

PA LETTER DRAFT of 4-30-10

EPA-CASAC ...
The Honorable Lisa P. Jackson
Administrator
U.S. Environmental Protection Agency
1200 Pennsylvania Avenue, N.W.
Washington, D.C. 20460

Subject: CASAC Review of *Policy Assessment for the Review of the PM NAAQS - First External Review Draft* (March 2010)

Dear Administrator Jackson,

The Clean Air Scientific Advisory Committee (CASAC) Particulate Matter (PM) Review Panel teleconferenced on April 8, 2010 and April 9, 2010 to review the *Policy Assessment for the Review of the PM NAAQS - First External Review Draft* (March 2010). This letter highlights CASAC's main comments on the *Policy Assessment*, followed by our consensus responses to the charge questions and comments from individual Panel members. Before addressing specific issues associated with the *Policy Assessment*, we offer some general thoughts below for your consideration.

General Comments

In 2006, EPA revised the primary and secondary NAAQS for PM to provide increased protection of public health and welfare, setting the 24-h $PM_{2.5}$ standard at $35\mu g/m^3$ and retaining the annual standard at $15\mu g/m^3$. In the *Policy Assessment* released earlier this year, EPA is considering revisions to these primary standards, using $PM_{2.5}$ as the indicator for fine particles, and either $PM_{10-2.5}$ (as measured), or the combination (difference) of $PM_{2.5}$ and PM_{10} as the indicator for thoracic coarse particles. EPA has also, for the first time, proposed consideration of a secondary PM standard that would be based on a different indicator – PM light extinction – than the mass-based indicators which have traditionally been used for the primary PM standards. The CASAC applauds this initiative and encourages the Agency to move aggressively forward toward developing the next generation of indicators for primary PM standards as well. At this juncture, it is appropriate to consider the evolution of PM indicators and look ahead to developing the next generation of indicators.

EPA has a history of continuously improving indicators for primary PM NAAQS as new evidence becomes available. Since the first standard for airborne PM, Total Suspended Particles (TSP), was promulgated in 1971, the EPA has implemented PM NAAQS with progressively more specific indicators from both the pollution source and biological perspectives. In 1987, PM penetrating into the thorax (PM_{10}) replaced total suspended particulate matter (TSP), and in 1997, fine PM ($PM_{2.5}$), which differs substantially in chemical composition from the coarse particle fraction within PM_{10} and which penetrates the gas exchange region of the lung, was adopted to supplement the protection provided by the PM_{10} standard.

1 PM_{2.5} has been a useful surrogate index since it was adopted in the 1997 PM NAAQS
2 promulgation, but may become an increasingly inadequate index of health risk as the mass
3 concentration limits are reduced to the levels being contemplated in the current *Policy Assessment*.
4 PM₁₀ is a non-specific indicator of the respiratory system risks associated with PM_{10-2.5}, as widely
5 acknowledged in the Panel's discussions of the *Integrated Science Assessment (ISA)*, *Quantitative*
6 *Health Risk Assessment*, and *Policy Assessment* documents. Neither index is directly related to
7 health risks associated with ultra-fine particles (UFP). While research evidence on PM and health
8 has evolved, we urge the Agency to undertake additional efforts to leverage the gains made thus
9 far. Now is the time to look ahead to the next review cycle and reinvigorate support for the
10 development of evidence that might lead to newer indicators that may correlate better with the
11 health effects associated with ambient air concentrations of particulate matter (PM) and more
12 comprehensive PM monitoring data, including expanding the range of sizes, measurements of
13 numbers, chemistry, and species of particles. There is an inherent circularity in the cycle from
14 research to policy formulation whereby researchers use the monitoring data that are gathered
15 primarily for regulatory purposes with available indicators, and, in turn, expand the scientific basis
16 for regulation. If EPA initiates efforts with air pollution researchers now to create a more robust
17 monitoring platform for research, the Agency will be better positioned to make the transition to the
18 “next generation” of indicators of PM-related health risks.

19
20 ***Draft Policy Assessment (March 2010)***

21 Overall, the first draft *Policy Assessment* provides a solid start as EPA completes further
22 analyses and deliberations related to thoracic coarse particles and visibility-related effects. As the
23 first instance of moving through the sequence from an *Integrated Science Assessment (ISA)*
24 through a *Policy Assessment*, the documents and the underlying flow of evidence and analytic
25 findings provide an ordered and transparent basis for decision-making. CASAC was unanimous
26 in recommending that the document be condensed and carefully edited to remove redundancy.
27 While the document needs to be self-contained, the text should quote only the most critical
28 evidence and rely more extensively on citations to the ISA and *Risk Assessment*. CASAC also
29 suggests that the underlying decision-making algorithm that flows through the major questions
30 posed in the text be made more explicit. (Text, and perhaps a figure, could be provided in Chapter
31 1, or at the start of Chapters 2-5.)

32
33 ***Primary Standards***

34 The *Policy Assessment* recommends consideration of NAAQS that cover both fine
35 particles, using PM_{2.5} as the indicator, and thoracic coarse particles, using either PM_{10-2.5} or the
36 combination of PM_{2.5} and PM₁₀. At the present time, CASAC agrees that these indicators are the
37 best available given scientific knowledge to date. The evidence presented in the *Integrated*
38 *Science Assessment*, *Quantitative Health Risk Assessment* and *Policy Assessment* shows that health
39 effects have been observed in areas that meet current standards for PM_{2.5}. Thus, CASAC supports
40 EPA’s conclusion that consideration should be given to revising the current PM_{2.5} primary
41 standards to provide increased public health protection. Since the last NAAQS review, findings
42 from additional epidemiological studies support the association between PM_{10-2.5} and
43 cardiovascular and respiratory morbidity and mortality. While the precision of the associations
44 between health effects for the association with PM_{10-2.5} exposure does not match that for PM_{2.5},
45 CASAC also agrees with EPA’s conclusion that there is sufficient evidence to consider an
46 adjustment of the PM₁₀ standard.

1
2 The choice of indicator is driven by findings of epidemiological studies that have drawn on
3 monitoring data for PM₁₀ and PM_{2.5} as exposure measures, as well as biological and source-related
4 considerations. For the fine particle standard, the *Policy Assessment* draws heavily on the analyses
5 in the *Quantitative Health Risk Assessment for Particulate Matter*, which are based on the
6 assumption of a linear no-threshold model for risk. The *Risk Assessment* covers the evidence
7 supporting this model, drawing on the findings of the ISA, particularly the finding of associations
8 of PM indicators with morbidity and mortality at concentrations measured in the United States. In
9 commenting on the *Second External Review Draft of the Quantitative Health Risk Assessment*,
10 CASAC recommended that EPA develop criteria for setting the lower bound for the scenarios
11 considered in the risk analysis. That same issue emerges with the *Policy Assessment* as lower
12 bounds are considered for the range for the annual and 24-hr PM_{2.5} standards. The approach could
13 be statistically based, using interquartile range, standard deviation, or lower-bound confidence
14 interval, or based in broader consideration of uncertainty. In fact, selection of the lower bound of
15 the inter-quartile range may not be sufficiently health protective and further consideration should
16 be given to using the 10th percentile as a level at which associations have been observed. The
17 criterion by which a lower bound concentration is chosen becomes central in decision-making
18 under a no-threshold model, since any suite of NAAQS above policy-relevant background leaves
19 residual morbidity and premature mortality.

20 21 ***Secondary Standard***

22 With respect to EPA's consideration of a secondary PM standard, CASAC supports the
23 recommendations for secondary PM standards to protect public welfare as presented in the first
24 draft *Policy Assessment*. The focus on protecting visibility is appropriate given the advanced
25 scientific understanding of the direct effects of PM on visual air quality, as set out in the *Integrated*
26 *Science Assessment*. The *Policy Assessment* establishes that the current secondary PM standards
27 are inadequate to protect visibility, as their levels are too high, their averaging times are too long,
28 and their mass-based indicators exhibit excessive spatial variability in relation to PM effects on
29 visual air quality.

30
31 CASAC supports the proposed "PM light extinction" indicator, as it represents an actual
32 and measurable consequence of particles in the ambient air and it relates directly to the
33 demonstrated harmful welfare effect of ambient PM on human visual perception. PM light
34 extinction also captures the physical and chemical properties of ambient aerosols and associated
35 meteorological conditions. The *Policy Assessment* also proposes an optional PM_{2.5} mass indicator,
36 which the Panel finds to be a less direct measure of light extinction, but an adequate indicator for a
37 secondary PM standard, especially if the mass scattering/absorption efficiencies are adjusted on
38 seasonal, site-specific and/or regional basis to reflect differences in aerosol composition and
39 relative humidity. Moreover, a mass based standard could be considered on an interim basis while
40 methods to measure the preferred PM light extinction indicator are being developed, tested and
41 deployed.

42
43 At most locations, a majority of PM light extinction is caused by fine particles, while
44 coarse particles also pose measurement problems for instruments measuring light scattering or
45 adsorption. For these reasons, an initial focus on PM_{2.5} light extinction may be appropriate.
46 However, coarse particle visibility effects can be very important at some locations, and a variety of

1 approaches could be employed to measure or estimate coarse particle effects, regardless of whether
2 light extinction or mass-based indicators are employed (see responses to questions 14, 17 and
3 individual panelist comments for more detail).

4
5 CASAC supports the use of a one-hour averaging time for a secondary visibility standard,
6 as this time span reflects the nearly instantaneous nature of human perception of visual air quality,
7 which itself can change rapidly over the course of a day. An hourly averaging time would also be
8 well within the instrumental response capabilities of currently available light extinction monitoring
9 instruments, although if a PM_{2.5} mass indicator were used, a somewhat longer averaging time may
10 be necessary to accommodate the larger response variability of some continuous PM_{2.5} monitors.
11 The current focus on daytime visibility is also appropriate, given the fact that nighttime visibility,
12 while important, has a complex relationship with PM and other factors such as light pollution, for
13 which scientific understanding is less advanced than for daylight conditions.

14
15 The *Policy Assessment* presents a large number of optional combinations of levels and
16 forms, including levels for PM light extinction in the range of 20 to 30 deciviews, with forms
17 ranging between the 90th and 98th percentiles, which would be calculated based on either the single
18 worst hour in a day (with 90th or 95th percentile) or based on all daylight hours (with 95th or 98th
19 percentile). These many options are further complicated by consideration of PM_{2.5} mass as a
20 possible alternative indicator. While the range of options proposed appears reasonable, the PM
21 Panel recommends that the next draft of the *Policy Assessment* provide more detailed illustrations
22 of the similarities and differences in the many optional combinations, to provide a more informed
23 view of the policy implications of these options. Specifically, it would be useful to describe the
24 levels of visibility protection and/or PM_{2.5} mass concentration, the PM species, the sources and
25 event types that would be most affected, and the temporal and spatial variations in these factors
26 that would result from different combinations of optional indicators, levels and forms.

