industrial hygiene controls; the hierarchy language is merely brought forward, verbatim, from this paragraph of the prior rule. Paragraph (a)(1), which was adopted by OSHA in 1971 from the 1969 American National Standards Institute (ANSI) standard, Z88.2–1969, established that a hierarchy of controls is to be used to protect employees from hazardous airborne contaminants. According to this hierarchy, engineering controls are the preferred method of compliance for protecting employees from airborne contaminants and are to be implemented first, before respiratory protection is used. According to paragraph (a)(1), respirators are permitted to be used only where engineering controls are not feasible or during an interim period while such controls are being implemented." [2]

Workers who wear FFRs and loose-fitting PAPRs include workers across industries—in health care, manufacturing, construction, education, transportation, maintenance, entertainment and many other industries where workers are exposed to dusts and other airborne particles such as infectious agents, chemical dusts, fumes, mists, vapors, radioactive material and other contaminants. There are feasibility issues of wearing different types of respirators. Different respirators have different utility because:

- Certain job tasks require more facial or body coverage than just the breathing zone (i.e., eyes, skin);
- Are lighter or heavier for certain workers to wear;
- Are feasible in different situations and spaces;
- Are feasible for certain body types or breathing capacities or for workers with neck or stress injuries, with hearing issues, with back issues, etc.; and
- and a multitude of other variability factors that make respirator selection and medical evaluation of the utmost importance.

In other words, people need to wear different models for different reasons. And employers are not equipped to handle all of these issues without qualified medical expertise.

[2] Respiratory Protection, 63 Fed. Reg. 1179 (Jan. 8, 1998)

To ensure respirator use is *effective and safe*, they must not medically harm or adversely affect the health of workers wearing respirators and must not interfere with the safety of work tasks (such as vision or communication impairments). Further, wearing inadequate respiratory protection or with inadequate medical clearance can dangerously give workers a false sense of protection (i.e., believe they are protected when they are not) and can cause and exacerbate serious medical issues.

III. Medical evaluations are a necessary requirement of a comprehensive respiratory protection program for workers to be safe on the job.

A. Purpose of medical evaluations

Respirator use is specialized and only effective if appropriate procedures and checkpoints accompany their use, including: proper availability and selection of respirator type and filtration for the specific job task and job environment, proper fit testing, proper donning and doffing, proper changing of respirators due to contamination, proper wearing of respirators, and proper initial and follow up medical evaluations.

OSHA proposes to remove initial and follow up medical evaluations for any workers in any industry wearing FFRs and loose-fitting PAPRs. Medical evaluations are a critical checkpoint for workers to be clinically (physically) evaluated in person, raise concerns, ask questions and the only checkpoints performed by a qualified medical professional. This is true for every single kind of respirator—even FFRs and loose-fitting PAPRs—and across industries. Initial medical evaluations are critical for assessing a worker's ability to breathe, move, communicate and perform other job functions in a specific type of respirator.

In OSHA's respiratory protection standard, mandatory Appendix C was created to standardize important questions that medical professionals need to ask workers to assess their medical risk for wearing respirators; these are questions workers would not otherwise be asked or assessed upon without a medical evaluation.

Appendix C contains questions on issues such as:

3. Have you ever had any of the following pulmonary or lung problems?
    a. Asbestosis: Yes/No
    b. Asthma: Yes/No
    c. Chronic bronchitis: Yes/No
    d. Emphysema: Yes/No
    e. Pneumonia: Yes/No
    f. Tuberculosis: Yes/No

g. Silicosis: Yes/No
h. Pneumothorax (collapsed lung): Yes/No
i. Lung cancer: Yes/No
j. Broken ribs: Yes/No
k. Any chest injuries or surgeries: Yes/No
l. Any other lung problem that you've been told about: Yes/No

