AMERICAN COLLEGE OF
OCCUPATIONAL AND
ENVIRONMENTAL MEDICINE

November 19, 2024

The Honorable Tammy Baldwin
Chair
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Senate Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Robert Aderholt
Chair
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
House Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Shelley Moore Capito
Ranking Member
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
Senate Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
House Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Re: FY25 Labor-HHS Appropriations: Funding for NIOSH Education and Research Centers and HRSA Preventive Medicine Residency Training

Chair Baldwin, Chair Aderholt, Ranking Member Capito, and Ranking Member DeLauro,

On behalf of the American College of Occupational and Environmental Medicine (ACOEM) and our members, I am writing to share our perspectives on the Fiscal Year 2025 (FY25) Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) appropriations for critical health workforce programs. We urge continued investment in the National Institute for Occupational Safety and Health (NIOSH) and the Health Resources and Services Administration (HRSA) to address the growing challenges in occupational and environmental medicine (OEM).

OEM's Role in Saving Lives, Reducing Healthcare Costs, and Enhancing Productivity
OEM physicians play a unique and critical role in promoting worker health and safety, directly reducing healthcare costs for employers, including the Federal and state governments, employees, and the Medicare system. By preventing workplace injuries, OEM physicians help workers return to their jobs more quickly and keep them healthier throughout their working lives. This emphasis on prevention leads to substantial cost savings for the Federal government and for employers, reducing absenteeism, workers' compensation claims, and healthcare expenditures.

Further, OEM physicians help identify and manage work-related health issues early, preventing them from developing into chronic conditions that may shift the financial burden to the Medicare system later in life. By supporting workers during their productive years, OEM contributes to healthier individuals entering Medicare at a lower cost to the system. This preventive focus benefits not only individual workers, businesses, and government employers but also the broader healthcare system.

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Support for the House Proposal to Increase NIOSH ERC Funding
We strongly support the House's proposal to increase funding for NIOSH's Education and Research Centers (ERCs) by $1.5 million above FY24 levels. This increase is critical for maintaining and expanding OEM residency programs, which are essential in training physicians to prevent and treat workplace-related injuries and illnesses. These physicians help employers mitigate the risks of workplace incidents and ensure operational efficiency, benefiting both businesses and the economy. However, we do not support the House proposal to cut NIOSH's overall level of funding, as this would significantly impede the agency's ability to execute its core mission to generate new knowledge in the field of occupational safety and health and to transfer that knowledge into practice for the betterment of workers.

While the House proposal to increase ERC funding is a step in the right direction, ACOEM initially requested $44 million for the ERCs. This level of funding would allow for a substantial increase in the number of funded OEM residency slots and better meet the demand for trained professionals in a field that saves employers and our nation billions by reducing costs associated with workplace injuries and illnesses. While we understand that budgetary challenges make it difficult to allocate these substantial increases, we hope you will consider this figure as a long-term target necessary to effectively address physician workforce shortages in OEM. Our expertise in Population Health enables us to deliver healthier members to the Medicare rolls once they retire.

Dissatisfaction with Proposed HRSA PMR Funding Cuts
We are deeply concerned by the House proposal to cut funding for HRSA's Public Health and Preventive Medicine programs (Public Health Workforce Development), which supports the HRSA Preventive Medicine Residency Training Program (PMR). The Preventive Medicine Residency (PMR) Training Program has historically been vital in supporting preventive and occupational medicine residency programs. ACOEM initially requested $22 million for the PMR program, with no less than $12 million allocated specifically to OEM residency programs. This funding level would support the training of more specialists who can help reduce costs for employers and governments by preventing workplace injuries and addressing environmental health risks.

The proposed funding cut would further exacerbate the current shortage of OEM physicians, which jeopardizes not only worker health but also the broader healthcare system. OEM-trained physicians are essential in high-risk industries like construction, agriculture, and transportation, where specialized medical guidance helps prevent costly injuries and keeps workers and the public safe.

Support for the Senate's Bipartisan Proposal
We appreciate the bipartisan efforts reflected in the Senate's FY25 Labor-HHS funding proposal, which demonstrates a commitment to supporting NIOSH and HRSA programs at levels aligned with FY24 enacted spending. However, we must emphasize that OEM residency programs still require increased funding to address the growing shortage of specialists trained in preventive care. Increased support will allow OEM physicians to continue making a measurable impact on reducing healthcare costs and improving workforce productivity.

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Urgent Need for Increased Funding for NIOSH ERC and HRSA PMR Programs
The workforce shortage in OEM is critical. Currently, there are only 3,265 board-certified OEM physicians in the U.S., with an average age of 62. This small contingent of specialist physicians is charged with caring for the 169 million Americans in our civilian labor force. Training new OEM specialists is essential to ensuring the health and safety of American workers while also reducing healthcare costs for businesses, government employers, and Medicare. Our original request for $44 million for NIOSH ERCs and $22 million for HRSA's PMR program would help address these needs by expanding the training pipeline for these critical physicians. We understand that the current budgetary environment presents challenges, but even modest increases in funding could significantly reduce healthcare costs, improve worker safety, and support long-term healthcare system sustainability.

We respectfully urge Congress to increase NIOSH ERC funding as proposed by the House and to maintain or increase HRSA PMR program funding to support OEM residency programs. By investing in these programs, we can reduce healthcare costs, prevent workplace injuries, and enhance the health and safety of American workers. The expertise of OEM physicians is essential in safeguarding the health of our nation's workforce and reducing the strain on the Medicare system.

Thank you for your leadership and commitment to improving the nation's health workforce. We look forward to working with you to achieve these critical goals in FY25.

Sincerely,

Tanisha Taylor, MD, MPH

Tanisha Taylor, MD, MPH, MBA, FACP, CIME, FACOEM
President, American College of Occupational and Environmental Medicine (ACOEM)