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Strengthening the Coal Workers' Health Surveillance Program

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To the Editor

In 2014, the Mine Safety and Health Administration (MSHA) issued a final rule¹ requiring the National Institute for Occupational Safety and Health (NIOSH) to expand the coal workers' health surveillance program (CWHSP). Since 1970, when it was established by the Coal Mine Health and Safety Act of 1969, the CWHSP has offered chest radiographs to US coal miners—primarily those working underground—to detect coal workers' pneumoconiosis (CWP) early and prevent it from progressing to disabling disease. The expansion of the CWHSP adds periodic lung function testing (spirometry) and respiratory health assessment questionnaires, and extends its coverage to include surface coal miners. This will permit the early detection of lung function impairment secondary to chronic obstructive pulmonary disease, an important manifestation of coal mine dust lung disease that is not detected by chest radiography.

On October 24, 2016, in accordance with the MSHA rule, NIOSH published a final rule² updating medical surveillance for coal miners. NIOSH collaborated with MSHA, mine operators, clinics, medical device manufacturers, and other stakeholders to develop a framework to meet its new mandate. All clinics participating in the CWHSP, including new spirometry clinics, must be approved by NIOSH to ensure clinic personnel are trained, equipment and procedures are standardized, and miners' health information can be securely collected and transmitted to NIOSH.

The CWHSP expansion has been broadly accepted during the early implementation phase. Since August 1, 2014, NIOSH has approved 1644 new medical monitoring plans for surface mines and contract coal miners, 52 new chest radiography facilities, and 17 spirometry clinics. With the addition of 47,683 surface and contract miners, more NIOSH-approved clinics throughout the US may be required to support the needs of the coal mining population. CWHSP participation is mandatory for new coal miners (entering the workforce

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on or after August 1, 2014) and all coal miners are encouraged to participate at 5-year intervals throughout their career. Miners receive confidential reports on their health status from NIOSH, and, if a miner has radiographic evidence of CWP, he or she may exercise their right to transfer to a less dusty area of the mine.

Respiratory diseases caused by exposure to coal mine dust remain an important national issue. Recent reports suggest prevalences of severe CWP have reached historically high levels in portions of the country, and during the most recent 5-year CWHSP cycle, cases of CWP were identified in 20 states.^{3,4} All US coal miners can now confidentially participate, free- of-charge, in respiratory health surveillance. Along with other components of the MSHA final rule which include implementation and enforcement of reduced respirable coal mine dust standards, the newly expanded CWHSP represents an opportunity for the nation to reaffirm its commitment to preventing dangerous dust exposures and to eradicating disabling CWP among US miners.

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