NABTU
North America's **Building Trades** Unions

July 6, 2026

OSHA Docket Office
Docket No. OSHA-2025-0006
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

RE: Comments on the Occupational Safety and Health Administration Amending the Medical Evaluation Requirements in the Respiratory Protection Standard for Certain Types of Respirators Notice of Proposed Rulemaking

Dear Sir or Madam:

On behalf of North America's Building Trades Unions (NABTU), I am submitting comments on OSHA's proposed rulemaking, "Amending the Medical Evaluation Requirements in the Respiratory Protection Standard for Certain Types of Respirators."

The attached comments urge OSHA to withdraw the current proposed rule and to follow ACCSH's recommendations.

NABTU greatly appreciates the opportunity to supplement the record in this important rulemaking proceeding.

Please contact me at (301)578-8500 if you have any questions about the attached material.

Sincerely,

Chris T Cain

Chris Trahan Cain
Safety and Health Director

Comments on the Occupational Safety and Health Administration Amending the Medical Evaluation Requirements in the Respiratory Protection Standard for Certain Types of Respirators Notice of Proposed Rulemaking

Submitted by North America's Building Trades Unions

Docket No: OSHA-2025-0006

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These comments are submitted by North America's Building Trades Unions (NABTU) on behalf of its 14 affiliated national and international unions and the 3 million working men and women they represent. NABTU thanks OSHA for reopening the record to allow for the public to comment on the regulation after the Advisory Committee for Construction Safety and Health (ACCSH) met and made recommendations on OSHA's deregulatory proposals, including the notice of proposed rulemaking titled, "Amending the Medical Evaluation Requirements in the Respiratory Protection Standard for Certain Types of Respirators." We are disappointed that the record was not reopened for the other NPRM's that received recommendations from ACCSH as the agency shared in the meeting. "[W]e will have a limited reopening for 30 days where the public can comment on anything that they hear at this advisory committee meeting and/or any ACCSH recommendations." OSHA-2025-0001-0007, p. 9, (Levinson). We strongly encourage OSHA to do so as valuable information was provided by the committee members during the discussion of every proposed deregulation that the public should have the opportunity to comment on.

As NABTU's previous comments stated, we strongly urge OSHA to withdraw the current proposed rule as it harms workers and will create additional burdens for employers. The evidence provided by ACCSH further supports OSHA abandoning this proposed rule.

ACCSH has served an essential and critical role in the rulemaking process since the creation of OSHA. Even prior to the OSH Act, the Construction Safety Act understood the importance of having a balanced advisory committee that formally advised the government on construction safety standards. The value of ACCSH membership and input as a formal part of the rulemaking process was evident during the recent ACCSH meetings held on March 31, April 1, and May 19, 2026.

ACCSH members bring invaluable field knowledge and expertise to the agency. This input can provide the agency with critical field knowledge prior to the development of a proposed rule. Although that did not occur with the current NPRM, the agency must still incorporate the feedback from ACCSH, in addition to public comment.

Selected Highlights from the ACCSH Meetings Related to this NPRM

OSHA presented the NPRM to ACCSH members on March 31 in a brief presentation along with another NPRM and a potential proposed rule in the initial rulemaking stage prior to proposal. After this presentation, the members discussed the proposal to amend medical evaluation requirements, including many issues with the proposal included in NABTU's previously submitted comments. We have categorized some of the ACCSH comments by topic.[1]

Changing the regulation would introduce confusion

ACCSH representative George Samuelson began the discussion from his experience as a laborer and safety and health trainer, clarifying that there was a value in baseline medical evaluations for all workers and all respiratory protection types and maintaining the provisions for all respirators would reduce confusion. He stated that "the standard should stay in place no matter what type of respirator you are using. [I]t establishes some sort of baseline for the newer employees that never had anything type of evaluation. And it could nip something [...] in the bud right out of the gate by starting with these lower class respirators." Tr. March 31, p. 32-33, (Samuelson). And further discussed, "We start separating what needs a medical evaluation and what doesn't, I think it's going to be a little bit more confusing. [I]f we keep it all the same for any type of respirator, there is no questions. Tr. March 31, p. 34 (Samuelson).

Representative Gene Sicard, an experienced electrician, supported Mr. Samuelson's assessment that altering the standard for some respirators would cause confusion stating, "Keep it simple. Don't make it complicated. When you build in loopholes by taking and carving things out, you build more confusion, more loopholes. So I, as an employee, am going to look for those too." Tr. March 31, p. 35 (Sicard).

