



AMERICAN COLLEGE OF
OCCUPATIONAL AND
ENVIRONMENTAL MEDICINE

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October 17, 2025

Ms. Amanda Laihow
Acting Assistant Secretary of Labor for Occupational Safety and Health
U.S. Department of Labor
Occupational Safety and Health Administration
200 Constitution Avenue, N.W.
Washington, D.C. 20210

**Re: 29 CFR Parts 1910, 1915, 1917, 1918, and 1926 [Docket No. OSHA–2025–0022]
RIN 1218–AD66 Lead**

Dear Acting Assistant Secretary Laihow:

On behalf of the American College of Occupational and Environmental Medicine (ACOEM), I am writing to provide comments on the above-referenced proposed rulemaking.

About ACOEM

Founded in 1916, ACOEM is a national medical society representing over 3,000 occupational medicine physicians and other health care professionals devoted to promoting optimal health and safety of workers, workplaces, and environments. ACOEM is dedicated to improving the care and well-being of workers through science and the sharing of knowledge. Our members work in corporations, hospitals, clinics, academic medical centers, government, etc. and are committed to the highest standards of patient care and workplace safety.

ACOEM actively participates in healthcare policy development, advocates for evidence-based medical practice standards, and works to ensure that regulatory requirements support both patient safety and provider well-being. The association provides continuing medical education, professional development resources, and serves as a voice for physicians in healthcare policy discussions at the state and federal levels.

Position Statement

ACOEM does not support the proposed changes as currently drafted. While we recognize OSHA's important mission to protect worker safety and health, we have significant concerns regarding the proposed revisions and their potential impact on lead-exposed workers. We acknowledge the need to streamline older standards with the more updated Respiratory Protection Program Standard (29 CFR 1910.134). It is reasonable to cross reference applicable elements of 1910.134 with the Lead standards in

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General Industry, Construction, and Maritime/ Shipyards/Longshoring. However, given the comprehensive nature of these Lead standards, employers would benefit from some redundancy to decrease confusion, increase compliance, and better protect their workers.

Lead exposure causes serious adverse health effects to most organ systems, including the central and peripheral nervous system, renal, hematologic, gastrointestinal, cardiovascular, and reproductive. Further, lead exposure may aggravate underlying medical conditions. OSHA promulgated lead standards based on substantial evidence that work-related exposure is associated with material impairment of health or functional capacity. The proposed changes will diminish the health and safety protections currently afforded to workers. Given OSHA's history of improving protections for workers, we are disappointed that resources are being used to degrade this standard, rather than developing standards that address hazards for which there are no OSHA standards.

We are deeply concerned that the overarching premise of this proposed rule leaves decisions on respiratory protection almost entirely up to employers. Many employers lack resources to understand exposures, their health effects, and appropriate respiratory protections. Rather than save employers money, these proposed changes will cost employers both time and money as they undertake the task of determining when and what types of respirators should be provided. Most importantly, these proposed changes will place workers at risk for adverse health impacts – impacts that are preventable with the appropriate use of respirators.

We disagree with OSHA's underlying assertion that eliminating regulatory text about respiratory protection requirements will reduce the regulatory burden on employers. The provisions of these lead standards were written carefully and crafted to ensure clarity to employers. The changes being proposed will create confusion and uncertainty and will increase the workload for employers while simultaneously decreasing protections for workers.

The proposed rule refers to Executive Order 14192 (2025 January 31), "Unleashing Prosperity Through Deregulation" as rationale and states that federal regulations... "are often difficult for the average person or business to understand...increasing compliance costs and the risk of costs of non-compliance." We argue that the regulatory text, and therefore protections, that OSHA is proposing to eliminate or replace with vague phrases and less detailed information specific to lead exposure will perpetuate and even increase the issues the Administration claims it wants to address by such sweeping changes.

Below we provide our comments on specific topics addressed in the proposed rule. We use the relevant sections in OSHA's general industry standards (29 CFR 1910) to explain our points. However, our comments apply to all comparable provisions in the OSHA standards applicable to shipyards (29 CFR 1915), marine terminals (29 CFR 1917), longshoring (29 CFR 1918), construction (29 CFR 1926) and agriculture (29 CFR 1928).

