



BRB No. 25-0020 BLA

THOMAS LEON JONES)

Claimant-Respondent)

v.)

CENTRAL APPALACHIAN COAL)
COMPANY, c/o GENERAL RECOVERY,)
INCORPORATED)

and)

AMERICAN ELECTRIC POWER)
CORPORATION, c/o EAST COAST RISK)
MANAGEMENT)

Employer/Carrier-)
Petitioners)

DIRECTOR, OFFICE OF WORKERS')
COMPENSATION PROGRAMS, UNITED)
STATES DEPARTMENT OF LABOR)

Party-in-Interest)

NOT-PUBLISHED

DATE ISSUED: 03/24/2026

DECISION and ORDER

Appeal of the Decision and Order Awarding Benefits of Natalie A. Appetta,
Administrative Law Judge, United States Department of Labor.

Heath M. Long and Matthew A. Gribler (Pawlowski, Bilonick, & Long),
Ebensburg, Pennsylvania, for Claimant.

Mark J. Grigoraci (Robinson & McElwee PLLC), Charleston, West Virginia,
for Employer.

Jeffrey S. Goldberg (Jonathan Berry, Solicitor of Labor; Jennifer Feldman Jones, Acting Associate Solicitor; William M. Bush, Acting Counsel for Administrative Appeals), Washington, D.C., for the Director, Office of Workers' Compensation Programs, United States Department of Labor.

Before: GRESH, Chief Administrative Appeals Judge, JONES and ULMER, Administrative Appeals Judges.

PER CURIAM:

Employer appeals Administrative Law Judge (ALJ) Natalie A. Appetta's Decision and Order Awarding Benefits (2023-BLA-05671) rendered on a subsequent claim filed on May 17, 2022,¹ pursuant to the Black Lung Benefits Act, as amended, 30 U.S.C. §§901-944 (Act).

The ALJ credited Claimant with fourteen years of underground coal mine employment, based on the parties' stipulation, and therefore found he could not invoke the rebuttable presumption of total disability due to pneumoconiosis at Section 411(c)(4) of the Act.² 30 U.S.C. §921(c)(4). Considering entitlement under 20 C.F.R. Part 718, the ALJ found that, while Claimant did not establish clinical pneumoconiosis, he established legal pneumoconiosis³ as well as a totally disabling respiratory or pulmonary impairment

¹ The district director denied Claimant's prior claim, filed on April 7, 2010, for failure to establish any element of entitlement. Decision and Order at 3; Director's Exhibit 56 at 7, 9.

² Section 411(c)(4) provides a rebuttable presumption that a miner's total disability is due to pneumoconiosis if he has at least fifteen years of underground or substantially similar surface coal mine employment and a totally disabling respiratory or pulmonary impairment. 30 U.S.C. §921(c)(4); *see* 20 C.F.R. §718.305.

³ "Legal pneumoconiosis" includes any chronic lung disease or impairment and its sequelae arising out of coal mine employment. 20 C.F.R. §718.201(a)(2). The definition includes "any chronic pulmonary disease or respiratory or pulmonary impairment significantly related to, or substantially aggravated by, dust exposure in coal mine employment." 20 C.F.R. §718.201(b). "Clinical pneumoconiosis" consists of "those diseases recognized by the medical community as pneumoconioses, *i.e.*, the conditions characterized by permanent deposition of substantial amounts of particulate matter in the

due to pneumoconiosis. 20 C.F.R. §§718.202(a), 718.204(b)(2), (c). Consequently, she awarded benefits.

On appeal, Employer argues the ALJ erroneously consulted the preamble to the 2001 regulatory revisions in evaluating the medical opinions and erred in finding Claimant established legal pneumoconiosis and disability causation.⁴ Claimant responds, urging affirmance of the award of benefits. The Director, Office of Workers' Compensation Programs (the Director), responds urging the Benefits Review Board to reject Employer's challenge to the ALJ's reliance on the preamble.