27 In addition to its principal focus on visibility protection, the *Policy Assessment* also
28 includes very brief discussions of effects of PM on climate, ecosystems and materials. CASAC
29 concurs with the *Policy Assessment's* conclusions that while these effects are important, and should
30 be the focus of future research efforts, there is not currently a strong technical basis to support
31 revisions of the current standards to protect against these other welfare effects. Because different
32 PM components that affect visibility can have differential (cooling or warming) effects on climate,
33 CASAC recommends revising the discussion of climate effects to better inform policy makers that
34 reducing certain aerosol components could lead to increased radiative forcing and regional climate
35 warming while having a beneficial effect on visibility.

36
37 Finally, CASAC reiterates its expectation that the revised *Policy Assessment* will be
38 accompanied by a delineation of key changes from the first draft. This will enhance the efficiency
39 and targeting of our review, and will provide a transparent record of the basis for these changes. As
40 always, we appreciate the opportunity to provide advice on this important subject and look forward
41 to continuing our dialogue with the Agency on PM.

- 1 b. **Do the discussions accurately reflect and clearly communicate policy-relevant**
2 **information from the human health risk and visibility assessments, including**
3 **important uncertainties, as characterized in the second draft REAs?**

4 Yes, the *PA* captures the policy-relevant information and important uncertainties as
5 characterized in the second draft RA. However, more of the evidence could be summarized
6 and referenced to the RA. The policy-relevant information for the visibility assessment is
7 clearly communicated, particularly the discussion of the nighttime visibility effects and the
8 rationale for selecting the 1-hour averaging time over all daylight hours.
9

10 **Review of the Primary Standards for Fine Particles (Chapter 2)**

- 11 3. **Approach (section 2.1.3): Various approaches are described for translating different air**
12 **quality metrics from epidemiological studies into the basis for reaching preliminary staff**
13 **conclusions on the adequacy of the current PM_{2.5} standards and on alternative**
14 **standards for consideration. What are the Panel's views regarding the appropriate**
15 **weight to place on these various approaches; should specific approaches be afforded**
16 **more or less weight? Are there additional approaches that should be considered?**
17

18 The selection of both evidence- and risk-based approaches is sound, as is the consideration of
19 the utility of both annual and 24-hour concentration limits, and of various pairings of the two
20 in exploring the degree of public health protection offered under possible NAAQS. The
21 balance between evidence- and risk-based approaches is appropriate.
22

23 Charge question #3 also pertains to approaches used to translate different air quality metrics
24 from epidemiological studies into the basis for identifying concentration ranges (levels)
25 relevant to assessing the adequacy of the current PM_{2.5} standards and to suggesting alternative
26 standards for consideration. These approaches included using concentrations somewhat below
27 the aggregate mean, at one standard deviation below the mean, and at the lowest quartile of the
28 interquartile range. A more direct approach would use confidence bounds on the
29 concentration-response relationships, such as those found in time-series studies. Attention
30 could then be focused on the region where these bounds and other sources of uncertainty
31 indicate an unacceptable degree of uncertainty about the concentration-response relationship.
32 The less direct approaches used in the *PA* instead make use of the concentrations observed in
33 the epidemiological studies without consideration of the estimates of effect. The confidence
34 bounds along a concentration-response relationship and distributional measures of
35 concentrations are intrinsically related, since the estimated exposure-response relationship is
36 most certain in a concentration range where most of the data reside. We recommend that EPA
37 consider using confidence bounds on the concentration-response relationships, where they are
38 available, rather than the distributional measures of concentrations.
39

- 40 4. **Adequacy of current suite of PM_{2.5} standards (section 2.2):**

41 **What are the Panel's views on the following:**

- 42 a. **The appropriateness and characterization of the sets of long- and short-term PM_{2.5}**
43 **exposure studies highlighted? (section 2.2.1)**
44

1 • **Are there specific studies that should be given more or less emphasis?**

2 The PA features appropriate studies and they are given appropriate emphasis. The
3 discussion would be enhanced if there were an added indicator in Figure 2.1 to specify
4 which of the studies were multicity vs. single-city studies. This would visually emphasize
5 that more confidence should be given to the multicity studies (since the confidence
6 intervals would be tighter) and provide justification for preferentially relying on multi-city
7 studies. The Krewski et al. (2009) study receives greater emphasis in comparison to the
8 other highlighted studies of annual mortality, however, because the study population was a
9 relatively high SES group of volunteers, the estimates from the study may underestimate
10 the risk for the US population in general. The PA should acknowledge this potential
11 underestimation, and present the findings of this study in the context of the other US cohort
12 studies.

13 • **Are there additional studies that should be focused on?**

14 Yes, the section concludes that older adults and children along with those with pre-existing
15 cardiopulmonary diseases should be considered as part of the susceptible population. In
16 addition, CASAC suggests that additional groups (as identified in the ISA) should be
17 mentioned, including diabetics, and people with specific genetic polymorphisms that were
18 reported in the ISA.

19 • **Does the Panel generally support placing greater weight on multi-city vs. single-**
20 **city short-term exposure studies?**

21 Yes, see above in response to the first bullet.

22 • **Does the Panel agree with the characterizations of PM_{2.5} air quality at which**
23 **associations have been observed?**

24 Yes, the presentation of results indicating PM_{2.5} effects below the current 24 hour and
25 annual standard is appropriately summarized from multiple studies, adds to the
26 observations previously made, and supports the conclusion about the inadequacy of the
27 current two primary PM standards. However, the selection of the lower bound of the inter-
28 quartile range may not be sufficiently health protective. Further consideration should be
29 given to using the 10th percentile as a level for assessing various scenarios of levels for the
30 PM NAAQS.

31 b. **The focus on persons with lower socioeconomic status as a susceptible population in**
32 **addition to consideration of newly available evidence for susceptible populations**
33 **identified in previous reviews (e.g., children, older adults, persons with pre-existing**
34 **cardiac and respiratory disease)? (section 2.2.1)**

35 The data presented fully justifies consideration of lower socioeconomic status (SES) people
36 as a susceptible group. This consideration would build from the integration of recent
37 findings in the ISA that expand the identification of susceptible groups.

38 c. **The preliminary staff conclusion that the estimated risks remaining upon simulation**
39 **of just meeting the current suite of standards can reasonably be judged to be**
40 **important from a public health perspective? (section 2.2.2)**

1 A substantial body of empirical evidence is summarized indicating that significant health
2 effects are reported at or just below the current 24 hour and annual standards, justifying the
3 conclusion in the PA that the observed effects are important from a public health
4 perspective. Thus, the discussion of estimated public health risks remaining if ambient air
5 quality levels were to just meet the current standard is valuable and should contribute to the
6 deliberations made by the Administrator in setting a PM NAAQS to protect the public with
7 an adequate margin of safety.

8 **d. The relative roles of the annual and 24-hour standards in providing public health**
9 **protection as informed by the quantitative risk assessment, specifically in focusing on**
10 **simulation of estimated risks remaining upon just meeting the current suite of**
11 **standards? (section 2.2.2)**

12 The approach used to characterize the relative contributions of the annual and 24-hour
13 concentrations is clearly presented. The PA clearly explains why greater confidence can be
14 placed on the roll-back estimates when the annual standard estimates are controlling, as
15 compared to when the 24-hour values are controlling. The link to the characteristics of the
16 data available is made clear. As CASAC wrote in discussing the RA, we would have
17 preferred that EPA use Total Cardiovascular Mortality for both comparisons, although the
18 conclusions would not likely change substantially. The RA and PA do explain their use of
19 ischemic heart disease (IHD) mortality.

20 **e. The integration of evidence-based and risk-based considerations to inform the**
21 **preliminary staff conclusion that the available information clearly calls into question**
22 **the adequacy of the current suite of PM_{2.5} standards and provides strong support for**
23 **giving consideration to revising the current standards to provide increased public**
24 **health protection? (section 2.2.3)**

25 With regard to the integration of evidence-based and risk-based considerations, CASAC
26 concurs with EPA's conclusion that the new data strengthens the evidence available on
27 associations previously considered in the last round of the assessment of the PM_{2.5} standard.
28 CASAC also agrees that there are significant public health consequences at the current
29 levels of the standard that justify consideration of lowering the PM_{2.5} NAAQS further.
30 More text might be provided to describe specifically the uncertainties that have been
31 addressed by the new evidence since the last review.

32
33 **5. Indicator (section 2.3.1):**

34 **What are the Panel's views on the following:**

35 **a. The preliminary staff conclusion that it is reasonable to retain PM_{2.5} as an indicator**
36 **for fine particles?**

37
38 This conclusion is reasonable for this round of the PM NAAQS review. There was
39 insufficient peer-reviewed literature to support any other indicator at this time. However, it
40 is essential that EPA continue to develop the ambient air quality database so that the suite
41 of PM indicators considered in epidemiological studies can be expanded. Population-based
42 studies will be needed to begin to assess more refined PM indicators, including chemical
43 speciation of fine particles and measurements of ultrafine particles (UFP), that may more
44 directly reflect the risk of PM_{2.5} to human health.

- 1
2 **b. The preliminary staff conclusion that the currently available information is too**
3 **limited to support a distinct PM standard for ultrafine particles?**

4 This conclusion was unavoidable in that there was insufficient peer-reviewed literature on
5 ultrafine particle (UFP) exposures and exposure-response relationships to support a UFP
6 indicator at this time. As for fine PM (above), EPA needs to implement a network of UFP
7 monitors to support broader research on associations between UFP exposures and health.

- 8 **c. The preliminary staff conclusion that the currently available information is not**
9 **sufficient to support consideration of a separate indicator for a specific PM_{2.5}**
10 **component or for the mix of fine particles from any specific source category, and that**
11 **data are too limited to consider eliminating any component or source category from**
12 **the mix of fine particles included in the PM_{2.5} mass-based indicator?**

13
14 See answer to 5.a. above.

15
16 **6. Averaging Times (section 2.3.2):**

17 **What are the Panel's views on the following:**

- 18 **a. The preliminary staff conclusion that it is reasonable to retain annual and 24-hour**
19 **averaging times?**

20
21 This conclusion is reasonable in view of the current limited evidence pointing towards other
22 averaging times.

- 23 **b. The preliminary staff conclusions that the currently available evidence is too limited**
24 **to support additional averaging times to address sub-daily exposures or seasonal**
25 **exposures?**

26
27 This conclusion is reasonable. To the extent that EPA supplements or replaces 24-hour fine
28 PM samplers with continuous monitors, it may become possible to conduct studies that
29 demonstrate that other averaging times for acute responses may be more appropriate than
30 24-hour averages, for at least some effects.

