

September 30, 2026

Cal/OSHA
2520 Venture Oaks Way, Suite 350
Sacramento, CA 95833

Sent via e-mail to RS@dir.ca.gov

RE: Draft Standard – Prohibition of Fabrication and Manufacture of Artificial Stone with more than 1.0% Crystalline Silica.

On behalf of our over 50,000 physician and medical student members, the California Medical Association (CMA) submits the following comments in support of Cal/OSHA's September 16, 2026 draft standard to prohibit the fabrication and manufacture of artificial stone with more than 1% crystalline silica.

Silicosis is a devastating, deadly, and thoroughly preventable disease. The emergence of silicosis among hundreds of California stone fabrication workers, including numerous deaths, represents a serious and escalating occupational health emergency. Continued workplace exposure to silica dust from engineered stone is causing disabling disease and death among California workers. When CMA submitted its May 8, 2026 letter, the latest available data, as of May 7, showed that California had identified 556 confirmed silicosis cases since state surveillance began in 2019, including 31 deaths and 58 workers who had undergone lung transplantation. As of September 24, those totals have risen to 657 confirmed cases, 35 deaths, and 75 workers who have undergone lung transplantation, representing an increase of 101 confirmed cases, four deaths, and 17 lung transplants in less than five months. The number of cases identified in 2026 alone has more than doubled, from 83 to 175. The disease continues to strike workers at a young age, with the median age at diagnosis remaining 46 and the median age at death remaining 52. Almost all affected workers are Latino (98%) and male (99.8%).

CMA supports the draft standard because there is a well-established and growing body of evidence that engineered stone containing more than 1% crystalline silica is too dangerous to fabricate and install safely. Engineered stone often contains very high levels of crystalline silica, substantially greater than many natural stone products. Fabrication and installation tasks, including cutting, grinding, polishing, and cleanup, generate respirable crystalline silica dust that creates significant worker exposure. Exposure to silica dust from engineered stone causes silicosis that is more severe and occurs more quickly than silicosis associated with other silica-containing materials, with cases identified in relatively young workers after shorter durations of exposure.

CMA supports evidence-based standards to protect workers who manufacture or process stone from exposure to respirable crystalline silica, and strict enforcement of those standards. However, existing Cal/OSHA standards requiring wet methods, respiratory protection, exposure monitoring, and related controls, while important, are insufficient. Airborne

concentrations of respirable crystalline silica remain above allowable limits in many fabrication shops, and worker exposures routinely exceed occupational exposure limits even when engineering controls are used. Education, enforcement, and exposure controls alone will not be sufficient to curtail the escalating occupational health emergency caused by this product.

The most effective approach to preventing occupational disease is elimination of hazardous products and substitution with safer and less toxic materials. The draft standard is consistent with this longstanding hierarchy of controls. Safer alternative products are already commercially available, including crystalline silica-free materials that provide similar utility and appearance while also costing the same or less than engineered stone containing crystalline silica. Evidence from Australia's prohibition on engineered stone containing more than one percent crystalline silica indicates that such a policy can protect workers while accelerating market transition to safer substitutes.

California has long been a national leader in worker health and safety protections. When controls make limited impact on the reduction of disabling disease and death, additional regulatory action is warranted. Prompt action is necessary to protect workers and their families from further preventable harm.

For these reasons, CMA strongly urges Cal/OSHA to advance through the regulatory process and work to adopt this draft emergency rulemaking to prohibit the manufacture and fabrication of artificial stone containing more than one percent crystalline silica.

Thank you for consideration of CMA's comments. Should you have questions, please do not hesitate to contact me at (916) 444-5532 or levensen@cmadocs.org.

Sincerely,



Dr. René Bravo, M.D.
President
California Medical Association

