

American College of Occupational and Environmental Medicine (ACOEM)
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Outside Witness Testimony Addressing the Health Resources & Services Administration
Prepared for the U.S. Senate Committee on Appropriations
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
May 18, 2023

Chair Baldwin, Ranking Member Capito, and members of the Subcommittee, on behalf of the American College of Occupational and Environmental Medicine (ACOEM) and its 4,000 members, I write to urge you to continue investing in our nation's health by funding and providing direction on critical health workforce programs applicable to the medical specialty of occupational and environmental medicine (OEM). OEM is a board-certified specialty under the American Board of Preventive Medicine (ABPM) that focuses on the diagnosis and treatment of work-related injuries and illnesses. Founded in 1916, ACOEM is the nation's largest medical society dedicated to promoting employee health through preventive medicine, clinical care, research, and education. The College represents physicians and other healthcare professionals specializing in OEM who are devoted to promoting optimal health and safety of workers, workplaces, and environments.

As you deliberate on the critical programs to be funded in the FY24 appropriations bills, we respectfully request that \$22 million be provided to HRSA's Public Health and Preventive Medicine programs (Public Health Workforce Development), with no less than \$12 million allocated to the Preventive Medicine Residency Training Program (PMR) – *Authorized under 42 USC 295c*. Additionally, we request that direction be provided to HRSA to set aside at least 30 percent of the total PMR funds for awards to OEM residency programs. There is a dire workforce gap concerning the available supply of OEM physicians needed to serve our nation. This situation will not improve absent dedicated support, as most traditional federal support pathways for medical specialty training are unavailable to OEM residency programs.

OEM is the medical specialty that focuses on the health of workers, including the ability to perform work; the physical, chemical, biological, and social environments of the workplace; and the health outcomes of environmental exposures. OEM physicians possess a comprehensive skillset essential to protecting the health and well-being of employees and the broader public. Unfortunately, the critical and longstanding shortage of specialized OEM physicians available to meet the needs of 166.69 million workers and their employers across the United States is worsening. Absent strategic and dedicated investment, this workforce shortage is expected to be exacerbated due to the rate of OEM physician retirements vastly outpacing the training of new board-certified OEM specialists.

The previous cycle of the HRSA Preventive Medicine Residency Training Program provided funding to 17 medical residency programs – with only two going to dedicated OEM programs. Additionally, a recent HRSA grant solicitation for the 2023-2027 PMR program period was designed in such a way that limited its accessibility to OEM programs, as opposed to public health and general preventive health medicine programs.

Dedicated funding for training the next generation of OEM physicians would directly benefit U.S. workers and their employers, as companies with unique workplace settings and exposures often utilize their specialized expertise. OEM physicians assist the companies and American workers that bear the most significant burden during any public health emergency and ensure they are better prepared to minimize the effects of such emergencies to maintain operational effectiveness.

The COVID-19 pandemic exposed severe deficits in the U.S. public health infrastructure, with most of the workforce lacking appropriate support for workplace health and safety. The overwhelming majority of workers have no practical benefit from the expertise of OEM practitioners. Often, small and mid-sized companies lack expertise on these issues and are left to interpret complex guidance and regulations. The pandemic brought a clearer vision to organizations of the role of OEM in protecting their employees' health. The pandemic has also forced organizations to look for public health expertise to help contain the virus and has demonstrated the value of occupational safety and health (OSH) professionals, in particular OEM physicians. During the pandemic, OEM physicians provided businesses with tailored assistance on subjects such as surveillance and testing, exposure management, quarantine, work in isolation, personal protective equipment allocation, workplace safety, return-to-work policies, and interpretation of local, state, and federal public health guidance. They kept the energy, utilities, food distribution, transportation modes, healthcare, and first responders healthy and functioning. Without OEM physicians keeping critical infrastructure sectors operational, many Americans would have been left at home in the dark, cold, and hungry.

OEM physicians are highly trained with three years of post-graduate, post-medical school training and are required to complete an MPH or equivalent degree. Unlike most medical residency training programs, OEM programs do not routinely receive Medicare funding through CMS. Current funding through NIOSH, the VA, and HRSA falls short of the total OEM training funding necessary to bridge the gap between the supply of OEM physicians and our nation's needs.