31
32 **7. Forms (section 2.3.3):**

33 **What are the Panel's views on the utility of additional analyses to inform consideration of**
34 **eliminating provisions included in the current form of the annual standard that allow for**
35 **spatial averaging across monitors, specifically with regard to the potential for**
36 **disproportionate impacts on susceptible populations with lower socioeconomic status?**
37

38 Given stronger evidence showing that persons with lower SES levels are a susceptible group
39 for PM-related health risks, CASAC recommends that the provisions that allow for spatial
40 averaging across monitors be eliminated for the reasons cited in the PA. Moreover, it should
41 be recognized that monitors are located specifically to reflect exposures to surrounding
42 populations, which may vary spatially.
43

1 Given this recommendation and its basis, additional analyses are not needed to inform a
2 decision about spatial averaging. Should EPA decide that additional analyses are warranted,
3 however, a description of the aims, methods, and the decision criteria to apply these analyses
4 are needed to assess their utility. CASAC notes the need for additional analyses and models to
5 assess local heterogeneity in PM concentrations, both in terms of assessing population
6 exposure, especially for low SES populations, and as a guide in future monitor siting decisions.
7

8 **8. Levels (sections 2.3.4, 2.3.5, and 2.3.6):**

9 **What are the Panel's views on the following:**

- 10 a. **The preliminary staff conclusions regarding alternative standard levels that are**
11 **appropriate for consideration, and the rationale upon which those conclusions are**
12 **based?**
13

14 CASAC believes that the document provides a clear and appropriate rationale for using the
15 annual PM_{2.5} standard as the controlling standard and the 24-h standard to provide
16 additional protection. As discussed in more detail in our response to Charge Question 3,
17 the text could be clarified substantially, specifically with regard to the rationale used to
18 select the two sets of alternate standards considered in the PA. This explanation should
19 include the rationale behind the use of a lower bound [whether it be the lower end of the
20 IQR (25%) or the 10th percentile] to define annual PM_{2.5} standards and the relation of the
21 alternative standards to policy-relevant background levels.

- 22 b. **The insights that can be gained from the quantitative risk assessment to inform our**
23 **understanding of the roles that the annual and 24-hour standards play in providing**
24 **public health protection, specifically in focusing on simulations of estimated risks**
25 **remaining upon just meeting alternative suites of standards? (sections 2.3.4.2 and**
26 **2.3.5.2)**

27 CASAC supports the use of the quantitative risk assessment to illustrate the impact of
28 alternative standards on health risk. The value of the risk assessment to this process would
29 be increased substantially if the discussion was clarified and condensed.

- 30 c. **The policy implications of the uncertainties associated with estimating risks, including**
31 **potential underestimation of risk, in reaching conclusions regarding standards that**
32 **would provide public health protection with an adequate margin of safety?**

33 CASAC recommends that the impacts of model choices on long- and short-term risk
34 estimates should be expanded to assess whether and how estimated risks would differ if:
35 (1) comparisons were made to the LML (as compared to the PRB); and (2) alternative
36 concentration-response (C-R) functions were selected. The selection of C-R functions is
37 relevant to margin of safety considerations. For example, use of C-R functions from
38 Krewski et al. (2009) may underestimate risks for lower SES groups.

- 39 d. **A policy approach for identifying a suite of standard levels in which the annual**
40 **standard would be the “generally controlling” standard to provide protection for both**
41 **long- and short-term PM_{2.5} exposures, in conjunction with a 24-hour standard set to**
42 **provide supplemental protection against days with high peak concentrations**

1 **associated with localized “hotspots” and risk arising from seasonal emission that**
2 **might not be controlled by a national annual standard? (section 2.3.6)**

3 The policy approach for identifying the suite of standard levels was clearly described.

- 4 e. **Additional considerations that could inform our conclusions related to alternative**
5 **suites of fine particle standards?**

6 CASAC identified a few areas for further consideration, including potential alternative
7 lower bounds for estimating risk, margin of safety issues (as described above) with regard
8 to the impacts on estimated risks of model choices, particle speciation and size (e.g., coarse
9 and ultra-fine).

10
11 **Review of the Primary Standard for Thoracic Coarse Particles (Chapter 3)**

12 **9. Adequacy of the current 24-hour PM₁₀ standard (Sect. 3.2):**

13 What are the Panel’s views on the following:

- 14 a. **The preliminary staff conclusion that the available scientific evidence supports**
15 **maintaining a standard that provides protection against health effects associated**
16 **with exposure to thoracic coarse particles?**

17 CASAC concurs that the evidence since the last review is stronger in linking adverse
18 health effects to the thoracic coarse fraction. One complexity is the finding that after
19 taking into account the component of the PM₁₀ that is made up of PM_{2.5}, urban thoracic
20 coarse particles appear to be more toxic than rural PM₁₀ for which PM_{2.5} is a smaller
21 fraction of the total. Thus, no single measure of thoracic coarse fraction can be applied
22 uniformly across all sites.

- 23 b. **The various approaches described for translating the evidence and related**
24 **uncertainties into the basis for conclusions on the adequacy of the current PM₁₀**
25 **standard?**

26 The PA describes the uncertainty coming from having insufficient PM_{10-2.5} monitors and
27 limited geographic coverage, particularly for the purpose of comparing the thoracic
28 coarse fraction in rural and urban areas. See the answer to question 13. Further insight
29 could be gained by using the data from all locations with co-located PM samplers so that
30 PM_{10-2.5} could be calculated as PM₁₀ concentration minus PM_{2.5} concentration.

- 31 c. **The adequacy of the public health protection afforded by the current PM₁₀**
32 **standard against exposures to thoracic coarse particles?**

33 The relatively toxicity of the total PM₁₀ fraction depends on several factors. The
34 proportion of the PM₁₀ that is in fact PM_{2.5} is different between urban and rural sites. In
35 addition, although the limited evidence is only suggestive, there are independent
36 differential potential health effects of the PM_{10-2.5} portion of PM₁₀ in both urban and
37 rural areas that can be separated from the health impact of PM_{2.5}. Since such effects
38 have been reported in both urban and rural areas at concentrations below the current
39 standard, it is clear that the current PM₁₀ standard is not adequate to protect the public
40 health. It is also the case that there is no evidence to guide the choice between PM₁₀ or
41 PM_{10-2.5} that would be appropriate as a standard for both urban and rural regions as a

1 single national standard. Since there are insufficient spatial PM_{10-2.5} measurements at
2 this time, CASAC suggests that we continue with the PM₁₀ measure as the indicator,
3 but encourage EPA to work on a national monitoring scheme for a range of particles
4 including both smaller and larger fractions.

5
6 **10. Indicator (sections 3.3.1, 3.3.2, and 3.3.3):**

7 **What are the Panel's views on the following:**

- 8 a. **The preliminary staff conclusion that it is appropriate to maintain a standard that**
9 **provides protection against all thoracic coarse particles, regardless of their source of**
10 **origin or composition?**

11
12 This conclusion is justifiable at this time, in view of the evidence from the PM ISA
13 showing that coarse thoracic PM exposures are associated with acute respiratory system
14 responses that are not accounted for by fine PM. However, it is important to recognize that
15 there is a lack of data on the influence of coarse thoracic PM composition. While it is
16 reasonable to not consider chemical composition in the current round of review of a coarse
17 thoracic NAAQS, it is essential that a suitable database for PM_{10-2.5} concentrations and
18 composition be developed over the next several years so that a more satisfactory judgment
19 on the need for composition-specific can be made in the next review cycle.

- 20 b. **The appropriateness of maintaining an indicator that allows lower PM_{10-2.5}**
21 **concentrations in urban areas than non-urban areas?**

22 Because PM_{2.5} concentrations are generally higher in urban areas than rural areas, particles
23 in this size range constitute a greater proportion of PM₁₀ in such areas.. In view of the
24 evidence that there is a greater proportion of road dust, incinerator effluents, and other
25 coarse PM that contain known toxicants in urban areas than in windblown soil dusts in
26 rural areas, it is appropriate to maintain a coarse thoracic PM indicator that allows lower
27 concentrations in urban areas than non-urban areas. In this review cycle, PM₁₀ can serve as
28 a prudent index of coarse thoracic PM. However, as noted (in 10.a. above) chemical
29 speciation of PM_{10-2.5} may provide a more robust basis for future coarse thoracic PM
30 NAAQS.

- 31 c. **The appropriateness of either a PM₁₀ or PM_{10-2.5} indicator for a standard meant to**
32 **protect against exposures to thoracic coarse particles?**

33 While a PM_{10-2.5} indicator for a standard meant to protect against exposures to thoracic
34 coarse particles would be preferable, a PM₁₀ indicator is an acceptable substitute in this
35 round of review.

36
37 **11. Averaging Time (section 3.3.4):**

38 **What are the Panel's views on the preliminary staff conclusions that the currently**
39 **available evidence supports maintaining a 24-hour standard to protect against health**
40 **effects associated with short-term exposures to thoracic coarse particles, and does not**
41 **support consideration of a long-term thoracic coarse particle standard?**

42
43 This conclusion is reasonable.
44

1 **12. Form (section 3.3.6):**

2 **What are the Panel's views on the preliminary staff conclusion that it is appropriate to**
3 **consider a 98th percentile form for a revised 24-hour standard meant to protect against**
4 **short-term exposures to thoracic coarse particles?**

5
6 CASAC finds the 98th percentile approach to be appropriate, but some members questioned
7 the approach used to calculate the 98th percentile, noting that in the absence of additional
8 information, a 98th-percentile calculation from the multi-year distribution of values was more
9 defensible than a year-by-year calculation over three successive years.