The Board's scope of review is defined by statute. We must affirm the ALJ's Decision and Order if it is rational, supported by substantial evidence, and in accordance with applicable law.⁵ 33 U.S.C. §921(b)(3), as incorporated by 30 U.S.C. §932(a); *O'Keefe v. Smith, Hinchman & Grylls Assocs., Inc.*, 380 U.S. 359, 361-62 (1965).

Entitlement to Benefits: 20 C.F.R. Part 718

Without the benefit of the Section 411(c)(3)⁶ or Section 411(c)(4) presumptions, Claimant must establish disease (pneumoconiosis); disease causation (it arose out of coal mine employment); disability (a totally disabling respiratory or pulmonary impairment); and disability causation (pneumoconiosis substantially contributed to the disability). 30 U.S.C. §901; 20 C.F.R. §§718.3, 718.202, 718.203, 718.204. Failure to establish any of these elements precludes an award of benefits. *Anderson v. Valley Camp of Utah, Inc.*,

lungs and the fibrotic reaction of the lung tissue to that deposition caused by dust exposure in coal mine employment.” 20 C.F.R. §718.201(a)(1).

⁴ We affirm, as unchallenged on appeal, the ALJ's findings that Claimant established fourteen years of underground coal mine employment and a totally disabling pulmonary or respiratory impairment. See *Skrack v. Island Creek Coal Co.*, 6 BLR 1-710, 1-711 (1983); Decision and Order at 5, 29.

⁵ This case arises within the jurisdiction of the United States Court of Appeals for the Fourth Circuit because Claimant performed his coal mine employment in West Virginia. See *Shupe v. Director, OWCP*, 12 BLR 1-200, 1-202 (1989) (en banc); Hearing Transcript at 39; Director's Exhibits 3, 4.

⁶ The ALJ accurately found there is no evidence of complicated pneumoconiosis; therefore, Claimant cannot invoke the irrebuttable presumption of total disability due to pneumoconiosis at Section 411(c)(3) of the Act. 30 U.S.C. §921(c)(3); 20 C.F.R. §718.304; Decision and Order at 25.

12 BLR 1-111, 1-112 (1989); *Trent v. Director, OWCP*, 11 BLR 1-26 (1987); *Perry v. Director, OWCP*, 9 BLR 1-1 (1986) (en banc).

Legal Pneumoconiosis

To establish legal pneumoconiosis, Claimant must demonstrate he has a chronic lung disease or impairment “significantly related to, or substantially aggravated by, dust exposure in coal mine employment.” 20 C.F.R. §718.201(a)(2), (b). The United States Court of Appeals for the Fourth Circuit has held a claimant can establish legal pneumoconiosis by showing coal mine dust exposure contributed “in part” to a miner’s respiratory or pulmonary impairment. *See Westmoreland Coal Co. v. Cochran*, 718 F.3d 319, 322-23 (4th Cir. 2013); *Harman Mining Co. v. Director, OWCP [Looney]*, 678 F.3d 305, 311 (4th Cir. 2012); *see also Arch on the Green v. Groves*, 761 F.3d 594, 598-99 (6th Cir. 2014) (a miner can establish legal pneumoconiosis “by showing that his disease was caused ‘in part’ by coal mine employment”).

The ALJ considered the opinions of Drs. Aulick, Go, Basheda, and Tuteur.⁷ Decision and Order at 12-25; Director’s Exhibit 17 at 4; Claimant’s Exhibit 1 at 5-7; Employer’s Exhibits 1 at 16; 2 at 4-5; 7 at 5; 8 at 16; 9 at 2; 10 at 22.

