Comments from

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On the
Review of the Standards of Performance for Greenhouse Gas Emissions from New, Modified, and Reconstructed Stationary Sources: Electric Generating Units

EPA Docket ID.: EPA-HQ-OAR-2013-0495

February 14, 2019

Good morning, I am Janice Nolen, National Assistant Vice President for Policy for the American Lung Association. The Lung Association urges EPA to retain the current limits, adopted in 2015, on carbon pollution for New, Modified and Reconstructed Stationary Sources. EPA's proposal significantly weakens the limits on carbon emissions from new and reconstructed sources, opening the door for more greenhouse gas emissions, a worsening climate and dire impacts to human health.

One hundred fifteen years ago, committed women and men founded the American Lung Association to fight tuberculosis, the then-devastating cause of premature death worldwide. Today, we urge EPA to protect the public from one of today's most devastating threats to the health of Americans alive now and in future generations —climate change—by retaining the steps to effectively reduce greenhouse gases from these sources.

The Lung Association supports EPA's proposal to retain the statutory interpretations and record determinations that greenhouse gases endanger public health made in the 2015 rule. Greenhouse gases—especially, but not only, carbon dioxide—have a growing record of current and future damaging changes to the climate. Although EPA offered the opportunity for more challenges to its decision, the Lung Association urges that EPA not add even more hurdles to steps to protect the public from such widespread threats.

Since EPA finalized these new source performance standards in 2015, hundreds of additional studies and major reports have made even clearer the essential need to adopt and maintain the strongest possible measures to reduce carbon and other greenhouse gases that endanger the long-term health of all people.[1] Just last fall, three different reports described the impact of climate and health, including the updated Fourth National Climate Assessment, prepared by EPA and other federal agencies that detail the impact region by region across the nation. [2]

The evidence before our eyes supports the scientific studies. Some of the worst catastrophic weather events in the past three years give an unvarnished look at the impact on the lives and health of millions of Americans. From western wildfires to the hurricanes and massive flooding that wiped out homes in the east and Puerto Rico, the nation witnessed the impact on the lives and health of our neighbors, families, and friends.

But climate change threatens health in more subtle but measurable ways as well. The American Lung Association tracks ozone and particulate matter levels in cities across the nation in our annual "State of

the Air" report. I direct that project. Over the past few years, we have seen increasing spikes in days with unhealthy particulate matter and more ozone. Warmer, dryer climates have provided the fuel to keep those days coming despite efforts to clean up the emissions that produce them. Studies have found that high particle and ozone days increase the risk of premature death; increase hospitalization for asthma among children; [3, 4, 5] and worsen asthma attacks in children,[6] and the list keeps growing.

EPA's proposal would significantly weaken the current limits on carbon pollution for new and reconstructed sources adopted in 2015, opening the door for more greenhouse gas emissions that contribute to these spiraling problems. We strongly oppose the proposal and urge EPA to maintain the current limits.

We oppose EPA's proposed weakening of the Best System of Emission Reductions (BSER) standards for coal-fired power plants. EPA's proposed weakening comes despite concluding first, that such plants are not the source of future growth in electricity generation and second, that one new coal-fired power plant may emit "millions of tons" of CO2 each year.

EPA needs to leave the 2015 standards in place. The time spent to reconsider the well-considered original rule could be much better spent working to reduce these greenhouse gas emissions.

Thank you.

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[1] Hundreds of studies on the health effects of climate change have been published since EPA adopted the Clean Power Plan. This list includes just a sample: Watts N, Amann M, Ayeb-Karlsson S, Belesova K et al. 2018 The *Lancet* Countdown on health and climate change: from 25 years of inaction to a global transformation for public health. *Lancet* 391: 581-630; Ahdoot S, Pacjeco SE, and The Council on Environmental Health. 2015. Global Climate Change and Children's Health. *Pediatrics* 138: e1-e17; Petlova EP, Vink JK, Horton RM, Gasparrini A, et al. 2017. Towards more comprehensive projections of urban heat-related mortality: estimates for New York City under multiple population, adaptation, and climate scenarios. *Environ Health Perspect*. 125: 47-55; National Research Council. 2015. *Modeling the Health Risks of Climate Change: Workshop Summary.* Washington, DC: The National Academies Press.; Short EE, Caminade C, and Thomas BN. Climate Change Contribution to the Emergence or Re-Emergence of Parasitic Diseases. 2017. *Infectious Diseases: Research and Treatment*. 10:1-7.

[2] USGCRP, 2018. Impacts, Risks, and Adaptation in the United States: Fourth National Climate Assessment, Volume II [Reidmiller DR, Avery CW, Easerling DR, Kunkel JE, Lewis KLM, Maycock TK, and Stewart BD (eds).] U.S. Global Change Research Program, Washington, DC, USA. Doi:10.7930/NCA4.2018. IPCC, Special Report on Global Warming of 1.5º C. 2018; Watts N, Armann M, Arnell N, et al. The 2018 report of the *Lancet* Countdown on health and climate change: shaping eh health of nations for centuries to come. *Lancet*. 2018. DOI https://doi.org/10.1016/S0140-6736(18)32594-7

[3] Lin M, Chen Y, Burnett RT, Villeneuve PJ, Kerwski D. The Influence of Ambient Coarse Particulate Matter on Asthma Hospitalization in Children: case-crossover and time-series analyses. *Environ Health Perspect.* 2002; 110:575-581.

[4] Norris G, YoungPong SN, Koenig JQ, Larson TV, Sheppard L, Stout JW. An Association Between Fine Particles and Asthma Emergency Department Visits for Children in Seattle. *Environ Health Perspect*. 1999;107:489-493.

[5] Tolbert PE, Mulholland JA, MacIntosh DD, Xu F, Daniels D, Devine OJ, Carlin BP, Klein M, Dorley J, Butler AJ, Nordenberg DF, Frumkin H, Ryan PB, White MC. Air Quality and Pediatric Emergency Room Visits for Asthma in Atlanta, Georgia. *Am J Epidemiol.* 2000; 151:798-810.

[6] Slaughter JC, Lumley T, Sheppard L, Koenig JQ, Shapiro, GG. Effects of Ambient Air Pollution on Symptom Severity and Medication Use in Children with Asthma. *Ann Allergy Asthma Immunol.* 2003; 91:346-353.