10
11 **13. Level (section 3.3.7):**

12 **What are the Panel's views on the appropriateness of considering 98th percentile, 24-hour**
13 **PM₁₀ or PM_{10-2.5} concentrations in epidemiological study locations for identifying a range**
14 **of potential alternative standard levels for consideration, recognizing the more limited air**
15 **quality information available for PM_{10-2.5}?**

16
17 This portion of the PA provided only a promissory note that additional analyses would be done,
18 dependent upon the conclusions as to whether CASAC would recommend staying with PM₁₀
19 or moving to PM_{10-2.5} as the indicator for coarse thoracic particles. The proposal to use PM₁₀
20 for alternative levels parallels what was done with PM_{2.5} and seems appropriate. Because of
21 the potential lack of sufficient spatial data available for PM_{10-2.5}, it is not clear that similar
22 analyses can be accomplished. However, there may be sufficient data coming from locations
23 with co-located PM_{2.5} and PM₁₀ monitors, so that by subtraction an estimate of PM_{10-2.5} could
24 be made. It would be valuable to conduct some additional analyses if there is a smaller subset
25 with sufficient data to carry out such estimates of PM_{10-2.5}. In addition there may be data to
26 make direct comparisons of the estimated levels with directly measured PM_{10-2.5} in selected
27 sites for purposes of testing the sensitivity of the subtraction estimates. This comparison would
28 serve the purpose of demonstrating relative differences (or lack thereof) of the different
29 indicators.
30

31 **Review of the Secondary PM_{2.5} Standards for Visibility-Related Effects (Chapter 4)**

32 **14. Adequacy (section 4.2): What are the Panel's views on the preliminary staff conclusion**
33 **that the currently available information clearly calls into question the adequacy of the**
34 **current suite of PM_{2.5} standards to provide public welfare protection from unacceptable**
35 **levels of visibility impairment, primarily in urban areas, and supports consideration of**
36 **alternative standards to provide appropriate protection?**

37
38 CASAC agrees that the PA clearly describes how the form and level of the current PM
39 standard are inadequate to protect the public from unacceptable levels of visibility impairment.
40 Specifically, the levels of the current PM_{2.5} and PM₁₀ standards are too high, and their
41 averaging times are too long, to guard against levels of visual air quality considered adverse
42 over the short (hour or less) time periods during which changes in visual air quality are
43 perceptible. The current mass-based indicators are also not ideal, and could be made much
44 more directly responsive to visibility effects by using a PM light extinction indicator. Although
45 an alternative PM_{2.5} mass indicator applied over shorter daylight hourly averaging times and at

1 lower levels is not ideal to protect visibility, it would represent a substantial improvement over
2 the current 24-hour and annual means.

3
4 The relationship between the maximum daily 1-hour 90th percentile and the all daylight hours
5 98th percentile is clearly and convincingly presented. The reasoning for excluding hours with
6 relative humidity above 90% is also readily understood. The box-and-whisker plots of PM light
7 extinction clearly show that rolling back the PM_{2.5} concentrations to meet the current standards
8 would not protect visibility in most locations, regardless of which candidate protection level
9 (CPL) or percentile form is considered. It appears from Figure 4-3 that Phoenix (along with
10 Tacoma) would also not exceed the least restrictive CPL more than 2% of the time. If so,
11 Phoenix should also be mentioned on line 17 of page 4-26.

12
13 The summary in section 4.2.2 is very clear in describing why the current PM standards are not
14 protective of visibility. An addition that could strengthen the chapter in future drafts would be
15 to show – with data examples – how high a 1-hour PM_{2.5} mass concentration or a 1-hour PM
16 light extinction level could be on (a) day(s) when the 24-hour PM_{2.5} mass concentration does
17 not exceed the current 35 µg/m³ standard. In addition, some photographic illustrations using
18 actual photos or Winhaze images would be helpful to show what visual air quality looks like at
19 levels of the current standards (and at the higher 1-hour levels that are possible without
20 exceeding the 24-hour average standards).

21
22 **15. Indicator (section 4.3.1): What are the Panel's views on the following:**

- 23 **a. The appropriateness of considering PM light extinction and PM_{2.5} mass as indicators**
24 **for a distinct secondary PM standard for visibility protection, and the relative**
25 **advantages and disadvantages associated with each indicator?**
26 **b. The appropriateness of considering the contribution of coarse particles with respect**
27 **to a potential PM light extinction indicator?**

28
29 The majority of CASAC members agreed that it would be preferable to use PM light
30 extinction as the indicator since it is directly related to visibility and can be directly
31 measured. Light extinction is a fundamental physical property of the ambient aerosol and
32 thus, it represents a very appropriate indicator for a secondary visibility standard. While
33 PM light extinction is much preferred, PM_{2.5} mass (with appropriate averaging time, level
34 and form) could also be an adequate indicator for PM visibility effects, and may be more
35 reflective of other possible welfare outcomes.

36
37 Since a continuous PM_{2.5} mass monitoring network is already in operation and robust
38 methods for widespread PM light extinction measurements will take several years to
39 develop, evaluate and deploy, the Agency might consider a phased approach in which a
40 standard is set based on PM light extinction, with compliance measurements initially made
41 using Federal Equivalent Method PM_{2.5} mass as a surrogate for light extinction, until such
42 time as a more direct PM light extinction network is in place. To facilitate a better
43 agreement between mass and extinction some consideration should be given to adjusting
44 the mass scattering efficiencies that relate mass to extinction in such a way as to reflect
45 spatial and seasonal variability in the relative composition of ambient aerosols and regional
46 differences in relative humidity. Setting a standard to any specific level of PM_{2.5} mass

1 concentration would still allow a wide range of visibility effects at different times and
2 locations and would provide much less efficient protection than could be attained with a
3 light extinction indicator. CASAC still encourages the Agency to develop suitable methods
4 for measuring PM light extinction, and to evaluate these methods in a small pilot field
5 network.
6

7 The bulk of the light extinction at a majority of locations is driven by fine particles (PM_{2.5}).
8 There are significant problems with the measurement of both light scattering and light
9 absorption from larger particle sizes. Consequently, it is appropriate to focus initially on
10 measurement of PM_{2.5} light extinction or its components. Another approach that would
11 improve the quality of measurements of extinction from both fine and coarse particles
12 would be to deploy a system that periodically switches between PM_{2.5} and PM₁₀ inlets for
13 the same measurement device (nephelometer or aethalometer). A third approach would be
14 to limit light extinction measurements to instruments with PM_{2.5} inlets (which would also
15 reduce instrumental maintenance requirements), and estimate coarse particle extinction
16 from continuous PM_{10-2.5} mass measurements, based on the difference method.
17

18 **16. Averaging times (section 4.3.2): What are the Panel's views on the following:**

19 a. **The preliminary staff conclusion that consideration should be given to a 1-hour**
20 **averaging time?**

21 CASAC concurs that a one-hour averaging time is most appropriate for a secondary
22 standard to protect visibility, since PM effects on visibility can vary widely and rapidly
23 over the course of a day, and such changes are almost instantaneously perceptible to human
24 observers. An hourly averaging time is also well within the instrumental response times of
25 the various currently available and developing optical monitoring methods. If a PM_{2.5} mass
26 indicator is used, the Agency may wish to consider somewhat longer averaging times - 2 to
27 4 hours - to assure a more stable instrumental response, although obtaining reliable hourly
28 data from currently available continuous PM_{2.5} monitors should be both feasible and a
29 highly desirable objective for a variety of other applications.

30 b. **The advantages and disadvantages of focusing on a 1-hour daily maximum or each 1-**
31 **hour average concentration during all daylight hours?**

32 As noted in the second draft Urban-Focused Visibility Assessment (UFVA), there is
33 relatively little difference in the levels of visibility protection that would be provided by a
34 PM light extinction standard based on considering the single worst daylight hour in a day
35 combined with a relatively low 90th percentile form and one based on considering all
36 daylight hours combined with a higher 98th percentile form. It is likely that these two
37 approaches may tend to emphasize different kinds of visibility events and source
38 influences, and in its recent review of the UFVA, CASAC requested that the Agency
39 prepare additional analyses to better illustrate and evaluate what these differences may be.
40 We expect that the results of these analyses will be helpful to Staff in recommending the
41 best approach and to CASAC in commenting on it more objectively.

42 While it may be that the single worst daylight hour is judged to be a better approach,
43 CASAC did not think that the stated rationale of protecting the most "sensitive" or
44 "susceptible" individuals who may only have a short period of outdoor time each day to

1 view scenery was an especially strong basis for this selection. We suggest that a different
2 justification needs to be provided if this approach is considered superior to one based on all
3 daylight hours. In addition, CASAC recognizes that there are other complexities associated
4 with evaluating and protecting nighttime visibility – such as the combined influence of PM
5 and light pollution. The PA should make clear that the current focus on daytime visibility
6 is not because nighttime visibility is unimportant, but rather because the scientific
7 understanding of PM visibility effects under daylight conditions is currently much more
8 advanced than for nighttime effects.
9

10 **17. Levels and Forms (section 4.3.3): What are the Panel's views on the following:**

- 11 c. **The preliminary staff conclusions regarding ranges of options with varying levels and**
12 **forms in combination with different indicators (light extinction and PM_{2.5} mass-based**
13 **indicators) and averaging times (1-hour daily maximum or each 1-hour average**
14 **concentration during all daylight hours)?**
15

16 There is general agreement that the standard should be based on 1-hour averaging time.
17 Furthermore, CASAC found that a standard based on extinction is preferable to a mass-
18 based standard. However, because of potential issues in implementing monitoring for light
19 extinction, a mass-based indicator may be acceptable, at least on an interim basis, given the
20 right averaging time and percentile level. However, the consensus of the committee was
21 that not enough information is provided in the first draft PA to clearly evaluate the
22 differences in protection associated with the various combinations of levels, percentiles,
23 and 1 hr worst visibility vs. all daylight hours. The PA more specifically does not address
24 how the protection afforded by these various combinations would be further modified by
25 the choice of an extinction vs. a mass indicator. For the limited comparisons illustrated in
26 the PA, CASAC agreed that 20 to 30 deciviews was an appropriate range of levels for a
27 PM light extinction indicator, but concludes that the upper bound of 40 – 60 $\mu\text{g}/\text{m}^3$ was
28 unreasonably high for a PM_{2.5} mass indicator and that a range more along the lines of 15-35
29 $\mu\text{g}/\text{m}^3$ should be evaluated in future drafts.
30

31 In considering the implications of using a mass vs. an extinction indicator, it is critical to
32 understand what level of average or median mass concentration corresponds to a given
33 level of extinction as a function of atmospheric characteristics in representative eastern and
34 western cities. A given level of visibility protection will correspond to differing mass
35 concentrations around the country, while a given level of PM_{2.5} mass will correspond to
36 differences in associated visibility protection. More detailed comparisons should be
37 included in the PA to better illustrate the differences in visibility protection as the degree of
38 protection varies with mass concentration and species composition. Regional and seasonal
39 variation in protection should also be explored.
40

41 While it has been demonstrated that a 90th percentile form combined with the worst
42 daylight hour each day would generally result in similar average levels of visibility
43 protection as the 98th percentile based on all daylight hours, these two options may tend to
44 focus on different kinds of visibility impairing events, PM species compositions and
45 emissions sources. The PA should provide clearer illustrations of the differences (or

1 similarities) between these approaches, and how they might be further modified if a PM_{2.5}
2 mass indicator is selected rather than the preferred light extinction indicator.

3
4 **d. Additional approaches that could help inform our consideration of alternative levels**
5 **and forms?**

6
7 The 90% RH screen may not be needed if a PM_{2.5} indicator is used. Some consideration
8 should be given to using a nephelometer that cycles between a PM_{2.5} and a PM₁₀ inlet.
9 This approach would allow for the very accurate measurement of PM_{2.5} scattering with a
10 reasonable estimate of coarse particle scattering. The same approach could be used for a
11 continuous mass or light absorption monitoring system.