Dr. Aulick diagnosed legal pneumoconiosis primarily in the form of a restrictive impairment, but also with some obstruction, due to a combination of coal mine dust and cigarette smoke exposure. Director’s Exhibit 17 at 4-5; Employer’s Exhibit 8 at 9, 16, 25-26. Similarly, Dr. Go diagnosed legal pneumoconiosis in the form of chronic obstructive pulmonary disease (COPD), emphysema, and chronic bronchitis due to a combination of coal mine dust exposure and smoking. Claimant’s Exhibit 1 at 8; Employer’s Exhibit 10 at 3-9. In contrast, Dr. Basheda opined that Claimant does not have legal pneumoconiosis but instead has smoking-induced COPD with an asthmatic component unrelated to coal mine dust exposure. Employer’s Exhibits 1 at 12-16; 7 at 5. Likewise, Dr. Tuteur opined Claimant does not have legal pneumoconiosis but has smoking-induced COPD, predominantly bronchitis, along with allergic diathesis unrelated to coal mine dust exposure. Employer’s Exhibit 2 at 4-5. In a supplemental report, Dr. Go expanded on his opinion and affirmed his diagnosis of legal pneumoconiosis while also criticizing Drs. Basheda’s and Tuteur’s opinions, and Dr. Basheda responded to Dr. Go’s criticism in his own supplemental report. Claimant’s Exhibit 1 at 5-8; Employer’s Exhibit 9 at 1-5.

⁷ We affirm, as unchallenged, the ALJ’s findings that Drs. Go, Basheda, and Tuteur are equally qualified based on their credentials as board-certified in internal and pulmonary medicine and are slightly better qualified than Dr. Aulick, who is board-certified in emergency medicine. *See Skrack*, 6 BLR at 1-711; Decision and Order at 23.

The ALJ found Drs. Aulick’s and Go’s opinions well-reasoned and documented. Decision and Order at 23. She gave the “most weight” to Dr. Go’s opinion, based on his “slightly superior credentials,” and “full weight” to Dr. Aulick’s opinion. *Id.* at 25. Conversely, she found Drs. Basheda’s and Tuteur’s opinions not well-reasoned and entitled to little weight. *Id.* at 24-25. The ALJ thus found the medical opinion evidence establishes the existence of legal pneumoconiosis. *Id.* at 25.

We initially reject Employer’s argument that the ALJ applied an improper standard requiring it to rule out the existence of legal pneumoconiosis. Employer’s Brief at 11-15; Employer’s Reply Brief to Claimant at 2-4. The ALJ accurately stated that Claimant bears the burden to prove that his respiratory impairment is significantly related to, or substantially aggravated by, his exposure to coal mine dust. Decision and Order at 9; *see Cochran*, 718 F.3d at 322-23; *Looney*, 678 F.3d at 311; 20 C.F.R. §718.202(b). Further, as we discuss below, the ALJ permissibly weighed the medical opinions to find Claimant carried his burden to establish the existence of the disease by a preponderance of the evidence. Decision and Order at 22-25.

Employer next contends the ALJ erred by using the preamble to the revised 2001 regulations in assessing the medical opinion evidence in violation of the Supreme Court’s holding in *Loper Bright Enterprises v. Raimondo*, 603 U.S. 369 (2024), which invalidated the framework set forth in *Chevron U.S.A., Inc. v. Natural Resources Defense Council, Inc.*, 467 U.S. 837 (1984). Employer’s Brief at 16-18; Employer’s Reply Brief to the Director at 5. The Director responds that Employer’s argument is without merit as the holding in *Loper Bright*—that, under the Administrative Procedure Act, 5 U.S.C. §706, courts may not defer to an agency interpretation of law simply because a statute is ambiguous—is inapplicable here because the preamble is not a statute and the ALJ did not treat it as a statute. Director’s Brief at 2 (quoting *Loper Bright*, 603 U.S. at 413). The Director further asserts an ALJ’s reference to and reliance on the recitation of scientific fact in the preamble does not implicate the *Chevron* framework. *Id.* We agree with the Director’s position.

The preamble is not a rule and the ALJ did not apply it as a rule; rather, she permissibly referenced it in determining whether Drs. Aulick’s, Go’s, Basheda’s, and Tuteur’s opinions were credible on the issue of legal pneumoconiosis. *See Extra Energy, Inc. v. Lawson*, 140 F.4th 138, 152-54 (4th Cir. 2025); *Wilgar Land Co. v. Director, OWCP [Adams]*, 85 F.4th 828, 837-43 (6th Cir. 2023); *see also Blue Mountain Energy v. Director, OWCP [Gunderson]*, 805 F.3d 1254, 1261 (10th Cir. 2015) (ALJ’s reliance on the scientific facts contained in the preamble does not implicate *Chevron*); Decision and Order 23-25. Contrary to Employer’s argument, the ALJ referenced the preamble in assessing the medical opinion evidence, as Fourth Circuit law permits. *See Lawson*, 140 F.4th at 152-54; *Looney*, 678 F.3d at 314-16.

