



July 6, 2021

The Honorable Michael S. Regan, Administrator
U.S. Environmental Protection Agency
1200 Pennsylvania Avenue, NW
Washington, DC 20460

Submitted via Regulations.gov

RE: Comments – Docket ID No. EPA-HQ-OAR-2021-0044: Phasedown of Hydrofluorocarbons: Establishing the Allowance Allocation and Trading Program Under the American Innovation and Manufacturing (AIM) Act

Dear Administrator Regan:

As national organizations representing medical societies, public health and patient advocacy organizations, we write to provide comments for the U.S. Environmental Protection Agency on the proposed rule, “Phasedown of Hydrofluorocarbons: Establishing the Allowance Allocation and Trading Program under the American Innovation and Manufacturing (AIM) Act”. Our organizations support both the phasedown of the production and consumption of hydrofluorocarbons (HFCs) and, with the caveat concerning medical inhalers discussed more fully below, EPA’s proposal to establish an allowance-based trading program to implement the phasedown of these potent greenhouse gases.

EPA’s proposal would decrease HFC production and use in the United States by 85% over the next 15 years, the equivalent of 4.7 billion metric tons of carbon dioxide (CO₂), and provide cumulative net benefits of \$283.9 billion dollars during that time, including important climate and public health benefits.

This proposal – and ultimate transition away from HFCs to environmentally safer alternatives and more energy-efficient cooling technologies – is an essential step toward addressing the climate crisis and better protecting Americans’ health and the environment.

Necessity of Federal Action To Limit Greenhouse Gas Emissions

Climate change is a health emergency, and federal actions to limit greenhouse gas emissions are critical to preventing the worst health impacts. Communities across the country are already experiencing health impacts, including from unhealthy ozone pollution, heatwaves, storms, flooding, and smoke from increasingly severe wildfires. Many people face higher risks from climate-related

health harms, including children, pregnant people, older adults, people with lung and heart disease, communities of color, and low-income communities, making climate change a health issue as well as an environmental justice issue. These health harms will continue to worsen without action to address climate change.

The proposed phasedown of HFCs is critical to protecting public health from the impacts of climate change. Heat-trapping pollutants such as HFCs are driving higher temperatures and more extreme weather and recent data shows that emissions of HFCs – which can be hundreds to thousands of times more powerful than CO₂ at warming the planet – are increasing at accelerating rates.

HFC Use in Medical Inhalers

While we fully support EPA’s proposal and the climate and health benefits it will deliver, we urge EPA to prioritize ensuring that the millions of Americans who use metered dose inhalers (MDI) have continued access to their medication. EPA should design the proposed rule’s application-specific allowances in such a way that ensures persons needing medical inhalers continue to have reliable access to this effective treatment modality.

MDIs, also known as medical inhalers, are handheld pressurized inhalation systems that deliver small, precisely measured therapeutic doses of medication directly to the airways of a patient. MDIs deliver reliable and effective therapy for asthma and chronic obstructive pulmonary disease and are approved for such use by the U.S. Food and Drug Administration (FDA). There are roughly 36.6 million Americans living with a chronic lung disease, many of whom rely on inhalers for both daily therapy and emergency use.

The proposal provides that companies using HFCs as a propellant in MDIs will receive application-specific allowances. We support maintaining such a carve out for HFC use for MDIs. We likewise urge EPA to consider policies that support industry development of HFC alternatives with lower global warming potential, while establishing a process for the disposal of used HFC propellant inhalers. Our organizations support the goal of ensuring that no lung disease treatments contribute to climate change and its health harms. In the meantime, the relatively small amounts of HFCs currently used in metered dose inhalers for respiratory patients should remain available until suitable alternatives are developed.

By phasing down HFCs in this manner, the proposal will help protect Americans from the health impacts of climate change while ensuring that patients will continue to have access to vital medications.

Environmental Justice Consideration

Climate-related health harms and associated air quality impacts are not evenly shared. For example, while clean air is essential to health, nearly half of Americans are still breathing unhealthy air and some communities are disproportionately impacted by air pollution. Those facing the greatest burden are certain communities of color and low-income communities. In fact, people of color are 61% more likely to live in an area with poor air quality than white people, according to the American Lung Association’s [2021 “State of the Air” report](#).

EPA recognizes that “certain parts of the population may be especially vulnerable [to climate change risks] based on their characteristics or circumstances, including the poor, the elderly, the very young, those already in poor health, the disabled, those living alone, and/or [certain] indigenous populations....” The Agency accordingly acknowledges that these impacts raise environmental justice concerns.

We appreciate the attention that the Agency is giving to the disparate ways that climate change impacts the health of environmental justice communities as well as the potential disparate impacts of the proposal itself. In keeping with our groups' commitment to environmental justice, we wish to express our support for your efforts to prioritize and address these concerns as you strive to better understand whether and how the proposed phasedown of HFC production could affect already disproportionately burdened environmental justice communities.

Compliance and Enforcement

Because compliance with the obligations created by the proposal is essential for meeting the ambitious emissions reductions required by the AIM Act – and achieving the important public health benefits therefrom – we strongly support the Agency's proposed compliance and enforcement system.

Proposed compliance and enforcement measures are intended to prevent and identify illegal activity in the United States, and include administrative consequences for noncompliance, packaging and labeling requirements, increased oversight of imports, establishment of a comprehensive certification ID tracking system, recordkeeping and reporting, third-party auditing, and data transparency. These measures will help ensure that the health, environmental, and economic benefits of the HFC phasedown are realized.

Conclusion

Our organizations support the phasedown of the production and consumption of HFCs and EPA's proposal to establish an allowance-based trading program to implement the phasedown of these potent greenhouse gases. We ask that your implementation of the phasedown ensures that persons needing metered dose inhalers continue to have reliable access to these effective treatments until suitable alternatives are developed.

Thank you.

Allergy & Asthma Network
Alliance of Nurses for Healthy Environments
American Lung Association
American Public Health Association
Association of Schools & Programs of Public Health
Asthma and Allergy Foundation of America
Climate for Health
Health Care Without Harm