12
13 As indicated in previous comments on the UFVA, a “progress-based” attainment test rather
14 than the traditional “threshold-based” attainment test would be preferable from a scientific
15 perspective. While the Agency has indicated this is not an option in the standard-setting
16 process, this approach could and should be considered in the implementation phase (where,
17 for example, the Agency could provide guidance on what would be considered reasonable
18 rates of progress). Possibly an example of how this approach might work could be
19 provided in the next draft PA.

20
21 It would be helpful if the next draft of the PA included a section identifying and prioritizing
22 key near-term monitoring and research needs to support refinements and revisions to
23 secondary PM standards in the future. This could include establishing a small pilot urban
24 visibility network to field-test and evaluate alternative PM light extinction measurement
25 methods, additional visibility preference studies to better define levels (and/or frequencies)
26 of visual air quality considered acceptable over a wider range of locations and viewing
27 conditions, and chemically speciated measurements of fine particles to support the linkage
28 between PM mass and visibility impairment.

29 **18. Climate (section 5.2): What are the Panel’s views on the preliminary staff conclusion**
30 **that there is insufficient information to base a standard on climate impacts associated**
31 **with current ambient PM concentrations?**

32
33 CASAC agrees that the preliminary staff conclusions on the climate impact of aerosols are
34 correct – there is insufficient evidence on which to base a national standard. However, the
35 causal relationship is established, and the risk of aerosol impact on climate is high so further
36 research on a regional basis is urgently required. This need should be strongly voiced in the
37 PA, and research should be undertaken sooner rather than later. If possible, research should be
38 designed and begun now to be included in future assessments of the NAAQS.

39
40 While there may be insufficient information to base a secondary standard on potential climate
41 change, CASAC emphasizes that policy makers should be better informed that reducing certain
42 aerosol components could lead to increased radiative forcing and regional climate warming
43 while having a beneficial effect on visibility. There is abundant information demonstrating that
44 aerosols that scatter visible light (e.g., nitrates and sulfates) are cooling, and can lead to
45 increased/longer lived/more reflective cloud formation. The REA (based largely on other
46 assessments) demonstrates that light scattering aerosols lead to a net decrease in radiative

1 forcing, and while the uncertainty is significant, it suggests that the effect may be quite large.
2 Further, there is sufficient evidence that light absorbing aerosols (e.g., black carbon) can lead to
3 warming. To go forward with a secondary standard based on reducing light extinction, the PA
4 needs to more directly weigh the potential that regional warming could accompany improved
5 visibility if light scattering aerosols are preferentially targeted. There also may be significant
6 regional heterogeneity to controls that would address a visibility-based secondary standard
7 which should be addressed. For example, the areas that currently have lower PM
8 concentrations may benefit most from maintaining or improving visibility, but the areas with
9 regionally high sulfate levels (and reduced visibility) would likely benefit most from the
10 reduced radiative forcing. At a minimum, EPA needs to address how a secondary standard
11 might impact regional radiative forcing and climate, assess the uncertainties, and provide a
12 reasoned analysis weighing the two issues. Also, on Page 5-11, lines 10-11 and lines 31-32, it
13 is noted that “aerosols that are warming are co-emitted with aerosols that are cooling.” While
14 this statement is correct in some instances, it does not accurately represent the aerosols with
15 these competing effects. Most of the warming aerosols in the US are emitted by biomass
16 burning and internal engine combustion. Much of the cooling aerosol is formed in the
17 atmosphere by oxidation of SO₂ or VOCs. Thus, a set of controls to control warming PM
18 would not necessarily have that much impact on cooling PM and vice versa. These statements
19 should be modified accordingly.
20

21 Finally putative difficulties in relating PM to climate effects are laid out in sections 5.2.3 and
22 5.2.4 (pages 5-11 to 5-13) and again in section 5.3.4 (page 5-24). However, these apply to all
23 other potential effects of PM, and it is not appropriate to emphasize them here, as if they were
24 uniquely related to climate. For example, other PM-effects relationships would be improved by
25 using chemically-speciated mass measurements; other relationships are expected to vary
26 locally and regionally; others have offsetting positive and negative effects (warming vs.
27 cooling, radiation attenuation vs. radiation scattering); others are confounded by effects at a
28 distance from sources, by the difficulty of distinguishing anthropogenic from natural
29 constituents (PRB issues should be explicitly mentioned here - section 5.2.4); by spatial and
30 temporal heterogeneity; etc. In addition, many of the caveats in section 5.3.4 are equally true of
31 nitrogen oxides, sulfur oxides, and ozone, but have not presented insurmountable obstacles to
32 revising NAAQS for those contaminants.
33

34 **19. Ecological effects (section 5.3): What are the Panel’s views on the preliminary staff**
35 **conclusion that data are insufficient to support establishing a distinct standard for**
36 **ambient PM based on ecosystem effects not addressed in the ongoing NOx/SOx**
37 **secondary NAAQS review?**
38

39 CASAC agrees with the conclusions of the PA that the published literature is insufficient to
40 support a national standard for PM effects on ecosystem services. The best established effects
41 are related to particles containing nitrogen and sulfur, which are no longer considered in this
42 assessment of particulate matter. CASAC considers that some causal relationships are known,
43 but that sensitivities are not well characterized. Further research should be advocated, including
44 progress toward a monitoring network that will yield time resolved information on chemically
45 speciated particulate mass that is likely to be most closely related to ecosystem endpoints.
46

1 The references in the PA to welfare valuation associated with end use, taken from the ozone
2 assessment documents, and to ecosystem services as specific and individual endpoints, taken
3 from the Millennium Ecological Assessment, may prove useful in structuring this research.
4

5 CASAC recommends incorporation of text into Section 5.3 that is similar to that in the current
6 draft of Section 5.4, regarding the importance of maintaining an appropriate degree of control
7 of both fine and coarse particles to address ecosystem effects attributed to them, even in the
8 current absence of sufficient information to develop a standard.
9

10 **20. Material effects (section 5.4): What are the Panel's views on the preliminary staff**
11 **conclusion that no new evidence calls into question the adequacy of the protection**
12 **afforded by the current suite of PM standards, and that there continues to be support**
13 **for retaining an appropriate degree of control for both fine and coarse particles to**
14 **provide protection against materials damage and soiling?**
15

16 CASAC agrees with the conclusions of the PA that the published literature, including literature
17 published since the last review, is insufficient either to call into question the current level of the
18 standard or to support any specific national standard for PM effects on materials. However,
19 causal relationships are well established, particularly with regard to soiling of buildings and
20 monuments. CASAC believes this end point is particularly amenable to demonstration of
21 relationships between PM mass (particularly chemically speciated mass) and levels of soiling,
22 because the non-linear effects that characterize ecosystem endpoints may be less significant.
23 Soiling effects of PM on materials may be linked to atmospheric burdens simply through an
24 appropriate deposition velocity for specific components.
25

26 We believe it is important to retain the text in the current draft of Section 5.4 regarding the
27 importance of maintaining an appropriate degree of control of both fine and coarse particles to
28 address materials damage and soiling attributed to them, even in the absence of sufficient
29 information to develop a new standard.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49

**Compendium of Preliminary Individual Comments
on Particulate Matter Policy Assessment (March 2010)**

Comments from Dr. Lowell Ashbaugh 2
Comments from Mr. Ed Avol 6
Comments from Dr. Joe Brain 12
Comments from Dr. Wayne Cascio..... 14
Comments from Dr. Chris Frey 17
Comments from Dr. David Grantz..... 18
Comments from Dr. Joseph Helble 21
Comments from Dr. Rogene Henderson..... 22
Comments from Dr. Mort Lippmann 23
Comments from Dr. Phil Hopke..... 31
Comments from Dr. Robert Phalen 38
Comments from Mr. Rich Poirot 39
Comments from Dr. Armistead Russell..... 47
Comments from Dr. Frank Speizer..... 50
Comments from Dr. Helen Suh 55
Comments from Dr. Sverre Vedal..... 57

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40

Comments from Dr. Lowell Ashbaugh

Question 2a:

Do the discussions accurately reflect and clearly communicate the currently available health and welfare effects evidence, including important uncertainties, as characterized in the final ISA?

I believe the discussions of the health effects evidence accurately reflect the currently available evidence, but I'll focus more on the welfare effects and leave it to the other reviewers to provide more detail on the health effects evidence.

The discussion of the welfare effects on visibility is quite complete and it accurately reflects the currently available science. The rationale for selecting the 1-hour averaging time is particularly clear and convincing. The summary of the differences between nighttime visibility and daytime visibility, and the reasoning for human impact of short-term visibility vs. all daylight hours is clearly stated.

The term 'deciview' is introduced on page 4-18, but it is not defined. A simple description of its relationship to extinction, along with guidance on how to understand it, would be useful. For example, it would help to explain that a one deciview change is just noticeable, and that higher values correspond to reduced visibility.

The discussion of the CPL values and how they were arrived at is very good. It is particularly useful to point out that the greater uncertainty, represented by the more scattered data points, for the Denver and British Columbia results may arise from the use of actual photos taken under varying conditions, while the better fit of the Phoenix results could be due to the use of WinHaze to alter the same photograph to display different visibility conditions.

The distinction between the Washington, DC results and the results from western cities is accurately and clearly described. The results presented by Smith (2009) on a new study at Washington, DC are not discussed here, though, and probably should receive some attention. Although I believe there are good reasons to discard the results for the PA, they should be mentioned.

Question 2b:

Do the discussions accurately reflect and clearly communicate policy-relevant information from the human health risk and visibility assessments, including important uncertainties, as characterized in the second draft REAs?

The policy-relevant information for the visibility assessment is clearly communicated. I particularly like the discussion of the nighttime visibility effects and the rationale for selecting the 1-hour standard over all daylight hours. The selection of CPLs is described well and the justification for selecting them is consistent with the evidence presented. The only caveat I would make is that the results of the Smith (2009) study presented at the April 2009 CASAC meeting should be discussed. The results of that study provide an opportunity to explain uncertainties in visibility studies and why these results should not be included in the final assessment.

1 **Question 14:**

2 **Adequacy (section 4.2):** What are the Panel's views on the preliminary staff conclusion
3 that the currently available information clearly calls into question the adequacy of the
4 current suite of PM_{2.5} standards to provide public welfare protection from unacceptable
5 levels of visibility impairment, primarily in urban areas, and supports consideration of
6 alternative standards to provide appropriate protection?

7 The PA clearly describes how the form and level of the current PM standard is not adequate to
8 provide public welfare protection from unacceptable levels of visibility impairment. The
9 relationship between the maximum daily 1-hour 90th percentile and the all daylight hours 98th
10 percentile is clear and convincing. The reasoning for excluding hours with relative humidity above
11 90% is also clear. The box-and-whisker plots of PM light extinction are clear evidence that the
12 current levels of PM standards are not protective of visibility, particularly combined with the
13 estimated light extinction if PM levels are rolled back to just meet the current standard. It appears
14 from Figure 4-3 that Phoenix (along with Tacoma) would also not exceed the least restrictive CPL
15 more than 2% of the time. If so, it should be included in line 17 of page 4-26.

