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## Fact Sheet

# MSHA's Final Rule to Lower Miners' Exposure to Respirable Coal Mine Dust

According to data from the National Institute for Occupational Safety and Health (NIOSH), coal workers' pneumoconiosis (also known as black lung) was a cause or contributing factor in the death of more than 76,000 miners since 1968. Caused by breathing unhealthy coal mine dust, this disease has cost more than \$45 billion dollars in federal compensation benefits. Evidence shows that miners continue to get the disease, even younger miners.

The Mine Safety and Health Administration has taken a historic step forward in the effort to end black lung disease by issuing a final rule to reduce miners' exposure to respirable coal dust. The new rule takes effect August 1, 2014 and accomplishes the following:

- Lowers the concentration of dust in the air that miners breathe and improves sampling practices to better reflect actual working conditions and protect all miners from overexposures;
- Increases sampling and makes use of cutting-edge technology developed for the mining environment to provide real-time information about dust levels, allowing miners and operators to identify problems and make necessary adjustments instead of letting overexposures languish. Requires immediate corrective action for excessive levels of dust; and
- Has a common sense phase-in over a two-year period to give the industry the time it needs to adjust to the new requirements, acquire monitoring equipment, and obtain compliance assistance from MSHA.

### **Highlights of the final rule**

**Lowers dust concentration levels:** Reduces the overall dust standards in coal mines from 2 to 1.5 milligrams per cubic meter of air; Cuts in half the existing standard for air in entries used to ventilate places where miners work, and for Part 90 miners (those who have evidence of pneumoconiosis).

**Further lowers dust levels by eliminating loopholes that masked overexposures and improves sampling for more accurate measurements:**

- Changes the current practice of averaging dust samples, which allows miners on some shifts to be exposed to levels above the standard;
- Mandates immediate action by mine operators when dust levels are high instead of allowing miners to be exposed to unhealthy dust levels for days or weeks;
- Requires more frequent sampling of areas known to have high dust levels, such as those closest to the production area;
- Requires sampling for the full shift a miner works to ensure protection for all working hours rather than stopping measurement after 8 hours, as is the existing requirement;
- Requires sampling on all shifts;
- Requires dust samples to be taken when mines are operating at 80 percent of production or more, as opposed to the existing 50 percent requirement, so that samples are more representative of actual working conditions; and

- Requires more thorough examinations of the dust controls on mining sections each shift with records of the exams signed by mine officials.

**Utilizes cutting-edge technology to measure dust levels:** Requires use of the continuous personal dust monitor (CPDM), a device developed with mining industry involvement to provide real-time sampling results. The CPDM is to be worn by miners in high-risk occupations. It continuously evaluates dust levels and provides operators with readings they can use to take immediate action to correct dust conditions, instead of waiting days for lab results, as is necessary with current sampling methods.

**Improves the early warning system for the disease:** Expands the medical surveillance program to include surface as well as underground coal miners, and adds lung function testing as well as x-rays.

## **Background**

The persistence of black lung disease has long troubled health researchers, labor advocates and responsible industry leaders. In separate reports in the mid-1990s, the [Centers for Disease Control's National Institute for Occupational Safety and Health](#), and a [Secretary of Labor's Advisory Committee](#) of industry, labor and government representatives recommended changes to exposure limits and enforcement protocols, many of which are included in the new rule.

The rule builds on years of research and was developed with the input of industry, labor, and health professionals. It is the centerpiece of the agency's campaign to End Black Lung, launched in 2009, which seeks to fulfill a promise originally made by Congress in passing the Federal Coal Mine Health and Safety Act of 1969.

MSHA proposed the rule in [October 2010](#) and followed its announcement with an extensive period of public outreach that included seven [hearings](#) in coal-producing regions and at its headquarters in Arlington, VA. About 2,000 pages of comments were received over an 8-month period. The final rule is responsive to the comments.

## **Extensive training and outreach will prepare miners and operators**

MSHA will provide extensive guidance and support to mine operators and miners, including:

- Outreach to all coal mine operators during the implementation period;
- Stakeholders meeting at MSHA headquarters in Arlington, VA;
- Field seminars in coal mining regions, including in Beckley, WV; Washington, PA; Hazard, KY; Birmingham, AL; Evansville, IN; and Grand Junction, CO; and
- Comprehensive compliance assistance material, including distribution of guidance documents.

More outreach sessions will be scheduled. During these sessions, MSHA representatives will highlight the major provisions and effective dates, and describe best practices for controlling dust and reducing exposures. Training will be provided to MSHA enforcement personnel before implementation, and training materials will be available on the MSHA website for operators and miners.

**For more information, visit [www.msha.gov/endblacklung](http://www.msha.gov/endblacklung)**