Notably, inconsistency of available funding and decline in overall funding over the past few decades has been a driver in OEM residency programs being closed. Unfortunately, due to the lack of funding, most OEM residency programs cannot fill their resident slots. In past academic years, OEM training programs were typically only able to fund around 60% of residency slots authorized by the Accreditation Council for Graduate Medical Education (113 residents in training/187 positions approved – 2022). This lack of funding for OEM training has created a significant gap in the needs of employers and the workforce.

As of 2022, there were only 3068 Board Certified OEM physicians in the U.S., with an average age of 61. The number of newly board-certified OEM specialists declined from a high of 229 in 1997 to 90 in 2021, falling below 100 for the first time in 2001. In a 2022 survey of OEM residency directors, 50% said they considered giving up the role that year partly due to uncertainty surrounding program funding. These challenges, taken in concert with an understanding of the growing need for American businesses to have access to physicians specializing in physical, chemical, biological, and social environments of the workplace and the

health outcomes of environmental exposures, underscore ACOEM's position that there is a dire need to shore up the OEM training pipeline.

Despite more critical funding needs among OEM programs and employers looking for physicians specializing in OEM, in the past, HRSA has disproportionately awarded funding to programs in public health and general preventive medicine. HRSA continues to solicit grant applications and apply requirements for the 2023-2027 PMR program period in a manner that favors public health and general preventive medicine programs over OEM programs. Although HRSA purports that PMR program eligibility is extended to all three preventive medicine specialties (Occupational & Environmental Medicine, Aerospace Medicine, and Public Health & General Preventive Medicine), however, program requirements have been embedded that do not fit in with the core material required for OEM residents to complete their occupational medicine boards successfully. This approach has had the de facto impact of precluding OEM residency programs from submitting competitive applications for workforce training funding assistance unless they retool the residency program curriculum to include components unrelated to the specialty. Additionally, we strongly recommend that HRSA be directed to streamline the PMR program to account for residency programs that have already been accredited and/or vetted. For example, many OEM programs serve as NIOSH Education and Research Centers. Onerous grant solicitation processes can further discriminate against programs with limited staff and resources to respond and pursue disparate grants.

OEM providers develop deep knowledge of various industries, establishing careers across a broad spectrum of sectors such as clinical care, corporate medicine, public health and regulatory sectors, academia, and research. This expertise empowers them to create policies and protocols that integrate the needs of employers and workers with guidance from NIOSH, OSHA, CDC, and other agencies. Employers that can access the services of OEM physicians can benefit from increased health and safety for workers on-the-job and when returning to work, which can help minimize workers' compensation (WC) costs and result in significant cost savings to employers. OEM physicians appreciate that illness and injury, both in and outside the workplace, can have social, practical, and financial impacts on employers and the U.S. economy as a whole. Additionally, their effect on population health delivers healthier workers to the Medicare system as they enter retirement age.

We appreciate that Congress has recognized the value of HRSA's Preventive Medicine Residency Training Program in the past, and ACOEM thanks the Subcommittees for their providing the opportunity to offer feedback and recommendations throughout the FY24 process. Below is proposed complimentary report language for your review and consideration. We are available and willing to engage if you have any questions concerning our request or would like to meet to discuss these critical programs. Thank you for your ongoing support of programs to bolster the U.S. health workforce and commitment to improving health for all Americans.

Sincerely,

Kenji Saito, MD, JD, FACOEM
President
American College of Occupational and Environmental Medicine (ACOEM)

Proposed Report Language:

- **HRSA, Health Workforce, Health Professions Education and Training**

Public Health and Preventive Medicine. The Committee provides \$22,000,000, an increase of \$4,000,000, for Public Health Workforce Development. This program line, also called Public Health and Preventive Medicine, funds programs that are authorized in titles III and VII of the PHS Act (Public Law 111–148) and supports awards to schools of medicine, osteopathic medicine, public health, and integrative medicine programs. The \$4,000,000 increase is provided for the Preventive Medicine Residency Training Program, with a preference for Occupational and Environmental Medicine residency training programs. Within the total funding provided for the Preventive Medicine Residency Training Program, at least 30 percent shall be set-aside for awards to Occupational and Environmental Medicine residency programs, and HRSA shall administer the award process in a manner that does not inadvertently preclude such programs from eligibility.