16 The summary in section 4.2.2 is very clear in describing why the current PM standards are not
17 protective of visibility.

18 **Question 15:**

19 **Indicator (section 4.3.1):** What are the Panel's views on the following:

- 20 a. The appropriateness of considering PM light extinction and PM_{2.5} mass as
21 indicators for a distinct secondary PM standard for visibility protection, and the
22 relative advantages and disadvantages associated with each indicator?
23 b. The appropriateness of considering the contribution of coarse particles with
24 respect to a potential PM light extinction indicator?

25 The issues associated with selecting PM light extinction as a standard are described well. The
26 limitations of using 24-hour PM_{2.5} mass to predict 1-hour visibility impacts could be better
27 described. In particular, the discussion of visibility impacts clearly points out that short-term
28 visibility is most clearly representative of the welfare effects of visibility. PM mass, though, is not
29 currently measured on a 1-hour time scale, so it is not able to adequately represent visibility
30 impacts. Figure 4.3-1 shows the relationship between 24-hour visibility and 1-hour light extinction.
31 The uncertainty associated with this relationship could be discussed in more detail to illustrate the
32 shortcomings of PM_{2.5} mass as an indicator of short-term visibility.

33 It's appropriate to consider the contribution of coarse particles with respect to a potential light
34 extinction indicator. Although coarse particles are not a significant contributor in some parts of the
35 country, they are significant in other parts – notably the southwestern U.S. It's important that EPA
36 acknowledge these differences by including coarse particles in the indicator.

37 **Question 16:**

38 **Averaging times (section 4.3.2):** What are the Panel's views on the following:

- 39 a. The preliminary staff conclusion that consideration should be given to a 1-hour
40 averaging time?
41 b. The advantages and disadvantages of focusing on a 1-hour daily maximum or each
42 1-hour average concentration during all daylight hours?

1 The discussion of visibility effects on welfare presents clear and convincing evidence that a 1-hour
2 averaging time is appropriate for a visibility indicator. The assessment points out that a significant
3 fraction of the population is exposed to visibility conditions for only brief periods during the day,
4 and their welfare is affected by these brief exposures. The relationship between the 1-hour daily
5 maximum and 1-hour average daylight visibility indicators is clearly explained and the protective
6 benefits of using the 1-hour maximum indicator is justified in the PA.

7 **Question 17:**

8 **Levels and Forms (section 4.3.3):** What are the Panel's views on the following:

- 9 a. The preliminary staff conclusions regarding ranges of options with varying levels
10 and forms in combination with different indicators (light extinction and PM_{2.5}
11 mass-based indicators) and averaging times (1-hour daily maximum or each 1-hour
12 average concentration during all daylight hours)?
13 b. Additional approaches that could help inform our consideration of alternative levels
14 and forms?

15 The staff conclusions regarding the levels and forms of the light extinction indicator are related
16 well to the evidence presented earlier in the PA. The difficulty in relating PM levels to light
17 extinction is also described well, and the selection of alternative PM_{2.5} mass concentration levels is
18 well justified. In the discussion on page 4-34 it is not clear why the 98th percentile form is not
19 considered. A brief comment on why it is not included would be helpful. I infer from the
20 discussion that EPA staff considers it too restrictive, but this could be explained more explicitly.

21 The discussion of the maximum daily 1-hour indicator versus the average daylight 1-hour visibility
22 is well done. I like the characterization of people who have infrequent access to daytime visibility
23 as a susceptible population, and the explanation that the 1-hour daily maximum indicator would be
24 also protective of people who have access to visibility throughout the day is effective.

25 The box-and-whisker plots and the tables showing the effect of "just meeting" the alternative
26 standards are very effective in conveying the anticipated results. The use of color-coding in Figure
27 4.3-2 is very helpful in comparing the alternative standards. The blue shading in the table of
28 Appendix A is too light; it should be darker to more effectively highlight those conditions.

29 **Review of the Secondary Standards for Other Welfare-related Effects (Chapter 5)**

30 **Question 18:**

31 **Climate (section 5.2):** What are the Panel's views on the preliminary staff conclusion that
32 there is insufficient information to base a standard on climate impacts associated with
33 current ambient PM concentrations?

34 The preliminary staff conclusions on the climate impact of aerosols are accurate – there is
35 insufficient evidence on which to base a national standard. The risk of aerosol impact on climate is
36 high, though, so this issue needs further development. It's important to state that research into the
37 effects of aerosols on climate is needed and should be undertaken sooner rather than later. If
38 possible, research should be designed and begun now to be included in future assessments of the
39 NAAQS.

1 **Question 19:**

2 **Ecological effects (section 5.3):** What are the Panel’s views on the preliminary staff
3 conclusion that data are insufficient to support establishing a distinct standard for ambient
4 PM based on ecosystem effects not addressed in the ongoing NOx/SOx secondary NAAQS
5 review?

6 The preliminary staff conclusion is appropriate for ecological effects. While acknowledging that
7 ecological effects occur, it is not possible at this time to establish a PM level that would be
8 protective of ecosystems.

9 **Question 20:**

10 **Material effects (section 5.4):** What are the Panel’s views on the preliminary staff
11 conclusion that no new evidence calls into question the adequacy of the protection afforded
12 by the current suite of PM standards, and that there continues to be support for retaining an
13 appropriate degree of control for both fine and coarse particles to provide protection against
14 materials damage and soiling?

15 This preliminary staff conclusion is also appropriate. The wording of this conclusion could be
16 applied to the climate effects and the ecological effects sections. In particular, a version of the
17 following sentence from the materials effects section could be applied to the other two sections:
18 “However, in the absence of information that provides a basis for establishing a different level of
19 control, observations continue to support retaining an appropriate degree of control on both fine
20 and coarse particles to help address materials damage and soiling associated with PM.”

21

1 **Comments from Mr. Ed Avol**
2

3 General Comments: The objectives of the Policy Assessment (PA) document are laudatory – to
4 provide the Administrator with a review of the policy implications arising from the conclusions
5 drawn from the ISA and RA. The PA has all of the elements to make a persuasive and compelling
6 presentation of the assembled data. However, in my opinion, the current PA is too repetitive, too
7 wordy, and devotes too many pages to re-visiting previous discussions presented in the ISA and
8 RA documents, rather than summarizing the findings and moving on to the policy implications.

9
10 An inordinate amount of space is afforded to the 2004 AQCD, with regular discussion of what was
11 presented and/or concluded in the 2004 review document. The ISA and RA presented the relevant
12 science and evaluated it in the context of risk estimates and levels of uncertainty; what are the
13 policy implications of these findings? The current document should focus on what the cumulative
14 information, through the current review, tells us now about PM exposure, effects, levels, and
15 susceptibility, so that an informed judgment can be made at this point in time. It may be
16 interesting to compare what was known several years ago with what is known now, but that is not
17 the central issue at hand. As a result of this approach, this Policy Assessment document is much
18 too long, making it frustrating to read. This style of presentation results in weakening the impact of
19 the document, and masking its key messages. I personally found it very difficult to wade through,
20 even though I realize it contains important information that will be critical to the Administrator’s
21 determinations. This needs to dramatically improve in the next draft, in order to make this
22 document accessible and worthwhile.

23
24 **Specific Comments:**

25 P2-2, line 19 to P2-9, line 8 (sections 2.1.1 and 2.1.2) – This is historically interesting, helps to lay
26 the groundwork for how EPA got to where it is with the fine particle standard...and is arguably
27 completely irrelevant to the current document and discussion. The issue for the current policy
28 document is interpretation of the *currently* available information for re-examining the *current*
29 standard. Details about *previous* cycles of review and their outcomes could be placed in an
30 appendix, but do not centrally address the focused theme of this document – the basis for review of
31 the current standard.

32
33 P2-9, lines 24 & 25 – “...the annual and 24-hour standards taken together, rather than to consider
34 each standard separately...” But didn’t the RA clearly demonstrate that the annual standard was
35 “controlling” (i.e., set at a given annual level, it effectively achieved a number of 24-hour standards
36 being considered in conjunction with it?

37
38 P2-10 through 2-13 – all this preparatory introduction about what is going to be discussed is
39 unnecessary meandering (in my opinion); the document should be a focused application of the data
40 presented in the ISA and RA, presented clearly and then clearly summarized; these pages could
41 (and should) be distilled down to a paragraph or two. The Policy document should be brief,
42 focused, and clear; this document has the potential to become that, but isn’t there yet.

43
44 P2-10, line 9 – Declaring a focus on US and Canadian studies side-steps the issue that careful and
45 well-performed science (or poorly-performed science, for that matter) can be performed in other
46 countries, just as they can be performed in the US and Canada.

- 1
2 P2-10, lines 26 & 27 – This conclusion line is not needed here; first present the information and
3 then summarize the document’s position in a succinct integrative final chapter or section.
4
- 5 P2-13, lines 30 to 35 – not necessary, can be deleted without impacting presentation.
6
- 7 P2-14, lines 11 to 18 – not necessary, can be deleted without impacting presentation.
8
- 9 P2-17, lines 25 to 34 – The text is slipping into a listing and re-discussion of studies and findings,
10 which was done quite well in the ISA and re-visited in the RA. This document should be a crafted,
11 directed summary, rather than a re-listing of the studies...so I think this section could be edited to a
12 line or two. The policy-relevant comment is in lines 25 through 27 (“...locations with the largest
13 reductions in PM2.5 saw the largest improvements in reduced mortality rates, while those with the
14 smallest decreases in PM2.5 concentrations saw the smallest improvements in reduced mortality
15 rates...”); the rest is repetitive carryover from the ISA. Figure 2.1 (which is on an un-numbered
16 page that might be P2-23) could be referred to and used as the basis for comments about what was
17 reported in the ISA...without going through and talking about several of the studies in the text.
18
- 19 P2-19, lines 9-17 – Here, again, I think the point has been made and re-listing ISA references does
20 not add to the presentation; I think these can be deleted. The current presentation seems to have
21 slipped back into a review and listing of the body of evidence that supports a given conclusion
22 (which was already done in the ISA), rather than presenting the conclusions brought forward from
23 the ISA and RA and presenting a discussion that begins with those ISA and RA conclusions being
24 carried forward.
25
- 26 P2-24, lines 33 to 35 – The notion of a summary is great and much-appreciated, but this is too
27 wordy and meandering. Delete lines 33 to 35 and get to the point!
28
- 29 P2-25, lines 1 and 2 – same as previous comment, delete this and get to the point.
30
- 31 P2-25, line 26 to p2-26, line 2 – this is yet another example of unnecessary meandering and re-
32 opening an issue that does not need to be re-visited in this document. Earlier versions of ISAs, and
33 the PM ISA, discussed and evolved towards a functional and useful definition of susceptibility, and
34 this document should begin from that point, not re-visit what the evolution was.
35
- 36 P2-26, line 29 – change the word “factors” to “observations”.
37
- 38 P2-27, lines 8 to 11 – Is this consistent with the previous comment (P2-10, line 9) that the focus
39 would be on US and Canadian studies (a focus with which I respectfully disagree)?
40
- 41 P2-43, line 4 – replace the phrase “peak shaving” with a more accurate one that describes the
42 approach.
43
- 44 P2-44, lines 3 to 7 – This statement about the importance of annual average PM_{2.5} concentrations
45 on interpreting risk results for both short and long-term exposures is a key observation that should
46 be highlighted, bolded, underlines, or otherwise clearly identified.

