



April 21, 2022

The Honorable Douglas L. Parker  
Assistant Secretary of Labor for Occupational Safety and Health  
Occupational Safety & Health Administration  
U.S. Department of Labor  
200 Constitution Ave NW  
Washington, DC 20210

**Re: OSHA-2020-0004; Occupational Exposure to COVID-19 in Healthcare Settings**

Dear Assistant Secretary Parker:

On behalf of the American Academy of Family Physicians (AAFP), representing more than 127,600 family physicians and medical students across the country, I write in response to the notice of limited reopening of comment period on the interim final rule establishing an Emergency Temporary Standard (ETS) on Occupational Exposure to COVID-19 in Health Care Settings.

The AAFP appreciates that the Occupational Safety and Health Administration (OSHA) is taking steps to prevent physicians and other health care workers from exposure to COVID-19. However, we are concerned that the final standard is overly prescriptive and will be disruptive for family medicine practices who have already put policies and processes in place to protect their employees and patients from COVID-19. **To ensure that the final standard does not disrupt family medicine practices' ability to deliver timely, comprehensive primary care, we urge OSHA to exempt physician practices.**

Evidence supports the use of vaccination, masking, physical distancing, diagnostic testing, isolation, and quarantine to prevent the spread of COVID-19. Throughout the pandemic, the AAFP has [supported](#) the use of these mitigation measures, provided [up-to-date clinical information](#) to our members, and [supported policies](#) that make these tools affordable and accessible for everyone. We appreciate OSHA seeking additional comments on how to protect health care workers and adjust the ETS based on ever-evolving public health guidance.

Primary care practices have been on the frontlines throughout the pandemic. To safely serve patients in their communities, primary care practices have implemented their own safety policies and protocols to minimize the spread of COVID-19 and protect patients and staff. These include masking and vaccination requirements, paid time off for vaccination or illness, screening of staff and patients for symptoms, and a variety of other measures based on what is appropriate in each practice and community. As such, **regulatory requirements for practices to implement additional policies and document compliance with the ETS will be duplicative, unnecessary, and overly burdensome.**

The AAFP is concerned that complying with the ETS could cause care delays. Primary care practices already report challenges with staffing shortages, staying up to date on evolving clinical

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recommendations, and complying with local public health requirements.<sup>1,2</sup> Even before the pandemic, family physicians were overburdened with administrative tasks and reported that administrative and regulatory requirements took time away from patient care and were driving physician burnout.<sup>3</sup> Adding unnecessary regulatory requirements for practices could divert time and resources away from patient care, ultimately resulting in care delays and other barriers for patients.

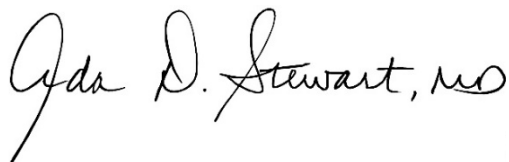
Further, while we appreciate OSHA's efforts to modify the ETS to be consistent with evolving, community-focused public health guidance, the AAFP is concerned the constantly changing safety protocols would be confusing for practices and their patients. For example, practices would have to modify their clinical and administrative workflows, as well as staff scheduling protocols, according to masking, screening, and isolation/quarantine requirements which could cause care delays or appointment disruptions.

**If OSHA finalizes a permanent emergency standard for occupational exposure of COVID-19 in health care settings, the AAFP urges OSHA to clearly exempt physician practices.** We appreciate that OSHA intended to exempt certain physician practices when it published the original ETS. The ETS excluded practices where all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not permitted to enter the clinical setting. Unfortunately, the exception was unworkable as originally outlined, since it included anyone with a wide range of potential COVID-19 symptoms. Primary care practices looking to comply with the exception would not have been able to see the vast majority of their patients, many of which present with at least one of the listed symptoms.

Family medicine practices have already established safety protocols to prevent the spread of COVID-19 and protect employees from illness, effectively satisfying the spirit of the ETS. **As such, we strongly recommend OSHA clearly exempt all physician practices from the final emergency standard.**

Thank you for the opportunity to provide comments on the ETS. Should you have any questions, please contact Meredith Yinger, Manager, Regulatory Affairs, at [myinger@aafp.org](mailto:myinger@aafp.org) or (202) 235-5126.

Sincerely,

A handwritten signature in black ink that reads "Ada D. Stewart, MD". The signature is fluid and cursive, with the first name "Ada" being the most prominent.

Ada D. Stewart, MD, FAAFP  
Board Chair, American Academy of Family Physicians

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<sup>1</sup> The Larry A. Green Center. Quick COVID-19 Primary Care Survey: Series 35 Fielded February 25 – March 1, 2022. Available at:

<https://static1.squarespace.com/static/5d7ff8184cf0e01e4566cb02/t/623ca361a42fff66942aa83c/1648141153593/C19+Series+35+National+Executive+Summary+vF.pdf>

<sup>2</sup> The Larry A. Green Center. Quick COVID-19 Primary Care Survey: Series 30 Fielded August 13-17, 2021. Available at:

[https://static1.squarespace.com/static/5d7ff8184cf0e01e4566cb02/t/615653643c3097648325ce4c/1633047398171/C19\\_Series\\_30\\_National\\_Executive\\_Summary.pdf](https://static1.squarespace.com/static/5d7ff8184cf0e01e4566cb02/t/615653643c3097648325ce4c/1633047398171/C19_Series_30_National_Executive_Summary.pdf)

<sup>3</sup> Arndt BG, Beasley JW, Watkinson MD, et al. Tethered to the EHR: Primary Care Physician Workload Assessment Using EHR Event Log Data and Time-Motion Observations. *Ann Fam Med*. 2017;15(5):419-426. doi:10.1370/afm.2121. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5593724/>