Respirators cause an increased body burden

Representative Glenn Minyard provided additional input from his experience as a crane operator describing the body burden of respiratory protection. He stated, "[j]ust talking about the physical assessment for wearing a respirator, whatever it is the N95 dust mask or the loose fitting. No matter what you put over your face, you are still going to have that restriction. You know, as you are breathing in and out as you are working, it is going to build up heat. There are so many different things. And the say the standard is, is preventing all those injuries and illnesses that might not have been seen before or may have been prevented." Tr. March 31, p. 33, (Minyard). He explains that some medical conditions will be missed with the proposed changes. "if we start trying to carve things out, even though

[1] References to the Advisory Committee for Construction Safety and Health meeting transcript OSHA-2025-0001-0007 and OSHA-2025-0001-0008 references will be "Tr. [meeting date], [page number](speaker)."

you are still breathing through it, we are going to miss some of those [health conditions]. Tr. March 31, 33-34, (Minyard). Mr. Minyard also discussed how respirators were provided in construction when workers are likely to be exposed in excess of the permissible exposure limit. Stating, "So there is a reason we are wearing these. And that's why we want to watch with some of the loose fitting and some of the dust masks." Tr. March 31, p. 36-37, (Minyard).

Medical evaluations can identify health conditions that would limit or restrict respirator use

Representative Robert Lahey, a public representative with decades of safety and health experience, discussed the one to two percent of individuals who are recommended not to use a respirator. "[T]o opine that low number serves as a rational to eliminate this best practice, and that's what this is a best practice, is really a disservice to that 1 to 2 percent who are either more aware of something because of the medical evaluation or perhaps were never put in harm's way to begin with because of that medical evaluation." Tr. March 31, p. 37, (Lahey).

Representative Vincent Hundley, an experienced construction safety and health consultant, expressed concern about negative consequences of the proposal and shared a personal experience of identifying a workers' medical condition after a medical evaluation. "[O]ccasionally you catch somebody, and you sure wish that had a medical evaluation. I mean, that happened to me once in my career where an individual wanted to do some fiber glass work on a plant. We were building a wastewater treatment plan, and we were doing a fiberglass oder control typing. And it turns out he had walking pneumonia. So, you know, I was glad that we got him in, and we got him eval'd." Tr. March 31, p. 53, (Hundley).

Medical evaluations are simple and not costly to provide

The economic cost of the medical evaluation was also discussed by ACCSH. Mr. Sicard clarified that the medical evaluation is "just a simple test." And the "juice wasn't worth the squeeze," as he shared that the removing the requirement for a medical evaluation wouldn't provide much time-saving or cost-saving, but could result in helping a worker discover a condition they weren't aware of. Tr. March 31, p. 35, (Sicard).

Medical evaluations for all respirators is an industry best practice.

The committee members spoke about how providing a medical evaluation for all types of respiratory protection was an industry best practice. While there was some discussion on if the best practices should be in an appendix or provided in later guidance, the best

practice is currently in the regulation. Industry best practices must not be removed from OSHA regulations.

"[A]s I read through the document it does acknowledge that the best practice is to go through the medical evaluation, at least the questionnaire and everything else as a best practice for wearing a filtering face piece on the job to handle all of those. Because we are required to wear them from a contaminant on the job, we need to wear them for protection need to make sure that it's not going to make things worse. So, this is a best practice as it's acknowledged in there." Tr. April 1, p. 11-12, (Minyard).

ACCSH's Final Recommendation on the Proposed Rule Amending the Medical Evaluation Requirements in the Respiratory Protection Standard for Certain Types of Respirators

Eventually, the ACCSH representatives decided they needed more time to review the materials presented and in the record before making a recommendation on this NPRM. The The following day, April 1, 2026, ACCSH met again and voted in favor of the motion:

"ACCSH recommends that OSHA not proceed with the proposal to remove the medical evaluation requirements, and continue to look for best practices and provide those to employers." Tr. April 1, p. 49, (Naughton).

Conclusion

NABTU strongly urges OSHA to listen to the consensus and experience of the advisory committee, and our previous comments, and abandon the effort to remove medical evaluation requirements in the respiratory protection standard for filtering-face piece and loose fitting PAPRs.