- 1
2 P2-45, line 9 and line 21 – The comments about lung cancer here (when the argument was
3 previously made about basing the presentation on “causal” levels of determination) raises the issue
4 of staff confidence and belief in the strength of association between PM_{2.5} long-term exposure and
5 lung cancer. What is the determination on this matter that Staff wants to transmit to the
6 Administrator?
7
- 8 P2-45, line 11 to 14 – Does this comment about 10 of the 15 study areas having “...design values
9 which result in the current 24-hour standard controlling...” contradict the previous one (p2-44,
10 lines 3-7), which asserted that annual averages were controlling for both short and long-term
11 exposures? Together with a later comment (p2-49, lines 27 to 29, “...This pattern is generally
12 characteristic of the larger set of urban areas across the US that do not meet the current suite of
13 standards...”), this leaves the reader somewhat confused –which standard is controlling? What is
14 the policy implication?
15
- 16 P2-51, line 27 on to P2-52, line 33 – This discussion of the representativeness of the study areas
17 seems out of place here, 50+ pages into the discussion...Shouldn’t this be established early in the
18 presentation so that the credibility of all that follows is increased?
19
- 20 P2-52, line 34 to p2-55, line 3 – This seems like an obvious and unnecessary comment – Does
21 Staff really think that someone might conclude that these 15 areas in the presentation are the
22 ONLY 15 areas in the country for which this discussion is relevant?
23
- 24 P2-52, line 4 to p2-55, line10 – This question and response seems unnecessary and out of place
25 here. The purpose of the NAAQS review is to periodically assess the current information relevant
26 to the current standard and make a judgment about the adequacy of the standard to protect the
27 public health. The determination as to whether there are “risks remaining upon simulation of the
28 current suite of standards...” will be addressed when the body of information is presented and the
29 Administrator makes that determination.
30
- 31 P2-54, lines 24 to 28 – This is yet another example of meandering monologue – rephrase this to
32 present the conclusion clearly and succinctly – the data suggest that level of the current PM_{2.5}
33 standard needs to be re-considered.
34
- 35 P2-57, lines 6 & 7 – Change this line to read, “These techniques, while widely used in aerosol
36 research, have not yet been widely used in health effects studies, *or systematically deployed for*
37 *extensive time periods in local or regional air monitoring networks.*”
38
- 39 P2-57, lines 23 to 28 – Unnecessary and can be deleted...
40
- 41 P2-58, lines 25 to 29 – This is certainly true and potentially a self-fulfilling prophecy (in that there
42 will never be national-level ultra-fine data until and unless there is directed interest to support the
43 collection of such data). Could an appendix of “Research Needs To Advance Future Reviews” be
44 added?
45

1 P2-62 – The presentation has slid back to a review of data, which has already been done in the ISA
2 (where it rightfully belongs, not here).

3
4 P2-64, lines 24 to 34 – This is a useful summary comment. Based on the history of PM research
5 (from mass-based assessments to particle size, constituent, and biological toxicity) and the PM
6 NAAQS (gradually moving to smaller size fractions), it seems reasonable to anticipate that a
7 component of PM might be the biological actor of interest. With the STN network and large-scale
8 chemical characterization studies, we are on the cusp of perhaps collecting the information needed
9 to identify the important chemical constituents of biological significance. This could and should
10 be added to the “Research Needs” list.

11
12 (The same generic comments apply for most of the next 50+ pages– too wordy, unnecessary detail,
13 substantial editing needed!)

14
15 P2-107, section 2.4 – This is a well-constructed, focused presentation and should serve as the
16 template for the previous 100 pages. These comments could be supported by references to the ISA
17 or RA, but the specific supporting materials do not need to be here to make a convincing
18 presentation (and to the authors’ credit, the supporting materials do not appear here).

19
20 P2-109, Section 2.5 – Key Uncertainties – This section can and should be a focused, terse, and
21 brief presentation...a few pages at most, possibly only a page or less. It is somewhat surprising
22 that in this first draft, given the excellent discussion in the RA, there is only a title and placeholder
23 here...

24
25 Chapter 3, Thoracic Particles – The presentation scheme is analogous to the previous chapter, and
26 in doing so, suffers from the same generic shortfalls (too much detail, too much repetition, only a
27 placeholder for the uncertainty discussion, etc).

28
29 Chapters 4 and 5 – defer to my visibility colleagues on these sections...

30
31 Specific Charge Question Assignments:

32 ***Question 4: Adequacy of current suite of PM_{2.5} standards (section 2.2):***

33 *What are the Panel’s views on the following:*

34 c. *The appropriateness and characterization of the sets of long- and short-term PM_{2.5}*
35 *exposure studies highlighted? (Section 2.2.1). Too-long-winded a discussion but studies*
36 *are the appropriate ones.*

37 • *Are there specific studies that should be given more or less emphasis? No, and the*
38 *studies’ discussion should be referenced to ISA and RA, not re-visited in the manner*
39 *and extent here.*

40 • *Are there additional studies that should be focused on? No.*

41 • *Does the Panel generally support placing greater weight on multi-city vs. single-city*
42 *short-term exposure studies? Favor multi-city studies to better substantiate findings*
43 *and make findings that much more representative.*

- 1 • *Does the Panel agree with the characterizations of PM_{2.5} air quality at which*
2 *associations have been observed? Yes.*
- 3 d. *The focus on persons with lower socioeconomic status as a susceptible population in*
4 *addition to consideration of newly available evidence for susceptible populations identified*
5 *in previous reviews (e.g., children, older adults, persons with pre-existing cardiac and*
6 *respiratory disease)? (section 2.2.1). This is appropriate and could arguably be included in*
7 *those with compromised health, because lower SES carries with it a host of related*
8 *increased risks (access to health care, poor diet, increased smoking rates, increased*
9 *exposure (roadway proximity of residences and occupational exposures), increased*
10 *violence and stress, etc).*
- 11 e. *The preliminary staff conclusion that the estimated risks remaining upon simulation of just*
12 *meeting the current suite of standards can reasonably be judged to be important from a*
13 *public health perspective? (section 2.2.2). Based on the referenced health risk estimates,*
14 *this is a logical conclusion.*
- 15 f. *The relative roles of the annual and 24-hour standards in providing public health*
16 *protection as informed by the quantitative risk assessment, specifically in focusing on*
17 *simulation of estimated risks remaining upon just meeting the current suite of standards?*
18 *(section 2.2.2). Agreed and acceptable.*
- 19 g. *The integration of evidence-based and risk-based considerations to inform the preliminary*
20 *staff conclusion that the available information clearly calls into question the adequacy of*
21 *the current suite of PM_{2.5} standards and provides strong support for giving consideration*
22 *to revising the current standards to provide increased public health protection? (section*
23 *2.2.3). Agreed and acceptable, but raises a policy issue as to whether PM speciation is*
24 *potentially more informative rather than total mass.*

25
26 **Question 8: Levels (sections 2.3.4, 2.3.5, and 2.3.6):**

27 *What are the Panel's views on the following:*

- 28 h. *The preliminary staff conclusions regarding alternative standard levels that are*
29 *appropriate for consideration, and the rationale upon which those conclusions are based?*
30 The conclusions are fine – appropriate for the foundational arguments made. The
31 presentation, however, is too wordy, too long, too repetitious, and in need of substantial
32 editing.
- 33 i. *The insights that can be gained from the quantitative risk assessment to inform our*
34 *understanding of the roles that the annual and 24-hour standards play in providing public*
35 *health protection, specifically in focusing on simulations of estimated risks remaining upon*
36 *just meeting alternative suites of standards? (sections 2.3.4.2 and 2.3.5.2) Useful and*
37 *warranted. Presentation-wise, the figures and the summaries, with reference to the RA,*
38 *would have been sufficient to make the point.*
- 39 j. *The policy implications of the uncertainties associated with estimating risks, including*
40 *potential underestimation of risk, in reaching conclusions regarding standards that would*
41 *provide public health protection with an adequate margin of safety? My preference would*
42 *have been for a clearer and concise section directly discussing uncertainty here, rather than*
43 *comments about “increased variability” scattered throughout.*

1 k. *A policy approach for identifying a suite of standard levels in which the annual standard*
2 *would be the “generally controlling” standard to provide protection for both long- and*
3 *short-term PM_{2.5} exposures, in conjunction with a 24-hour standard set to provide*
4 *supplemental protection against days with high peak concentrations associated with*
5 *localized “hotspots” and risk arising from seasonal emission that might not be controlled*
6 *by a national annual standard? (section 2.3.6) The question itself is indicative of the*
7 *systematic problem permeating the document – lack of clear, succinct and focused*
8 *presentation.*

9 l. *Additional considerations that could inform our conclusions related to alternative suites of*
10 *fine particle standards? Clarity, focus, and brevity....*

11
12 ***Question 12: Form (section 3.3.6):***

13 *What are the Panel’s views on the preliminary staff conclusion that it is appropriate to*
14 *consider a 98th percentile form for a revised 24-hour standard meant to protect against short-*
15 *term exposures to thoracic coarse particles? The argument for utilizing a concentration-based*
16 *approach rather than an exceedance-based approach is compelling, and the presentation is terse*
17 *but clear.*

18
19 Typos:

20 P2-1, line 16 – missing a period.

21
22 P2-43, line 32 – change “references” to “reference”.

23
24 P2-51, line 23 – insert the word “to” after “...24-hour standard is controlling due...”

