



June 14, 2021

The Honorable Michael 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-2020-0044: Rescinding the Rule on Increasing Consistency and Transparency in Considering Benefits and Costs in the Clean Air Act Rulemaking Process

Dear Administrator Regan:

Thank you for the opportunity to provide comments to the U.S. Environmental Protection Agency's (EPA) Interim Final Rule, Rescinding the Rule on Increasing Consistency and Transparency in Considering Benefits and Costs in the Clean Air Act Rulemaking Process. The undersigned national health, medical and nursing organizations support EPA's Interim Final Rule to rescind a rule that risked drastically undercounting health benefits in rulemaking.

The original rule was deeply concerning to the health and medical community. In comments on the Proposed Rule in 2020, health groups expressed concern about the potential for discrediting "co-benefits" – the benefits achieved by reductions in one pollutant due to the regulation of another.¹ These co-benefits are actually an example of efficiency. If health benefits can be achieved on a wider scale due to one regulation of one pollutant, that should be applauded as an efficient action and those benefits should be fully included in cost-benefit calculations.

¹Comment Letter on Proposed Rule on Increasing Consistency and Transparency in Considering Benefits and Costs in the Clean Air Act Rulemaking Process (Aug 3 2020) <https://www.lung.org/getmedia/5f2315df-91c2-4adf-adc4-61dac5e822cf/health-orgs-cost-benefit-nprm-comments.pdf>

The original rule also included other potentially harmful provisions, such as an attempt to undermine science by restricting the use of key health studies that would show the impact of air pollution if those studies did not make their underlying data – which often includes personal patient data – public. It also tripled the amount of work for EPA by requiring the Agency to analyze three different options, effectively paralyzing an Agency that is already underfunded and understaffed – a paralysis by analysis. Furthermore, by codifying the cost-benefit process and opening up the potential for retrospective analysis of certain rulemakings, the original rule provided new opportunities for legal challenges to be brought against rules deemed unfavorable by polluting industry, further hamstringing the Agency unnecessarily.

Health and medical groups also disagreed with the rule's assessment that only the benefits and costs accrued within the United States should be counted, with global climate impacts being reported separately. There are no physical borders in the air. Reductions in emissions – particularly climate-warming greenhouse gases – within the United States benefit the American people and the greater good by slowing climate change. We strongly opposed ignoring non-domestic benefits.

We also would like to take this opportunity to call attention to the aspects of cost-benefit analyses that can – and must – be improved to more equitably protect public health.

Cost-benefit analyses often undercount the health benefits, even before this rulemaking by the previous Administration. In conducting a cost-benefit analysis, EPA looks at endpoints that are causally or likely causal to the pollutant(s) being regulated. This includes data points like premature deaths, hospitalizations or days missed from work or school - these have a baseline cost associated. What these models often don't include is data like new onset lung cancer or low-birthweight babies. Cost-relevant studies for these data points are either not available or not factored into the models, even though there is research to support that air pollution is linked to the delivery of low-birthweight babies, often an indicator of future health problems.

Many additional health benefits are not currently easily quantified, but are still vital components to living a healthy life. While cost-benefit analysis may calculate economic costs, they don't adequately account for things like the mental health benefits a child receives from being able to play outside with their classmates. The undersigned groups understand that quantifying the health benefits of emissions reduction is challenging, but we urge EPA to consider approaches that fully account for the benefits to public health, including those not traditionally quantified.

Lastly, we would be remiss if we didn't acknowledge the injustice that often exists within cost-benefit analyses. Aggregating those health benefits that can be quantified necessarily masks the fact that some communities bear disproportionate health costs from air pollution. In particular, these calculations often overlook communities of color that have been subjected to racist practices, such as redlining, that have confined them to pollution hotspots or areas of disinvestment. We call on EPA to ensure that cost-benefit analyses consider the distributional effects. Failing to do so could exacerbate problems for communities already most burdened by air pollution.



Thank you for the opportunity to express our strong support for the Interim Final Rule to rescind the rule on Increasing Consistency and Transparency in Considering Benefits and Costs in the Clean Air Act Rulemaking Process. We look forward to working with EPA to ensure that future cost-benefit analysis procedures fully, and equitably, account for the multitude of health benefits from cleaning up air pollution.

Sincerely,

Allergy & Asthma Network
American Heart Association
American Lung Association
American Public Health Association
American Thoracic Society
Association of Schools and Programs of Public Health
Asthma and Allergy Foundation of America
Children's Environmental Health Network
Climate for Health
Health Care Without Harm
Medical Society Consortium on Climate and Health
National Environmental Health Association
Public Health Institute