

Comments of Liz Scott – As Prepared for Delivery  
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On The U.S. Environmental Protection Agency's Reconsideration of the National Ambient Air Quality Standards for Particulate Matter Docket ID No. EPA-HQ-OAR-2015-0072

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Good evening. My name is Liz Scott and I'm the National Director of Advocacy for the American Lung Association's Healthy Air Campaign. The Lung Association works to protect the health of anyone with lungs and that includes by advocating for the strongest, most health protective air pollution standards that are supported by science. We believe that EPA's proposal to update to the NAAQS for Particulate Matter does not reflect what science says is most health protective. We urge the EPA to finalize standards no higher than 8 micrograms per cubic meter for the annual PM 2.5 standard and no higher than 25 for the 24-hour PM 2.5 standard.

PM2.5 is smaller than the diameter of a human hair but packs a punch in terms of health impacts. It can damage respiratory health, cardiovascular health, reproductive health, developmental health and can even cause cancer and premature death. Everyone speaking today can be impacted by exposure to this deadly pollution. But I want to spend my time talking about the populations that are more susceptible to harm that have as much a right as anybody, as mandated by the Clean Air Act, to have their health protected from dangerous criteria pollutants.

Anyone with a preexisting condition always has to think twice about the environments they are in. Exposure to PM 2.5 can make their conditions worse. PM 2.5 can lead to asthma attacks. Lung cancer patients who are exposed to higher concentrations of PM have a poorer survival rate. Individuals living with diabetes are also at a higher risk of harm and in fact, long-term exposure to PM has been linked to the increased risk of developing Type 2 diabetes. Any individual with a chronic condition will tell you how costly it is to manage their symptoms and live a fulfilled life. By not setting the strongest possible standards, the EPA could leave these individuals with worse health outcomes and higher health care costs. EPA's own Regulatory Impact Analysis shows that an annual PM 2.5 standard of 9 would prevent half as many hospital visits for cardiovascular disease, respiratory emergency room visits, onset of asthma cases and many more health indicators than a standard of 8 would.

We also know that the burden of exposure to air pollution is not equitable. Low-income individuals are disproportionately likely to live in areas that are close to polluting sources. They breathe dangerous pollution at a level higher than those in wealthier areas and therefore further increasing their healthcare burden and diminishing their daily and long-term quality of life. EPA's own Regulatory Impact Analysis cited a study showing that exposure to daily PM 2.5 pollution at levels below the current standard of 35 was associated with increases in cardiovascular hospitalizations among the US Medicaid populations.

There is a racist undercurrent to who is exposed to PM 2.5 pollution. The US Latino population has a 25% higher fatality rate from exposure to PM 2.5 pollution than whites. Black Americans have a 300% higher fatality rate. EPA has proposed a range of 9-10 for the annual PM standard. EPA's own analysis shows that an annual level of 10 would actually increase the level of inequality in mortality. A standard of 10 would have a 0.6% reduction in mortality. Setting the more health protective standard of 8 would have over 4% reduction – that's 7 times the reduction in Black mortality from PM if EPA follows the science and sets an annual standard of 8. This Administration has been very public about its

commitments to environmental justice. This proposal unfortunately is a huge missed opportunity to honor those commitments and we urge EPA to course correct by finalizing what the science supports as the most health protective standards.

Thank you for the ability to share testimony. The American Lung Association and other health and medical experts urge EPA to finalize standards no higher than 8 micrograms per cubic meter for the annual PM 2.5 standard and no higher than 25 micrograms per cubic meter for the daily PM 2.5 standard.

Thank you.