



AMERICAN COLLEGE OF
OCCUPATIONAL AND
ENVIRONMENTAL MEDICINE

February 17, 2011

The Honorable Daniel Inouye
Chairman
Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Thad Cochran
Ranking Member
Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Tom Harkin
Chairman
Committee on HELP
U.S. Senate
Washington, DC 20510

The Honorable Mike Enzi
Ranking Member
Committee on HELP
U.S. Senate
Washington, DC 20510

Dear Senators:

On behalf of the American College of Occupational and Environmental Medicine (ACOEM), I am writing to express my extreme concern with the decision made in the President's FY2012 Budget that would significantly impact funding for occupational medicine residency programs by eliminating the Education and Research Centers (ERCs) Program within the National Institute of Occupational Safety and Health (NIOSH). The ERCs were established to support academic institutions to develop or expand occupational health and safety training programs and promote occupational safety and health research.

The White House proposes to jeopardize funding for occupational medicine training programs at a time when 1) there is a recognized shortage of physicians training in occupational medicine; 2) a core strategy of the Patient Protection and Affordable Care Act (PPACA) is prevention; and 3) workplace health promotion and disease prevention programs are part of PPACA's National Prevention Strategy.

Unlike almost every other major medical specialty, Occupational Medicine does not receive residency funding support from the Centers for Medicare and Medicaid Services. NIOSH is the only federal agency responsible for funding training programs for occupational physicians and allied occupational health providers and conducting research and making recommendations for the prevention of work-related illness and injury. The Budget proposes to eliminate funding for the ERCs within NIOSH with an explanation that: "the intended goals of the program have been met" and "These Centers provide seed money for academic institutions to develop occupational health training programs, which has already been accomplished." What has been "accomplished" to date is that NIOSH and the ERCs have helped to meet the nation's need for occupational medicine physicians and other occupational health providers to ensure that safety and health is assured at workplaces, to identify emerging health threats, and to meet emerging health issues. These "accomplishments" are not an endpoint, however, as the need for physicians trained in occupational medicine continues and is certain to grow.

As the nation's workplaces become more complex, occupational medicine physicians play an increasingly visible role in preventing diseases and promoting wellness among workers. President Obama has said that "Our generation's Sputnik moment is now." This "moment" creates opportunities, but also creates potential health challenges to workers. As with any new technology, the earliest and most extensive exposure to hazards is most likely to occur in the workplace. For example, workers within

nanotechnology-related industries have the potential to be exposed to uniquely engineered materials with novel sizes, shapes, and physical and chemical properties. Occupational health risks associated with manufacturing and using nanomaterials are not yet clearly understood. This and other examples underscore the need for a strong presence for occupational medicine in the workplace.

There is broad agreement that occupational medicine residency programs have been gravely underfunded for a long period of time, resulting in a shortage of residency trained occupational medicine physicians. In 2000, the Institute of Medicine (IOM) noted that occupational medicine needs more specialists with formal training. The budget proposal makes matters worse, increasing the funding gap, and increasing the shortage of physicians, with no plan or explanation for how the funding gap will be made up.

I take special exception to several statements contained in the supporting materials issued by the Office of Management and Budget (OMB). OMB makes the bold claim that NIOSH has met the goal as originally intended for the program. This is simply not the case. If the ERCs are terminated, many (perhaps most) occupational medicine residency programs will close for lack of funding. OMB asserts that NIOSH does not have a means for tracking the location and employment of ERC graduates who work at “health departments.” That is not the case. NIOSH and the ERC sponsored residency program do know the location and employment of the physician graduates. I remind OMB that “health departments” are not destinations for most occupational health graduates. Their destinations are typically occupational health clinics and workplaces to provide occupational health services, not public health. OMB asserts that ERCs overlap with “activities offered by the Department of Labor’s Occupational Safety and Health Bureaus” (sic). ACOEM is not aware of any activities offered by the Department of Labor that add to the number of occupational medicine physicians and other occupational health providers.

ACOEM understands and supports the need to reduce the federal deficit. We commend the President and the Congress for taking on this task. But in reducing the deficit, we urge you not to make short-sighted decisions that threaten the health, safety and productivity of workers – a critical part of our economy that depends on occupational medicine and allied occupational health providers.

I urge you to support the entirety of the NIOSH mission and to retain the ERC program. Thank you for your consideration.

Sincerely,



Natalie P. Hartenbaum, MD, MPH, FACOEM
President

cc: Jacob Lew, Director
Office of Management and Budget