4. Do you currently have any of the following symptoms of pulmonary or lung illness?
   a. Shortness of breath: Yes/No
   b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
   c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
   d. Have to stop for breath when walking at your own pace on level ground: Yes/No
   e. Shortness of breath when washing or dressing yourself: Yes/No
   f. Shortness of breath that interferes with your job: Yes/No
   g. Coughing that produces phlegm (thick sputum): Yes/No
   h. Coughing that wakes you early in the morning: Yes/No
   i. Coughing that occurs mostly when you are lying down: Yes/No
   j. Coughing up blood in the last month: Yes/No
   k. Wheezing: Yes/No
   l. Wheezing that interferes with your job: Yes/No
   m. Chest pain when you breathe deeply: Yes/No
   n. Any other symptoms that you think may be related to lung problems: Yes/No

Attached is the mandatory appendix C in OSHA's current respiratory protection standard. OSHA's proposal to remove medical evaluation requirements for workers wearing FFRs and loose-fitting PAPRs also means Appendix C, as well as the medical opinion based on the results of this questionnaire, would no longer apply to these workers.

B. OSHA's history on medical evaluations

Throughout OSHA's history, specific OSHA standards have included respirator requirements that employers need to follow in order for workers to be safe on the job. In 1998, OSHA issued a final rule that required employers to implement a comprehensive respiratory protection program when they require workers to wear respirators. To promulgate and issue this standard, OSHA accepted a significant amount of public comment and relied on substantial evidence to support the need for medical evaluations to prevent worker illness and injury.

OSHA's preamble to the final rule speaks for itself.[3] Attached to these comments is a copy of the preamble, providing extensive justification for requiring initial and follow up medical evaluations. The agency stated,

> "OSHA based the decision to require medical evaluation for all employees required to use respirators, and for those employees voluntarily using negative pressure respirators, on a number of scientific studies, discussed below, which demonstrated that adverse helah effects can results, in some cases, even from short duration use of respirators."[4]

OSHA goes on to state that "Several experimental studies in the record show that even healthy individuals using what is generally believed to be a "low risk" respirator for short periods can experience adverse physiological and psychomotor effects."[5]

Not only does the 1998 preamble justify the need for all medical evaluations, OSHA specifically considered and accepted public comment on exceptions to initial and follow up medical evaluations. In OSHA's own words, "The overwhelming majority of commenters stated that the exemption should be eliminated entirely or be limited only to those employees who are exposed to minimal physiological stresses or workplace hazards." However, medical examinations are often used to determine such stressors. In its final rule, OSHA did not grant exceptions for either initial or follow up medical evaluation requirements, based on the totality of the extensive evidence in the record—including rigorous scientific studies, evidence of serious health complications and hundreds of records of actual employee respirator medical examinations.

Even fit testing respirators onto workers without prior medical examinations puts workers at risk. In fact, OSHA made it very clear in the same preamble that medical evaluations need to be conducted prior to fit testing "to identify those employees who have medical conditions that contraindicate even the limited amount of respirator use associated with fit testing. If medical problems are observed during fit testing, the employee must be medically revaluated."[6]

When OSHA updated its respiratory protection standard in 2006 rule to reflect new assigned protection factors (APFs), OSHA specifically stated, "OSHA has appropriately made the proposed APFs contingent upon the existence of an effective and well-managed respiratory protection program" that includes medical evaluations.

In this proposed rule, OSHA cites no new evidence that permits the agency to change course.

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[3] Respiratory Protection, 63 Fed. Reg. 1207 (Jan. 8, 1998)
[4] Respiratory Protection, 63 Fed. Reg. 1210 (Jan. 8, 1998)
[5] Respiratory Protection, 63 Fed. Reg. 1210 (Jan. 8, 1998)
[6] Respiratory Protection, 63 Fed. Reg. 1209 (Jan. 8, 1998)

IV. There is no new evidence to support OSHA's proposal and OSHA misrepresents the evidence it cites.

When OSHA updated its respiratory protection standard in 1998, OSHA acknowledged that "using a respirator may place a physiological burden on employees that varies with the type of respirator worn, the job and workplace conditions in which the respirator is used, and the medical status of the employee."