We further reject Employer's contention that the ALJ erred in crediting Drs. Aulick's and Go's opinions as well-reasoned and documented, and its assertion that she credited their opinions "merely" because they are consistent with the premise in the preamble that people exposed to both coal mine dust and cigarette smoke exposure have an additive risk for developing obstructive impairments. Employer's Brief at 15-16, 19, 31-35; Employer's Reply Brief to the Claimant at 6-7.

Dr. Aulick examined Claimant as part of his September 8, 2022 Department of Labor-sponsored complete pulmonary evaluation of Claimant. Director's Exhibit 17. He observed Claimant worked in underground mines for thirteen years, had a 21.5 pack-year history of smoking cigarettes, and that he both last worked in mining and quit smoking in 2005. *Id.* at 1-2. Further, he noted Claimant's symptoms and medical history, conducted a physical examination, and reviewed a chest x-ray, pre- and post-bronchodilator pulmonary function studies, resting and arterial blood gas studies, and an electrocardiogram. *Id.* at 2-4, 6-29. He attributed Claimant's impairment to his fourteen years of underground coal mine dust exposure and opined that, while smoking was an unlikely cause of Claimant's condition, given that he had quit smoking seventeen years prior, smoking still caused five percent of Claimant's impairment.⁸ Director's Exhibit 17 at 5; Employer's Exhibit 8 at 11-12. The ALJ permissibly found Dr. Aulick's opinion reasoned and documented because (1) Dr. Aulick considered the objective evidence, Claimant's reported symptoms, and Claimant's treatment and occupational history; (2) he explained his conclusion that both smoking and coal mine dust exposure contributed to Claimant's impairment; and (3) his conclusion is consistent with the regulations and the medical science discussed in the preamble to the 2001 revised regulations. *See Lawson*, 140 F.4th at 149-52; *Cochran*, 718 F.3d at 324; *Milburn Colliery Co. v. Hicks*, 138 F.3d

⁸ Dr. Aulick opined that the progression of smoking-related impairments usually stops within a year of smoking cessation, except the elevated risk of cancer, which continues for seven years after smoking cessation. Employer's Exhibit 8 at 11-13. He explained that any smoking-related disease that had developed before or in the short period after a person quits smoking could remain, but that it would generally not progress after that period. *Id.* at 12-15. Because there was little sign of smoking-related impairment in Claimant's medical history around and shortly after he quit smoking, Dr. Aulick opined Claimant's smoking history likely did not have a significant effect on his impairment. *Id.* The ALJ credited Dr. Aulick's opinion as reasoned because he explained his rationale and how he reached his opinions as they apply to Claimant. Decision and Order at 23. Thus, contrary to Employer's assertion, Employer's Brief at 32, we see no error in the ALJ's finding that Dr. Aulick's opinion is reasoned. *See Milburn Colliery Co. v. Hicks*, 138 F.3d 524, 533 (4th Cir. 1998); *Sterling Smokeless Coal Co. v. Akers*, 131 F.3d 438, 441 (4th Cir. 1997); Decision and Order at 23.

524, 533 (4th Cir. 1998); *Sterling Smokeless Coal Co. v. Akers*, 131 F.3d 438 441 (4th Cir. 1997); 65 Fed. Reg. 79,920, 79,939-41 (Dec. 20, 2000); Decision and Order at 23.

