To: U.S. Department of Labor, Occupational Safety and Health Administration (OSHA)

Re: Amending the Medical Evaluation Requirements in the Respiratory Protection Standard for Certain Types of Respirators (29 CFR 1910.134)

Docket No.: OSHA-2025-0006

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Support for Eliminating Medical Evaluation Requirements and Adopting Triennial Fit Testing for Filtering Facepiece Respirators

The Occupational Safety and Health Administration's (OSHA) proposal to amend 29 CFR 1910.134 by removing medical evaluation requirements for filtering facepiece respirators (FFRs) and loose-fitting powered air-purifying respirators (PAPRs) is supported by operational data and peer-reviewed evidence. In Calendar Year 2025, UW Health Employee Health Services conducted 3,075 medical evaluations for respirator use, and no employees were denied clearance for FFRs or loose-fitting PAPRs (UW Health EHS, 2025). Only six employees (0.2%) reported increased shortness of breath due to asthma or sensitivity to Bitrex fit-testing solution. All were accommodated with loose-fitting PAPRs and remained in the Respiratory Protection Program (RPP) without restrictions. This aligns with OSHA's estimate that approximately 1–2% of workers are denied respirator use after evaluation (OSHA, 2025), yet our data show that even in these cases, use is manageable with alternative respirators. The absence of denials and the negligible rate of restrictions underscore that medical evaluations for these respirator types do not identify a meaningful number of workers at risk of adverse outcomes and add unnecessary administrative and financial burden.

Medical evaluations for FFRs and loose-fitting PAPRs are redundant because these respirators impose minimal physiological burden. FFRs, such as N95s and P100s, generate minimal inspiratory and expiratory resistance, comparable to normal breathing for most workers (Zhu et al., 2020). Although P100 FFRs have higher flow resistance than N95s, they are rarely required in most workplaces, where N95s dominate use. Loose-fitting PAPRs, which rely on positive pressure and do not require a face seal, eliminate the primary physiological stressor of negative-pressure breathing. The absence of reported adverse outcomes during the COVID-19 pandemic,

when millions used FFRs without prior medical evaluations, further supports the conclusion that these requirements are not critical to worker safety for these respirator types (OSHA, 2025). Workers with underlying cardiopulmonary conditions are already highly motivated to avoid discomfort and will proactively request accommodation, such as loose-fitting PAPRs, or report symptoms. Employers also screen for obvious contraindications during pre-employment evaluations, rendering universal medical evaluations unnecessary.

In addition to supporting the elimination of medical evaluation requirements, we urge OSHA to adopt triennial (every 3 years) fit testing for FFRs, as demonstrated by Martin et al. (2024). Their study, published in Infection Control & Hospital Epidemiology, found no significant degradation in N95 fit over a 3-year period among workers without facial or weight changes. Annual fit testing was shown to be an unnecessary burden, consuming resources without improving protection. To lighten this burden while maintaining safety, we recommend that OSHA amend 29 CFR 1910.134(f) to require fit testing every 3 years for FFRs, with exceptions for workers reporting weight changes of 10 pounds or more, facial changes (e.g., dental work, facial hair, scarring, or cosmetic surgery), or new medical conditions affecting respirator fit or breathing.

Opponents of OSHA's proposal argue that medical evaluations are necessary to identify undiagnosed cardiopulmonary conditions. However, our data from 3,075 evaluations in 2025 showed zero denials and only six minor accommodations (UW Health EHS, 2025). The Advisory Committee on Construction Safety and Health's (ACCSH) estimate of a 1–2% denial rate, when applied to OSHA's estimate of 2.6 million FFR users, suggests that approximately 26,000–52,000 workers might be denied (OSHA, 2025). Yet, as our data shows, most of these workers can use PAPRs instead, which do not require a face seal and impose minimal physiological burden. Employers can also voluntarily screen for high-risk conditions through pre-employment questionnaires or self-reporting, eliminating the need for OSHA to mandate medical evaluations.

Concerns that ISO 45001 requires fitness verification are unfounded, as the standard's Clause 7.2 (Competence) allows for risk-based verification. The risk associated with FFRs and loose-fitting PAPRs is low enough that self-reporting and accommodation satisfy the requirement. Another argument against the proposal is that FFRs are tight-fitting and therefore require medical screening. However, while FFRs are tight-fitting, loose-fitting PAPRs are not, yet OSHA proposes to exempt both. The physiological burden of FFRs is negligible for most workers, and loose-fitting PAPRs offer a ready alternative for those with concerns (Zhu et al., 2020). Furthermore, annual fit testing, as currently required, lacks supporting evidence.

In conclusion, we strongly support OSHA's finalization of the proposal to eliminate medical evaluation requirements for FFRs and loose-fitting PAPRs, as the data does not support their necessity and self-reporting suffices. Additionally, OSHA should consider amending 29 CFR

1910.134(f) to adopt triennial fit testing for FFRs, with exceptions for weight or facial changes or new medical conditions. Annual fit testing should be retained for tight-fitting PAPRs, elastomerics, and high-hazard environments. This approach reduces the regulatory burden, aligns with peer-reviewed evidence, and preserves worker safety through targeted, risk-based requirements.

References

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