

April 22, 2022

Douglas L. Parker Assistant Secretary of Labor for Occupational Safety and Health Occupational Safety and Health Administration 200 Constitution Ave. NW Washington, DC 20210

RE: Docket No. OSHA-2020-0004-1525, Limited Reopening of Comment Period, Occupational Exposure to COVID-19 in Healthcare Settings, March 22, 2022

Dear Assistant Secretary Parker:

On behalf of Iowa's 119 community hospitals, the Iowa Hospital Association (IHA) appreciates the opportunity to comment and submits the following feedback on the Occupational Safety and Health Administration's (OSHA) limited reopening of the comment period of the now expired COVID-19 Emergency Temporary Standard (ETS) for healthcare. In addition to these comments, IHA wishes to express support in the comments made by the American Hospital Association and UnityPoint Health.

For over two years, hospitals have invested enormous energy and expertise in their work to understand the novel COVID-19 virus, how it is transmitted, and how it can be prevented and treated. This expertise and experience has enabled hospitals to procure appropriate personal protective equipment (PPE) and other protections for staff.

More recently, hospitals have been actively engaged in efforts to vaccinate their communities, starting with their staff and continuing with other front-line workers and the local community population. Hospitals are proud to have been an integral piece of combating COVID-19 and have taken this role very seriously. Health care facilities know that each of these authorized vaccines are safe, remarkably effective in preventing illness and substantially effective in preventing the transmission of SARS-CoV-2 to others.

IHA and hospitals share OSHA's commitment to health care worker safety. However, there was great concern with the emergency temporary standard (ETS) that was originally published on June 21, 2021 and expired in December.

IHA urges OSHA to align and follow any updates to infection control protocols with the guidance provided by the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS) which would ensure consistency in what is expected while also increasing likelihood of compliance and decreasing confusion. The guidance provided by the CDC addresses and accounts for the level of COVID-19 in each community and factors in recommendations based on vaccination status, allowing hospitals to address the specific needs within their community.

IHA also believes these standards should have a timeline to expire and be replaced by an infection control standard not specific to COVID-19. Having a set of protocols specific to COVID-19 alone is shortsighted when establishing a set of standards for all infections could provide for a long-term, thought-out practice applicable for broader situations.

IHA recognizes the need to protect health care and support service workers from occupational exposure to COVID-19 in settings where people with COVID-19 are reasonably expected to be present. As OSHA works towards permanent regulatory solutions, we encourage the agency to recognize already established protocols given where health care providers are at this point in the pandemic. The prior ETS requires health care employers to extensively exceed what many have already put in place following the CDC guidelines, such as social distancing barriers, patient screening and implementing a wholistic COVID-19 plan.

Adding burdensome standards, like the prior ETS proposals, will not protect patients or employees. Rather it will pull limited staff and financial resources in directions that could be better used providing health care to patients, especially in rural areas. **IHA urges the agency to withdraw this ETS and not finalize this rulemaking.**

We appreciate your consideration of these comments. Please do not hesitate in reaching out to me if you have any questions.

Sincerely,

Erin Cubit

Senior Director of Government Relations

Iowa Hospital Association

Erin Cubet