Dr. Go diagnosed legal pneumoconiosis in the form of COPD, emphysema, and chronic bronchitis due to a combination of coal mine dust and cigarette smoke exposure. Claimant's Exhibit 1 at 5-8; Employer's Exhibit 10 at 3-10, 19-20. He explained that, based on the medical literature, there is no method by which a physician can distinguish the extent to which smoking and coal mine dust exposure contribute to a miner's pulmonary impairment. Employer's Exhibit 10 at 20-22. Rather, he indicated the literature suggests smoking and coal dust exposure are "essentially equipotent" causes of Claimant's impairment as they are "basically on the same footing in terms of degree of exposure and the degree of damage."⁹ *Id.* at 23. Thus, considering Claimant's occupational, medical, and smoking history, his reported symptoms, and the objective testing, Dr. Go opined smoking and coal mine dust exposure both contributed to Claimant's impairment.¹⁰ Claimant's Exhibit 1 at 5-8; Employer's Exhibit 10 at 22.

⁹ As the ALJ noted, Dr. Go supported his opinion with published medical studies that "consistently show a relationship between coal dust exposure and declines in lung function" in both smokers and non-smokers. Claimant's Exhibit 1 at 5-6; Decision and Order at 15-16. On appeal, Employer argues the literature Dr. Go cited does not support his opinion. Employer's Brief at 32-34; Employer's Reply Brief to Claimant at 7. However, Dr. Go responded to Employer's criticisms during his deposition and maintained his stance that the studies support his opinion, and the ALJ noted and credited his reliance on this literature. Decision and Order at 15-16, 23-24; Employer's Exhibit 10 at 35-45, 47-48. Employer's contention thus amounts to a request to reweigh the evidence, which we are not empowered to do. *Anderson v. Valley Camp of Utah, Inc.*, 12 BLR 1-111, 1-113 (1989).

¹⁰ Thus, Employer is incorrect in asserting Dr. Go did not know whether smoking or coal mine dust exposure caused Claimant's impairment. Employer's Brief at 28 (quoting *Am. Energy, LLC v. Director, OWCP [Goode]*, 106 F.4th 319, 327 (4th Cir. 2024)); Employer's Reply Brief to Claimant at 7. Dr. Go unequivocally opined that *both* smoking and coal mine dust likely contributed to Claimant's lung disease. *See Perry v. Mynu Coals, Inc.*, 469 F.3d 360, 366 (4th Cir. 2006) ("refusal to express a diagnosis in categorical terms is candor, not equivocation"); Claimant's Exhibit 1 at 5-8; Employer's Exhibit 10 at 22. Further, contrary to Employer's contention, a physician need not apportion the causes of a miner's lung disease to establish the existence of legal pneumoconiosis. *See Consolidation Coal Co. v. Williams*, 453 F.3d 609, 622 (4th Cir. 2006); *Gross v. Dominion Coal Corp.*, 23 BLR 1-8, 1-17 (2003); Employer's Brief at 27-28; Employer's Reply Brief to Claimant at 7. A physician rendering a medical opinion

The ALJ found Dr. Go relied on medical literature that supports his opinion, explained how Claimant's smoking and coal mine dust exposure both contribute to his impairment, and explained his conclusions. Decision and Order at 23. Thus, the ALJ permissibly found his opinion is reasoned and documented. *See Hicks*, 138 F.3d at 533; *Akers*, 131 F.3d at 441; *see also Looney*, 678 F.3d at 311-12 (physician's opinion that lung disease arose from a combination of coal mine dust exposure and smoking sufficient to establish legal pneumoconiosis). Further, as the ALJ provided multiple reasons for crediting Drs. Aulick's and Go's opinions, we reject Employer's contention that the ALJ erred in crediting Drs. Aulick's and Go's opinions "merely" because they are consistent with the premise in the preamble that people exposed to both coal mine dust and cigarette smoke exposure have an additive risk for developing obstructive impairments. Employer's Brief at 15-16, 19; Employer's Reply Brief to Claimant at 5-6.

Employer also argues the ALJ erred in discrediting the opinions of Drs. Basheda and Tuteur. Employer's Brief at 20-27, 30-31; Employer's Reply Brief to Claimant at 4-6. We disagree.

