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Comments from
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On the draft CASAC letters to EPA on the External Review Draft Integrated Science Assessment for Ozone and Related Photochemical Oxidants (Docket No: EPA-HQ-ORD-2018-0274) and the External Draft Policy Assessment for the Review of the Ozone National Ambient Air Quality Standards (Docket NO: EPA-HQ-OAR-2018-0279)

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Thank you for this opportunity to provide comments on the draft letters on the ozone Integrated Science Assessment and Policy Assessment for the American Lung Association. My name is David Hill and I am a practicing pulmonary and critical care physician in Waterbury, Connecticut. I speak today in my role as a member of the Board of Directors for the American Lung Association where I also serve on the Scientific and Medical Editorial Review Panel.

At the December 4th hearing, we expressed some of the same concerns raised by the long-serving former members of CASAC who submitted comments to the record in the review of the draft ISA and draft PA. EPA's altered schedule for review of the ozone standard is full of flaws that show up repeatedly in missing steps and curtailed reviews. EPA's changes to the review process restrict the full discussion of the information, undermining the process' core purpose to set standards that "protect health with an adequate margin of

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safety.” The Lung Association has long supported and, indeed, taken legal action to ensure the timely completion of the reviews of the NAAQS as required by the Clean Air Act. However, EPA’s current revised process undermines CASAC’s and the agency’s ability to arrive at appropriate and adequate decisions on these standards. The revised process means that the decisions the Administrator makes on these standards could not be based on a thorough review of the evidence.

Historically, CASAC benefited greatly from a team of independent scientists with expertise in the multiple issues of research, toxicology and epidemiology, ecology, and specific research into ozone and other air pollutants. This previous team would meet independently of CASAC to weigh in with their expansive experience to review the findings of the ISA and PA. However, EPA did not form this expert panel for the current ozone review, and the agency’s subsequent actions have been a poor substitute. Belatedly, following CASAC’s request,¹ and in lieu of this expert panel, EPA compiled a list of people that CASAC could reach out to answer questions. Most have little experience in the more complex issues at hand. EPA further mangled the process by limiting advisory actions to one single panelist’s opinion, by letter, in response to written questions. This pales in comparison to the robust traditional approach, which provided a more complete and open discussion with multiple, experienced panelists who contributed independent expert perspectives and deliberated their consensus recommendations on topics throughout the reviews of each document. Both CASAC’s ISA and PA letters would have greatly benefited from the traditional panel of ozone experts instead of EPA’s inadequate substitute process.

Starting with the draft ISA letter, the Lung Association strongly disagrees with many of CASAC’s comments. Just one example from comments on the Executive Summary shows the impact of the limited experience that these CASAC members have had with this process, but also the burdens imposed on any reviewers with these unacceptable turnaround times.



The CASAC draft letter claims: “Causal determination judgements are ambiguous, and sometimes appear subjective and arbitrary.” In fact, the Preface fully discusses current causal determination definitions, with the assumption that anyone seeking the definition from other chapters of the ISA, such as the Executive Summary, would reference them there. These causal definitions are the same as those used by the National Academy of Sciences, adopted by CASAC nearly 15 years ago, used since then, and upheld in court.

The draft letter on the PA, unfortunately, supports flawed recommendations on the standard needed to protect health. Americans deserve to have the standards set at levels that protect their health with an adequate margin of safety, as the Clean Air Act requires. This draft ISA shows growing evidence that the current standard of 70 ppb does not. Multiple new studies, including a massive study of Medicare participants, found premature deaths associated with levels of ozone down to and below 60 ppb.

The American Lung Association does not agree with the finding in the draft PA that the current standard meets the requirement of the Clean Air Act; that is, that it would “protect public health with an adequate margin of safety.” During the last complete review of the ozone NAAQS, CASAC in 2014 found strong evidence for setting the standard well below the current 70 ppb.” Their recommended range went to 60 ppb.² Even greater evidence exists now for a stronger standard.

Given the available information, the Lung Association recommends a standard no greater than 55 ppb to 60 ppb to protect public health.

Finally and again, as we have shared in previous comments, the Lung Association firmly opposes EPA’s changes that have undermined and weakened the NAAQS review process. Especially in this time-constricted ozone review, EPA cannot effectively assess potential new standards that truly protect public health.

Thank you.



¹ Cox L.A. 2019. Clean Air Scientific Advisory Committee Letter to A. Wheeler, U.S. Environmental Protection Agency. CASAC Review of the EPA's Integrated Science Assessment for Particulate Matter (External Review Draft – October 2018). EPA-CASAC-19-002, April 11, 2019.

² Letter from H. Christopher Frey, CASAC Chair, to Gina McCarthy, EPA Administrator, dated June 26, 2014, p. ii, <https://yosemite.epa.gov/sab/sabproduct.nsf/5EFA320CCAD326E885257D030071531C/%24File/EPA-CASAC-14-004+unsigned.pdf>.