Now, OSHA assumes there is no medical burden for workers wearing FFRs and loose-fitting PAPRs. OSHA says it "now believes that the requirement for medical evaluations before the use of any type of respirator is too broad in practice."[7] OSHA relies on evidence that is misleading and the conclusions of the evidence OSHA cites actually support medical evaluations, not the removal of them.

OSHA cites a "lack of data showing material impairments avoided by medical evaluations."[8] OSHA is not permitted to remove existing protections based on a lack of data. Besides, OSHA has not sought such data and should know these data are difficult to collect and track.

The agency relies on the lack of evidence showing that anyone has been harmed by medical issues with respirators since the emergence of COVID-19 when the use of respirators increased. OSHA opines that the widespread usage of these respirators were often without a medical evaluation, even though OSHA does not provide a source for such a factoid and even though during COVID-19, OSHA still required medical evaluations for the majority of workers using respirators. Only for six months, while the emergency temporary standard in health care was in effect, medical evaluations were exempt only when a respirator was used in place of a facemask in health care settings.[9] All other use of respirators required medical evaluations.

Where OSHA's mini respiratory protection program did apply, OSHA required that:

> "Employers must require employees to discontinue use of a respirator when either the employee or a supervisor reports medical signs or symptoms (e.g., shortness of breath, coughing, wheezing, chest pain, any other symptoms related to lung problems, cardiovascular symptoms) that are related to ability to use a respirator. Any employee

[7] Amending the Medical Evaluation Requirements in the Respiratory Protection Standard for Certain Types of Respirators, 90 Fed. Reg. 28465 (Jul. 1, 2025).
[8] Amending the Medical Evaluation Requirements in the Respiratory Protection Standard for Certain Types of Respirators, 90 Fed. Reg. 28463 (Jul. 1, 2025).
[9] Mini Respiratory Protection Program. §1910.502(f)(4)

> who previously had a medical evaluation and was determined to not be medically fit to wear a respirator must not be provided with a respirator under this standard unless they are re-evaluated and medically cleared to use a respirator."[10]

OSHA references a study that follows a pilot survey of health care providers describing the process and outcomes of medical evaluations, stating that "Harber et al. (2025) found that nearly all workers were approved without restrictions and it was considered very unusual to decline approval."[11] However, that study concludes that a stronger process of medical evaluation, such as reducing variations across healthcare providers, is necessary for improving accuracy and efficiency. It does not argue that medical evaluations are not necessary; in fact, it argues for their importance in protecting worker health, stating in their results section:

> "Evaluations rarely prevent individuals from respirator use but significantly impact accommodation by adjusting recommended respirator type or use conditions. The service delivery processes vary greatly (eg, proportion of assessments by nurses, physician assistants, nurse practitioners, and physicians). Most clinics provide routine initial and periodic examinations, but fewer than half provide more complex assessments. The OSHA Respiratory Questionnaire is frequently the sole data source for decision making."[12]

OSHA references another study, stating that "A 2017 study (Desai et al.) found that only 1.48% of 337 subjects who passed the medical questionnaire evaluation failed the spirometry test under the American Thoracic Society criteria."[13] This study concludes from those results that the medical evaluation process actually needs to be more thorough and go beyond the questionnaire, as they recognize that 1% of workers being affected by respiratory burdens has large scale impacts when scaling it to a workforce that consists of millions.[14]

OSHA cites two commenters—out of hundreds of comments during its 1998 standard rulemaking—noting that 2% of their workforces at that time did not pass the medical evaluation due to health factors (claustrophobia, asthma, and heavy smoking). As stated above, this is a significant number of workers, considering the size of the American workforce.

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[10] Mini Respiratory Protection Program. §1910.504(d)(4). OSHA.gov/laws-regs/regulations/standardnumber/1910/1910.504.