Dr. Basheda diagnosed tobacco-induced COPD with an asthmatic component and hyperinflation unrelated to coal mine dust exposure. Employer's Exhibit 1 at 12. Likewise, Dr. Tuteur diagnosed "allergic diathesis" as well as a tobacco-induced "moderately severe obstructive abnormality" and opined neither was caused by coal mine dust exposure. Employer's Exhibit 2 at 5. Both physicians noted Claimant's obstruction partially reversed after the administration of bronchodilators on pulmonary function testing and opined this is consistent with smoking-induced obstruction and inconsistent with pneumoconiosis. Employer's Exhibits 1 at 12; 2 at 4-5; 7 at 7. The ALJ permissibly found Drs. Basheda and Tuteur did not adequately address the additive nature of smoking and coal mine dust exposure or explain why Claimant's fourteen years of coal mine dust exposure could not have aggravated Claimant's condition, even if it was predominantly caused by smoking.¹¹

need only credibly diagnose a chronic respiratory or pulmonary impairment that is "significantly related to, or substantially aggravated by, dust exposure in coal mine employment." 20 C.F.R. §718.201(b).

¹¹ Contrary to Employer's contention, the ALJ did not require Drs. Basheda and Tuteur to "disprove and exclude" the additive effects of coal mine dust exposure and smoking or to disprove the possibility that coal mine dust exposure aggravated Claimant's impairment, nor did she otherwise discredit their opinions based solely on their disagreement with the preamble. Employer's Brief at 12-13; Employer's Reply Brief to the Director at 1-4. Rather, the ALJ discredited Drs. Basheda's and Tuteur's opinions because they did not adequately explain their rationale given the preamble's recognition that the two exposures can be additive and that coal mine dust exposure can aggravate

See Mingo Logan Coal Co. v. Owens, 724 F.3d 550, 558 (4th Cir. 2013); *Looney*, 678 F.3d at 316-17; *Island Creek Coal Co. v. Compton*, 211 F.3d 203, 211 (4th Cir. 2000); 65 Fed. Reg. at 79,940; Decision and Order at 24-25.

Dr. Basheda further opined Claimant's COPD and asthma are unrelated to coal mine dust exposure, in part, because there is no evidence they were present while Claimant was actively working in the mines and he only developed symptoms years after leaving mining. Employer's Exhibits 1 at 13; 9 at 12, 23-25. The ALJ permissibly found this rationale unpersuasive as it is based, in part, on a premise inconsistent with the regulations, which recognize pneumoconiosis as "a latent and progressive disease which may first become detectable only after the cessation of coal mine dust exposure."¹² 20 C.F.R. §718.201(c); *see* 65 Fed. Reg. at 79,971 ("[I]t is clear that a miner who may be asymptomatic and without significant impairment at retirement can develop a significant pulmonary impairment after a latent period."); *Hobet Mining, LLC v. Epling*, 783 F.3d 498, 506 (4th Cir. 2015) (medical opinion not in accord with the accepted view that pneumoconiosis can be both latent and progressive may be discredited); Decision and Order at 24-25.

As the trier-of-fact, the ALJ has the discretion to assess the credibility of the medical opinions and to assign them weight; the Board may not reweigh the evidence or substitute its own inferences on appeal.¹³ *See Compton*, 211 F.3d at 207-08; *Anderson*, 12 BLR at 1-

impairments with other etiologies. *See Westmoreland Coal Co. v. Stallard*, 876 F.3d 663, 674 (4th Cir. 2017); *Mingo Logan Coal Co. v. Owens*, 724 F.3d 550, 558 (4th Cir. 2013); *Harman Mining Co. v. Director, OWCP [Looney]*, 678 F.3d 305, 309, 316-17 (4th Cir. 2012); *Island Creek Coal Co. v. Compton*, 211 F.3d 203, 211 (4th Cir. 2000); 65 Fed. Reg. 79,920, 79,940 (Dec. 20, 2000); Decision and Order at 24-25.

