American College of Occupational and Environmental Medicine (ACOEM)
Tanisha Taylor, MD, FACOEM – President, ACOEM
Outside Witness Testimony Addressing HHS FY26 NIOSH Funding
Prepared for the U.S. House Committee on Appropriations
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies
April 9, 2025

Chairman Aderholt, Ranking Member DeLauro, 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 a primary medical specialty 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 FY26 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 FY26.**

However, we must underscore the extreme uncertainty currently surrounding the future of the NIOSH ERC program due to the proposed HHS restructuring, which would eliminate nearly all NIOSH staff. These staff are the administrators of the ERC program, and without them, the program will be functionally eliminated. NIOSH's role is not merely administrative. It is central to ensure that ERCs meet rigorous standards, implement effective training, and align with the core mission of preventing workplace injuries and illnesses. The proposed staff elimination would cripple the federal government's ability to implement the congressional intent established in the Occupational Safety and Health Act of 1970, which mandates that the nation maintain an adequate occupational health and safety workforce. Without a functioning NIOSH, the ability to run the ERC program, and with it, the pipeline for Occupational and Environmental Medicine physicians will collapse, worsening the already dire workforce shortage at a time when employers and workers alike depend on this specialized expertise.

The pressing workforce gap concerning the available supply of OEM physicians needed to serve our nation 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 169 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 2022 was $167.0 billion. Breaking down this figure, we see wage and productivity losses of $50.7 billion, medical expenses of $37.6 billion, and administrative expenses of $54.4 billion, in addition to other related costs. These costs are shouldered by businesses, workers, and American taxpayers. We strongly believe that investments in prevention-based solutions and resources will help curb these costs weighing down our economy and conditions that jeopardize the health of workers in communities across our country. OEM physicians play a critical role in implementing effective and impactful stay-at-work/return-to-work (SAW/RTW) programs for private and public employers, which are essential to reducing absenteeism and maintaining productivity.

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. 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 Direct or Indirect Medicare Graduate Medical Education (GME) funding support 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 22 today, with 95% of the closures occurring since 2000). We know that additional residency programs are slated to close this year, and we expect that many more will be forced to close if the current uncertainty surrounding the future of NIOSH and its ERC funding is not resolved

imminently. 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 3,265 board-certified OEM physicians in the U.S., with an average age of 63. 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 ERC Program provides funding to support many OEM residency programs at universities nationwide. 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 20 accredited non-military OEM residency programs. This increase could cut the OEM residency slot gap in half and meaningfully increase the number of OEM residents in training. **The Occupational Safety and Health Act of 1970 mandates that NIOSH provides an adequate supply of qualified personnel.** NIOSH ERCs are crucial 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 HHS Federal Regions. Presently, NIOSH supports 18 ERCs across all 10 HHS Regions, most of which have some Occupational and Environmental Medicine residency program component.

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.

By preventing injuries and illnesses and facilitating workers' participation in the workforce, OEM physicians reduce the burden on Medicare and Social Security disability systems, yielding significant cost savings to American taxpayers. OEM can provide substantial value to workers and the Medicare system by ensuring workers can return to work after work-

related injuries or illnesses that may necessitate their enrollment in workers' compensation. As we know, if an individual cannot return to work after an extended period, they often transition to the Social Security and Medicare disability benefits systems. OEM physicians also play a critical role in early detection and intervention for chronic health conditions that may be work-related but do not present symptoms until later in life (post-working career) when a person is in the Medicare system. OEM physicians frequently lead healthcare organizations, where their training in prevention, quality, and efficiency enhance the care provided by all other medical specialties. Dollar for dollar, the preventive specialties provide superior value to society with direct savings for taxpayer-funded programs. Most importantly, this type of expertise ensures that workers are getting the appropriate care at the earliest possible stage of a chronic health condition while also ensuring that the proper party is responsible for providing these benefits, as opposed to the cost being shifted to American taxpayers via increased burden on the Medicare system, thus helping control non-discretionary spending and helping curb the national deficit.

We appreciate that Congress has recognized the value of the NIOSH ERCs in the past, and ACOEM thanks the Subcommittees for providing the opportunity to offer feedback and recommendations throughout the FY26 process. **Critically, we urge you to do everything in your power to address the uncertainty that is currently facing NIOSH and its ERC program, to ensure that funding for OEM residency programs be maintained and strengthened at HHS.** 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,
Tanisha Taylor, MD, 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.