Required Use of Respirators

We oppose the proposed removal of 1910.1025(f)(3)(i) and (ii) in the Lead standard that details circumstances in which respiratory protection must be used. One circumstance, for example, is when *"engineering and work-practice controls are not yet sufficient to reduce employee exposures to or below the permissible exposure limit."* These provisions give employers and workers the information they need

to know about when respiratory protection is required, thereby eliminating any guesswork. Furthermore, we disagree with OSHA's determination that these sections of the Lead standard "unnecessarily duplicate" the general provisions of 1910.134(a) and its proposal to eliminate it. The only comparable statement in 1910.134(a) is: "Respirators must be used when the employer determines that it is necessary to protect the health of an employee."

Protection from Eye and Skin Irritation

We oppose the proposed removal of 1910.1025(f)(3)(i)(B) in the Lead standard that requires the use of full facepiece respirators to protect workers' eyes and skin from irritation caused by lead exposure. The standard prohibits the use of half-mask respirators because they do not safeguard the entire face. In the proposed rule, OSHA asserts that half-mask respirators, when worn with the protective clothing or equipment required by the standard, provide protection equivalent to full facepiece respirators. We disagree. Eye protection does not necessarily seal well to a worker's face and thus is not able to offer full protection from lead dusts and fumes. Full facepiece atmosphere-supplying respirators are better at providing needed protection from eye and skin irritants, as they maintain positive pressure. Moreover, there are no consensus standards (e.g., ANSI/ISEA) for eyewear performance against irritant fumes or gases. Without such a consensus standard, it is incorrect to assert that complying with OSHA's standard for eye and face protection (29 CFR 1910.133) is equivalent to the protection that is provided in the current Lead standard. We urge OSHA to maintain the requirement for full facepiece respirators as written in 1910.1025(f)(3)(i)(B).

HEPA Filter Requirements

We oppose the proposed removal of 1910.1025(f)(3)(i)(C) in the Lead standard that requires the provision of HEPA filters for powered and non-powered air-purifying respirators. We believe that a significant change in an important component of an effective respirator must be made in consultation with the National Institute for Occupational Safety and Health (NIOSH), which has been recognized both nationally and internationally as the authority on respiratory protection. NIOSH sets the standards, evaluates and approves respirators, and conducts research to improve respiratory protection for workers. Without close consultation with NIOSH regarding changes to OSHA standards involving respiratory protection, U.S. workers are placed at risk of unnecessary and potentially harmful exposures.

Employee Training on Respirators

We oppose the proposed removal of 1910.1025(l)(1)(v)(C) in the Lead standard that requires that employees be trained on "the purpose, proper selection, fitting, use, and limitations of respirators." We agree that 1910.134(k) includes these training topics, along with many other important topics. However, rather than remove this requirement from the Lead standard and cause confusion to employers, we recommend that a reference to 1910.134(k) be *added* to the Lead standard. This would ensure that employers understand all the required topics for employee training on respiratory protection.

OSHA Considerations Regarding Employee Requests for Respirators

We do not agree with OSHA's consideration to remove provisions in the Lead standard that require employers to provide respirators, including powered air-purifying respirators (PAPRs), to workers when they request them. Situations in which employees might request a respirator include the following:

- Employees may request PAPRs to decrease heat stress in hot environments.

- Employees with underlying health conditions may request respirators to decrease their exposure to substances that can worsen their conditions.
- For employees with facial hair (sometimes in relation to religious beliefs), PAPRs provide the best protection as other respirators may not be able to seal correctly.

If employees are unable to request and receive the respiratory protection they need, their health and safety may be at significantly increased risk.

Conclusion

In summary, the changes proposed to the Lead standards will not maintain the protections currently provided to workers. Responsible employers want clear language from OSHA on what they must do to comply with OSHA regulations in order to protect the health and safety of their employees. The detailed respiratory protection requirements of the Lead standards provide employers with this guidance. Further, the information is important to workers, who want to understand both how to protect themselves and what OSHA requires of their employers. We believe that the proposed changes to the Lead standards will increase lead exposure and adverse health effects to lead-exposed workers.

ACOEM is committed to working collaboratively with OSHA to develop workplace safety standards that effectively protect workers while maintaining the ability to provide high-quality patient care. We look forward to participating in any public hearing proceedings and stand ready to serve as a resource in developing practical, effective workplace safety standards.

For more information about ACOEM, please visit acoem.org or contact Craig Sondalle, CEO at craig@acoem.org.

Sincerely,



Laura Gillis MD, MPH, FACOEM
President, ACOEM