APHA | OCCUPATIONAL HEALTH AND SAFETY SECTION

May 26, 2026

Ms. Jessica Senk
Acting Director
Office of Standards, Regulations, and Variances
Mine Safety and Health Administration (MSHA)
200 Constitution Avenue NW, Room C3522
Washington, D.C., 20210

Submitted via Regulations.gov

RE: Comments on information collection requirement for periodic medical surveillance examinations for coal miners; OMB No. 1219-0152; Docket No. MSHA-2026-0069

Dear Ms. Senk:

On behalf of the Occupational Health and Safety Section of the American Public Health Association (APHA) we write to express our strong support for the information collection necessary for the periodic medical surveillance examinations for coal miners (91 *Federal Register* 14593). MSHA's assessment of the limited reporting burden on mine operators is rational. It also illustrates that the time and financial resources necessary to meet the written requirements are minimal.

These modest reporting requirements pursuant to 30 CFR 71.100 [Periodic medical examinations] paragraphs (d) and (e) are essential for addressing the significant risk to miners' health from exposure to respirable quartz and coal. The alarming resurgence of advanced coal workers' pneumoconiosis among U.S. coal miners[1,2,3,4,5,6,7,8,9,10] makes each requirement in this regulation necessary.

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[1]Hall NB, Reynolds L, Blackley DJ, Laney AS. Assessment of the respiratory health of working U.S. coal miners since 2014-radiography, spirometry, and symptom Assessments. *J Occup Environ Med*. 2024 Feb 1;66(2):123-127. doi: 10.1097/JOM.0000000000003004.

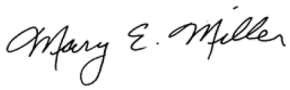
[2]Harris DA, Almberg KS, Blackley DJ, Cohen RA, Edwards C, Johnson B, Hall NB. Progressive Massive Fibrosis identified at Federally-funded Black Lung Clinics in the US. *JAMA*. 2024 Feb 6;331(5):438-440. doi: 10.1001/jama.2023.25578.

[3] Hall NB, Nye MJ, Blackley DJ, Scott Laney A, Mazurek JM, Halldin CN. Respiratory health of American Indian and Alaska Native coal miners participating in the Coal Workers' Health Surveillance Program, 2014-2019. *Am J Ind Med*. 2022 Mar;65(3):162-165. doi: 10.1002/ajim.23324.

[4] Hall NB, Blackley DJ, Halldin CN, Laney AS. Continued increase in prevalence of r-type opacities among underground coal miners in the USA. *Occup Environ Med.* 2019;76:479–481. doi: 10.1136/oemed-2019-105691.

Sincerely,

Eric Persaud, DrPH
Chair
Occupational Health & Safety Section



Mary Miller, MN, RN
Co-chair, Policy & Advocacy Committee
Occupational Health & Safety Section

Celeste Monforton, DrPH, MPH
Co-chair, Policy & Advocacy Committee
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[5] Blackley DJ, Reynolds LE, Short C, et al. Progressive massive fibrosis in coal miners from 3 clinics in Virginia. *JAMA.* 2018;319:500–501. doi: 10.1001/jama.2017.18444

[6] Blackley DJ, Halldin CN, Laney AS. Continued increase in prevalence of coal workers' pneumoconiosis in the United States, 1970–2017. *Am J Public Health.* 2018;108:1220–1222. doi: 10.2105/AJPH.2018.304517.

[7]Laney AS, Blackley DJ, Halldin CN. Radiographic disease progression in contemporary U.S. coal miners with progressive massive fibrosis. *Occup Environ Med.* 2017;74:517–20. doi: 10.1136/oemed-2016-104249

[8]Halldin CN, Reed WR, Joy GJ, Colinet JF, Rider JP, Petsonk EL, Abraham JL, Wolfe AL, Storey E, Laney AS. Debilitating lung disease among surface coal miners with no underground mining tenure. J *Occup Environ Med.* 2015; 57:62–67. doi: 10.1097/JOM.0000000000000302

[9]Blackley DJ, Halldin CN, Laney AS. Resurgence of a debilitating and entirely preventable respiratory disease among working coal miners. *Am J Respir Crit Care Med.* 2014;190:708–709. doi: 10.1164/rccm.201407-1286LE

[10] Antao VC, Petsonk EL, Sokolow LZ, Wolfe AL, Pinheiro GA, Hale JM, Attfield MD. Rapidly progressive coal workers' pneumoconiosis in the United States: Geographic clustering and other factors. *Occup Environ Med*. 2005 Oct;62(10):670-4. doi: 10.1136/oem.2004.019679