American College of Occupational and Environmental Medicine (ACOEM)
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Outside Witness Testimony Addressing HHS FY25 NIOSH & HRSA Funding
Prepared for the U.S. Senate Committee on Appropriations
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
May 3, 2024

Chair Baldwin, Ranking Member Capito, and members of the Subcommittee, on behalf of the American College of Occupational and Environmental Medicine (ACOEM) and its 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 one of the primary medical specialties under the American Board of Preventive Medicine (ABPM) that focuses on preventing, diagnosing, and treating 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 U.S. Department of Health and Human Services (HHS) programs to be funded in the FY25 appropriations bills, we respectfully request that:

- **$44 million be provided to the CDC's National Institute for Occupational Safety and Health (NIOSH) for Education and Research Centers (ERCs) for their important work to improve workplace safety and health by translating scientific discoveries into practice through effective education, training, and outreach. With the increased funding, we request that NIOSH give preference in future fiscal year ERC grant award solicitations to applicants that provide justification demonstrating that funding will expand Occupational Medicine Residency programs at new or existing ERCs. We also strongly support increasing the overall NIOSH budget for FY25.**

- **$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). 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 167.89 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.

According to the National Safety Council, the total cost of work injuries in 2021 was $167.0 billion. This figure includes wage and productivity losses of $47.4 billion, medical expenses of $36.6 billion, administrative expenses of $57.5 billion, and other related costs. Businesses, workers, and American taxpayers shoulder these costs. We strongly believe that investments in prevention-based solutions and resources will help curb these costs weighing down our economy and conditions that jeopardize workers' health in communities nationwide.

OEM residency training programs provide the necessary support for the nation's workforce. Dedicated funding for training the next generation of OEM physicians would benefit U.S. workers and their employers, as companies with unique workplace settings and exposures often utilize their specialized expertise. OEM physicians assist companies and citizens who bear the greatest burden during any public health emergency and ensure they are better prepared to minimize the effects of such emergencies and maintain operational effectiveness. Sadly, most workers currently receive no practical benefit from the expertise of OEM physicians. Companies often lack expertise on these issues and are left without assistance to interpret complex guidance and regulations. In addition to serving individual workers, OEM physicians address the workforce's needs on a population level, offering guidance to employers to help them identify and remediate hazards and promote a true safety culture that benefits workers, customers, and bottom lines.

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 professionals, particularly 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 local, state, and federal public health guidance interpretation. 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.

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 total OEM training funding needs. Additionally, over time, the inconsistency of funding has been a driver in OEM residency programs being closed (down from a high of 40 programs in the 1970s to 23 today, with 95% of closures occurring since 2000). Due to the lack of funding, most OEM residency programs cannot fill their resident slots. OEM training programs were typically only able to fund around half of the residency slots authorized by the Accreditation Council for Graduate Medical Education (104 residents in training/189 positions approved – 2023). This lack of funding for OEM training has created a significant gap in the needs of employers and the workforce. Faculty who train OEM residents must be at the forefront of creating solutions for prevention, which requires robust Federal funding for extramural research. Only NIOSH has that responsibility, and the funding necessary to provide for this research must be restored. While interest in the OEM specialty is growing among the next generation of physicians, universities do not currently have resources allocated to support this demand from prospective OEM physicians.

As of 2023, there were only 3,103 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 overwhelming due to uncertainty surrounding program funding and resources for faculty. 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.

The NIOSH Education and Research Centers (ERC) Program provides funding to support many OEM residency programs at universities across the country. The requested funding increase and associated report language would increase ERC funding accessibility for OEM programs. Based on the current rough costs of post-graduate OEM tuition and training costs, a $12 M increase in ERC funding could support approximately two additional residents at each of the 21 accredited non-military OEM residency programs. This increase could cut the current OEM residency slot gap in half and meaningfully increase the amount of OEM residents in training. The Occupational Safety and Health Act of 1970 mandates that NIOSH provide an adequate supply of qualified personnel. NIOSH ERCs have a crucial role in meeting this charge and contribute to the Institute's core mission of preventing workplace injuries and illnesses. In 1977, NIOSH supported 9 ERCs in 9 states and 5 Health and Human Services (HHS) Federal Regions. Presently, NIOSH supports 18 ERCs across all 10 HHS Regions, most of which have some Occupational Medicine Residency component.

The HRSA Preventive Medicine Residency (PMR) Program funds several preventive medicine residency programs, but very few dedicated OEM programs. 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 (15-2). HRSA most recently solicited grant applications and applied requirements for the 2023-2027 PMR program period in a manner that strongly favored public health and general preventive medicine programs over OEM programs, which, to our knowledge, resulted in just one OEM-dedicated program receiving funding.

OEM physicians 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 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 the NIOSH Education and Research Center and HRSA Preventive Medicine Residency Training Programs in the past, and ACOEM thanks the Subcommittees for providing the opportunity to offer feedback and recommendations throughout the FY25 process. Below is suggested report language to accompany the requests noted above. 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:

- **CDC, National Institute for Occupational Safety and Health [NIOSH]:**
  Education and Research Centers [ERCs].—The Committee includes $44,000,000, an increase of $12,000,000, for ERCs in recognition of their important work to improve workplace safety and health by translating scientific discoveries into practice through effective education, training, and outreach. The Committee applauds the work of NIOSH to implement innovative approaches, and its translational research. The agency's priorities and efforts have included work on the protection of workers from heat hazards as well as the effects of the COVID–19 pandemic on the workplace, including the mental and emotional health impact on workers. The Committee directs NIOSH to increase support for new and existing ERCs to support education and training programs for undergraduate and graduate students, particularly in Environmental and Industrial Hygiene, Occupational Health Nursing, Occupational Medicine Residency, and Occupational Safety and Health Engineering. With the increased funding, NIOSH shall give preference in future fiscal year ERC grant award solicitations to applicants that provide justification demonstrating that funding will expand Occupational Medicine Residency programs at new or existing ERCs.

- **HRSA, Health Workforce, Health Professions Education and Training:**
  Public Health and Preventive Medicine – The Committee includes $22,000,000 for Public Health and Preventive Medicine Training Grant Programs. Within this total, the Committee provides an increase of $4,000,000 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.