

April, 27, 2011

Hilda L. Solis
Secretary
U.S. Department of Labor
200 Constitution Ave., NW
Washington, DC 20210



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RE: 30 CFR Parts 70, 71, 72, 75, and 90 RIN 1219-AB64
Lowering Miners' Exposure to Respirable Coal Mine Dust, Including Continuous
Personal Dust Monitors

Secretary Solis:

On behalf of the American Thoracic Society, I want to thank the Office of Mine Safety and Health Administration for the opportunity to comment on the revised standard for Lowering Miners' Exposure to Respirable Coal Mine Dust, Including Continuous Personal Dust Monitors (RIN 1219-AB64). The American Thoracic Society strongly supports MSHA's efforts for put forth a stricter standard and parallel efforts to improve data collection and monitoring.

Occupational exposures to mining dust has long been shown to lead to respiratory health issues. From black lung to silicosis, the research documenting the adverse health effects of exposure to industry mining dust is extensive. ATS members have unique expertise in the study, detection and treatment of workers with occupational disease caused by exposure to mine dust. Because of our expertise, the ATS has a compelling interest in comment on the proposed coal dust standard.

The ATS makes the following comments:

The ATS supports the proposal to issue a stricter coal dust standard. The ATS supports MSHA's proposal to issue a stricter coal dust standard of 1 mg/m^3 . Research has shown that the current standard of 2 mg/m^3 allows miners to be exposed to unacceptably high levels of dust that can lead to respiratory disease. The ATS notes NOISH extensive literature review and supports NIOSH's recommendation to set a stricter standard of 1 mg/m^3 .

The proposed newer standard will help decrease the nonmalignant respiratory diseases (NMRD) morbidity associated with coal dust exposure (COPD) and this should be supported. As part of this surveillance program that adds spirometry, there should be an educational program for miners regarding NMRD and how

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coal dust as well as cigarette smoking, alone and in combination, can result in this type of disease. Smoking cessation programs should be made available to miners also.

The ATS supports MSHA's proposal to include a requirement for personal dust monitoring. The ATS agrees more accurate and reliable dust exposure data can be measured using personal dust monitors. These devices are small, portable, reliable durable enough to work effectively in the potentially harsh conditions of the mines:

The ATS supports the addition of spirometry to the surveillance requirement. The ATS supports MSHA proposal to add periodic spirometry testing. In regard to spirometry, the ATS recommends that spirometry testing be conducted in accordance with the most recent recommendations established by the ATS-ERS (ATS-ERS standardization criteria document attached). Personnel that administer testing should have successfully completed a NIOSH-approved spirometry training course and the certification must be current. In addition, a definition of an abnormal decline in spirometry should be provided (top of page 64445) and how this finding should be confirmed and if necessary further evaluated clinically. This is a big void in the proposed legislation that needs to be addressed.

The proposed rule does not make clear who is responsible for reviewing chest radiographs collected as part of miner surveillance. The ATS recommends chest films be reviewed and interpreted by certified B readers using the 2000 ILO Classification of Radiographs of Pneumoconiosis. Requiring B readers will ensure accuracy and consistency in reviews across the surveillance system.

The ATS would like to specifically comment on question #19 from the 3/8/2011 OSHA federal register notice regarding initial examination and follow up examination for coal miners.

Coal miners frequently work for various mines over a period of time. The periodic medical surveillance should take into consideration the total number of years spent in the coal mining industry whether for one employer or for numerous employers (total duration of coal mine employment).

Follow up pulmonary function tests (spirometry) after initial employment should be repeated at least every three years. This pulmonary function testing interval was used in a study of manufacturing workers and was found to provide enough pulmonary function data points over time to minimize error and maximize precision in regard multiple time dependent variables such as aging and cumulative dust exposure that can influence individual longitudinal pulmonary function data. Pulmonary function testing every three years would provide an opportunity for early identification of miners who have accelerated loss of lung function greater than that expected from aging alone and allow for interventional

and preventive health strategies. Corresponding surveillance chest radiographs should be coordinated with the spirometry surveillance schedule, perhaps with the additional chest radiographs being obtained at 9 to 12 years duration of coal mining employment, and then subsequently every six years.

The American Thoracic Society appreciates the opportunity to provide comments on the proposed MSHA standard for coal dust exposure. We would be happy to answer any questions or provide follow up information.

Sincerely,

A handwritten signature in black ink that reads "Dean Schraufnagel". The signature is written in a cursive, flowing style.

Dean E. Schraufnagel MD
President
American Thoracic Society

Reference:

McKay RT, LeMasters GK, Hilbert TJ, Levin LS, Rice CH, Borton EK, Lockey JE. A long term study of pulmonary function among US refractory ceramic fibre workers. *Occup Environ Med*, 2011; 68: 89-95.