[11] Amending the Medical Evaluation Requirements in the Respiratory Protection Standard for Certain Types of Respirators, 90 Fed. Reg. 28463 (Jul. 1, 2025).

[12] Harber et al. 2025. *Respirator Medical Examinations.* Journal of Occupational & Environmental Medicine 67 (8): 621–27. DOI.org/10.1097/jom.0000000000003436.

[13] Amending the Medical Evaluation Requirements in the Respiratory Protection Standard for Certain Types of Respirators, 90 Fed. Reg. 28466 (Jul. 1, 2025).

[14] Desai et al, 2017. *Evaluation of Spirometry for Medical Clearance in Occupations Requiring Respirator Usage.* Occupational Diseases and Environmental Medicine 05 (03): 67–77. DOI.org/10.4236/odem.2017.53007.

OSHA also cites the lack of large scale epidemiological studies that show the efficacy of medical evaluations in respirator use. OSHA uses a NIOSH study from 2005 that stated, "In the immediate wake of the publishing of the 1998 Respiratory Protection Standard 51.2% of an estimated 281,776 establishments may not have performed medical evaluations to determine fitness for wearing a respirator" as evidence that medical evaluations are not necessary.[15] However, that NIOSH survey was for assessing the compliance rates of employers regarding the respiratory standard and discovered an alarming rate of establishments that had inadequate respiratory protection programs and noncompliance in many other areas of the respiratory standard, such as fit testing, training, and proper respirator selection.[16] It does not present data that would indicate that workers' health were unaffected by the lack of medical evaluation and only illustrates noncompliance by employers and OSHA's enforcement deficiencies of the respiratory protection standard.

OSHA references the Gibbs study to argue that medical evaluations are not necessary due to examples from many industries with a smaller and more dispersed workforce where medical evaluations are far less prevalent, such as hog farming. The study actually found that about one-third of young adult hog producers have experienced cough, shortness of breath, fever, and chills despite most of them wearing N95 while working. Results also showed that following an educational program, 20% of overall participants purchased additional respiratory protection after finally receiving instructions and training about proper respiratory usage.[17] These results show that effective respiratory programs must consist of much more than mere access to respirators and must include a comprehensive respiratory protection program that includes medical evaluations where workers can engage with medical professionals on their respirator use, capabilities and concerns.

The evidence OSHA cites in its justification for this proposal does not take into account long-term exposure associated with using respirators that are ineffective or less effective. For example, it can take a very low level of exposure to contract an infectious disease if the respirators are not being worn properly due to medical issues or other issues. The agency also ignores the reality that most workers cannot walk away or take a break from a jobsite right away or take a break when they want or even when they need to: they have very long shifts, little control over exposures and breaks, and can be subjected to mandatory overtime, placing a larger physiological strain on them.

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[15] Amending the Medical Evaluation Requirements in the Respiratory Protection Standard for Certain Types of Respirators, 90 Fed. Reg. 28465 (Jul. 1, 2025).
[16] Doney et al, 2005. *A Survey of Private Sector Respirator Use in the United States: An Overview of Findings.* Journal of Occupational and Environmental Hygiene 02(05): 267-276 DOI.org/10.1080//15459620590949020.
[17] Gibbs 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. DOI.org/10.1002/ajim.23515.

Without medical evaluations, workers and their medical provider do not know who has conditions that do not allow them to wear respirators or who need a specific type of respirator. While healthy people may not have physiological burdens, a large percentage of the working population does.

Finally, OSHA's economic analysis only considers cost savings to employers, not a wide range of costs to employers or costs to workers that should have been included.

For all of these reasons, we urge OSHA to immediately withdraw this proposal. The lack of substantial evidence to support this proposal should prevent the agency from moving forward with this rulemaking. OSHA's statutory responsibility is to protect workers' safety and health, not help employers with efficiency at the expense of worker safety and health.

Sincerely,

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