¹² Employer asserts Dr. Basheda did consider and acknowledge pneumoconiosis can be a latent and progressive disease but noted Claimant continued to smoke after he left the mines. Employer's Brief at 24 (citing Employer's Exhibits 1 at 11; 7 at 6, 25); Employer's Reply Brief to Claimant at 6. However, this statement does not explain how the latency period demonstrates smoking must have been the sole cause of Claimant's impairment. Moreover, while Claimant left the mines for the first time in 1984, he returned to coal mining and left again in 2005, the same year he quit smoking, as Dr. Basheda acknowledged. Employer's Exhibit 1 at 2.

¹³ Because the ALJ provided valid reasons to discredit Drs. Basheda's and Tuteur's opinions, we need not address Employer's remaining arguments regarding the additional reasons she gave for rejecting their opinions. *See Kozele v. Rochester & Pittsburgh Coal*

113. Because the ALJ permissibly credited Drs. Go's and Aulick's opinions over those of Drs. Basheda and Tuteur and substantial evidence supports her credibility determinations, we affirm her finding that Claimant established legal pneumoconiosis. 20 C.F.R. §718.202.

Disability Causation

To establish total disability due to pneumoconiosis, Claimant must prove that pneumoconiosis is a "substantially contributing cause" of his totally disabling respiratory or pulmonary impairment. 20 C.F.R. §718.204(c)(1); *Cedar Coal Co. v. Director, OWCP [Mullins]*, No. 24-1063, F.4th, 2026 WL 628154, at *2 (4th Cir. 2026); *Lawson*, 140 F.4th at 144 & n.4. Pneumoconiosis is a substantially contributing cause of a miner's totally disabling impairment if it has "a material adverse effect on the miner's respiratory or pulmonary condition," or if it "[m]aterially worsens a totally disabling respiratory or pulmonary impairment which is caused by a disease or exposure unrelated to coal mine employment." 20 C.F.R. §718.204(c)(1)(i), (ii).

Employer raises arguments at disability causation similar to those at legal pneumoconiosis. See Employer's Brief at 36-37. However, because the physicians agree that Claimant has a disabling obstructive impairment, the ALJ's determination that Claimant's disabling COPD constitutes legal pneumoconiosis necessarily encompassed a finding that Claimant is totally disabled due to legal pneumoconiosis. See *Am. Energy, LLC v. Director, OWCP [Goode]*, 106 F.4th 319, 326 (4th Cir. 2024) ("[I]f a miner's legal pneumoconiosis is his total disability, separately analyzing disability causation is unnecessary."); *Collins v. Pond Creek Mining Co.*, 751 F.3d 180, 186-87 (4th Cir. 2014) (death causation satisfied where the court found the miner's COPD constituted legal pneumoconiosis and all medical experts agreed COPD contributed to the miner's death); *Brandywine Explosives & Supply v. Director, OWCP [Kennard]*, 790 F.3d 657, 668-69 (6th Cir. 2015); *Hawkinberry v. Monongalia Cnty. Coal Co.*, 25 BLR 1-249, 255-56 (2019); Decision and Order at 25, 34.

Further, the ALJ permissibly discredited Drs. Basheda's and Tuteur's opinions because they did not diagnose legal pneumoconiosis, contrary to the ALJ's finding that Claimant has the disease. See *Mullins*, 2026 WL 628154, at *5; *Epling*, 783 F.3d at 504; *Toler v. E. Assoc. Coal Co.*, 43 F.3d 109, 116 (4th Cir. 1995); Decision and Order at 34. Thus, because it is supported by substantial evidence, we affirm the ALJ's finding that Claimant established he is totally disabled due to legal pneumoconiosis based on Dr. Go's

Co., 6 BLR 1-378, 1-382 n.4 (1983); Employer's Brief at 25-35; Employer's Reply Brief to Claimant at 1-6.

opinion. 20 C.F.R. §718.204(c); Decision and Order at 34. Consequently, we affirm the ALJ's finding that Claimant established entitlement to benefits. Decision and Order at 34. Accordingly, we affirm the ALJ's Decision and Order Awarding Benefits.

SO ORDERED.

DANIEL T. GRESH, Chief
Administrative Appeals Judge

MELISSA LIN JONES
Administrative Appeals Judge

GLENN E. ULMER
Administrative Appeals Judge