1 **Comments from Dr. Joe Brain**

2
3 **Overarching Questions (related to Chapters 2, 3, 4, 5)**

4 1. Organizational Structure

- 5 a. Does the Panel find the introductory and background material, including that
6 pertaining to previous reviews of the PM standards and the current review, to be clearly
7 communicated and appropriately characterized?
8

9 *The panel views the Policy Assessment (PA) document as critically important to the overall*
10 *process of standard setting. It is the culmination of a deliberate process leading from the ISA to*
11 *the REA, and ultimately to an informed decision by the Administrator. In toto, the panel approves*
12 *of the current versions of the ISA and the REA, and feels that key ideas from them now appear in*
13 *the PA. In particular, the panel feels that the discussion of previous reviews of the PM standards*
14 *is adequate, appropriate, and clearly communicated.*

- 15
16 b. To what extent does the Panel find that the questions posed appropriately reflect the
17 important policy-relevant issues for this review? Are there additional policy-relevant
18 questions that should be addressed?
19

20 *The panel feels that the questions posed (questions 2-20) are pertinent to an overall assessment of*
21 *the evidence for the regulation of PM. The questions – and the answers – focus on policy-relevant*
22 *issues. Other than minor aspects addressed by answers to other charge questions, the panel feels*
23 *that there are no major additional questions that should be addressed.*

- 24
25 c. What are the Panel's views regarding the level of detail used to address these policy-
26 relevant questions? Please comment on the extent to which the discussions are
27 appropriately focused in addressing the questions.
28

29 *The panel was divided regarding the level of detail present in the current PA. Some thought the*
30 *scope of the present PA was appropriate. It may be necessary to include the considerable detail*
31 *which characterizes the current document.*
32 *However, a substantial minority felt that an ideal policy assessment should be far shorter and*
33 *more focused. Key staff and the administrator can turn to the REA and the ISA as necessary. The*
34 *Policy Assessment could be one third its current length and be a brief summary of the evidence and*
35 *how that relates to alternative PM levels. Moreover, a concise description of how the form of the*
36 *standard is important would also be useful.*
37

38
39 2. Technical Content

- 40 a. Do the discussions accurately reflect and clearly communicate the currently available
41 health and welfare effects evidence, including important uncertainties, as characterized in
42 the final ISA?
43

44 *The panel welcomes the expansion of material relating to health and welfare effects. The*
45 *range of proven and possible health effects has been expanded since previous PM reviews. We*
46 *welcome a discussion of how PM affects visibility and is involved in climate change. We*

1 *believe these topics are important, and we applaud the authors' attempt to concisely inform the*
2 *Administrator regarding the importance of these relevant outcomes.*

3
4 b. Do the discussions accurately reflect and clearly communicate policy-relevant
5 information from the human health risk and visibility assessments, including important
6 uncertainties, as characterized in the second draft REAs?
7

8 *The panel believes that the current PA discussion does clearly communicate information*
9 *relating to human health risks and visibility. There is a good discussion of uncertainties and*
10 *how these uncertainties impact quantitative risk assessments.*

11 *As noted earlier, some panel members thought that the PA would be more effective if it were*
12 *shorter. More of the evidence contained in it could be summarized and references to the REA*
13 *or ISA – as appropriate – could be included to compensate for some of the missing or*
14 *truncated detail.*

15
16
17

1 **Comments from Dr. Wayne Cascio**

2
3 Charge Questions 4 and 9

4
5 4. Adequacy of current suite of PM_{2.5} standards (section 2.2):

6
7 What are the Panel's views on the following?

8 a. The appropriateness and characterization of the sets of long- and short-term PM_{2.5} exposure
9 studies highlighted? (Section 2.2.1). Are there specific studies that should be given more or
10 less emphasis? Are there additional studies that should be focused on? Does the Panel
11 generally support placing greater weight on multi-city vs. single-city short-term exposure
12 studies? Does the Panel agree with the characterizations of PM_{2.5} air quality at which
13 associations have been observed?

14
15 Comment: EPA staff in authoring the Policy Assessment has achieved an appropriate and balanced
16 emphasis between the strengths and weaknesses of the studies, and weighing their relative contribution
17 to the assessment. There are no additional studies that need to be introduced from the ISA in support of
18 the Policy Assessment. Multi-city studies do merit greater emphasis (or weight) for the purpose of
19 establishing the association between PM_{2.5} exposure and health effects. Table 2-1 provides an
20 informative overview summary of the causality determinations for PM_{2.5}. While the present ISA does
21 not specifically address long-term neurocognitive effects of PM_{2.5}, it is likely to be a factor to be
22 evaluated in the next ISA. As such it might be worthwhile placing such an outcome in the Table. One
23 could use "Central Nervous System Effects" as is already present in the Short-term category and
24 indicating that the causal determination is "inadequate". Figure 2-1 provides an informative summary
25 of the effect estimates and air quality distributions for long-term exposure studies. An added
26 designation that would be useful would be to identify each study as single- or multi-city study and note
27 the number of cities included in the multi-city studies. The value of multi-city studies is emphasized in
28 the ISA, RA and PA therefore it would be useful to see the specific number. Have the region of the
29 country present in the table as has already been done is useful.

30
31 b. The focus on persons with lower socioeconomic status as a susceptible population in addition to
32 consideration of newly available evidence for susceptible populations identified in previous reviews
33 (e.g., children, older adults, persons with pre-existing cardiac and respiratory disease)? (Section 2.2.1)

34
35 Comment: The identification of individuals having a lower socioeconomic status as a susceptible
36 population is appropriate. Two noticeable omissions are the absence of a description of the association
37 with certain gene polymorphisms associated with enzymes modulating oxidant stress, and diabetes.
38 While more data needs to be obtained to better establish the magnitude of these risks and define the
39 mechanism accounting for the increased risks, there appears to sufficient evidence (Chapters 4, 6 and 8)
40 in the ISA to comment in the PA.

41
42 c. The preliminary staff conclusion that the estimated risks remaining upon simulation of just
43 meeting the current suite of standards can reasonably be judged to be important from a public health
44 perspective? (Section 2.2.2)

45
46 Comment: The conclusion that simulations of just meeting the current suite of standards demonstrates
47 persist risk to the health of the public is justified and important. Yet, it must be noted that these
48 estimates of excess risk are extrapolated to PM_{2.5} levels for which there are only limited real world data

1 and higher degrees of uncertainly. Consequently, the rationale for further adjusting the PM standard
2 rests with assuring a margin of safety.

3
4 d. The relative roles of the annual and 24-hour standards in providing public health protection as
5 informed by the quantitative risk assessment, specifically in focusing on simulation of estimated risks
6 remaining upon just meeting the current suite of standards? (Section 2.2.2)

7
8 Comment: Comparisons of short-term and long-term cardiovascular risk based are challenging based
9 on Tables 2-2 and 2-3 that describe different health effects end-points, incidence of ischemic heart
10 disease mortality in Table 2-2 and total cardiovascular mortality in Table 2-3. Providing total
11 cardiovascular mortality in both tables or in the text would allow a more direct comparison of the
12 relative roles of the annual and 24-hour standard.

13
14 e. Does the current suite of PM_{2.5} standards provide adequate protection of public health? (Section
15 2.2.3) EPA staff in the PA has provided a logical approach and justification of the conclusion that the
16 current PM_{2.5} standard is insufficient to protect health and should be revised.

17
18 Comment: Taken in total the data presented in the ISA and summarized in the PA provide strong
19 justification for reconsidering the current PM_{2.5} standard. Convincing evidence continues to be present
20 indicating that serious cardiovascular and respiratory health effects and adverse health outcomes occur
21 at the level of the current standard, and that a lower standard will result in greater protection of health.

22
23 9. Adequacy of the current 24-hour PM standard (section 3.2):
24 What are the Panel's views on the following?

25 a. The preliminary staff conclusion that the available scientific evidence supports maintaining a standard
26 that provides protection against health effects associated with exposure to thoracic coarse particles?

27
28 Comment: While data from epidemiological studies are suggestive of short-term cardiovascular, respiratory
29 and mortality effects, at the present time significant uncertainties exist with respect to the health impact of
30 coarse PM (PM_{10-2.5}). Limitations exist with respect to exposure assessment, and non-human studies
31 addressing biological plausibility. Since the last review new information has generally supported an
32 association but an important multi-city Canadian study did not find association between PM_{10-2.5} statistically
33 significant, thus emphasizing the persistent uncertainty of the impact of this PM fraction. On page 3-12 (L.
34 26-28) it is stated that "Considered as a whole, the ISA notes that epidemiologic studies that have evaluated
35 thoracic coarse particles have reported consistent, positive associations between PM_{10-2.5} and mortality (US
36 EPA, 2009a, section 6.5.2.3)". It should further be stated, "... , yet, in many cases the associations did not
37 achieve statistical significance."

38
39 b. The various approaches described for translating the evidence and related uncertainties into the basis
40 for conclusions on the adequacy of the current PM₁₀ standard?

41
42 Comment: Evidence appearing since the last review shows that mortality is increased even in some cities
43 where the current PM₁₀ standard is met. This suggests that the PM₁₀ standard should be reconsidered. Issues
44 related to the uncertainty of air quality estimates in the epidemiological studies reporting the health effects
45 of PM_{10-2.5} remain, as does the limitation of few studies addressing confounding by co-pollutants. For these
46 reasons in contrast to PM_{2.5} significant uncertainties persist regarding association between PM_{10-2.5} and
47 overall mortality as well as cause specific mortality.

48
49 c. The adequacy of the public health protection afforded by the current PM10 standard against
50 exposures to thoracic coarse particles?

1
2 Comment: Since the last review additional epidemiological studies support the association between PM_{10-2.5}
3 and cardiovascular and respiratory morbidity and mortality. While the precision of the associations between
4 health effects for the association with PM_{10-2.5} exposure does not match that for PM_{2.5} there is sufficient
5 evidence to consider an adjustment of the PM₁₀ standard. Because evidence is presented in the ISA that
6 shows that health effects have been observed in areas that meet current standards there is reason to expect
7 that a downward adjustment of the standard will benefit the health of the public. Importantly, these
8 associations at lower than the current standard levels are preserved even in two-pollutant models. And there
9 is limited but supportive evidence from human exposure studies and non-human toxicological studies.
10 While the available evidence continues to be less robust than the PM_{2.5} by the limitations noted, one can
11 argue that the standard should be lowered to provide a greater margin of protection.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37

Comments from Dr. Chris Frey

Initial comments on the draft PA – Frey, 3/26/11

- It is unusual that C-R estimates based on the low end of a plausible range of values would be used. In public health applications, it is more typical to use upper bound estimates of dose-response relationships in order to be protective of public health. Thus, one could argue that EPA has biased the risk characterization to be very low and, therefore, is on a path that will not be adequately protective of public health.
- P 2-73: The draft PA seems to say that the form of the standard will not be assessed until the 2nd draft of the PA. This would seem to effectively disengage CASAC from being able to comment on a fully specified alternative standard that takes into account indicator, level, averaging time, and form. All of these must be considered jointly in order to assess a regulatory alternative.
- The PA is very very long. While it may be useful to provide background for people who have not read the ISA or the REA, the text is simply too verbose. Avoid being so tentative with statements. Avoid passive phrases such as “we note that...”. The text will have more impact over all if things are said just once and not repeated. While it is useful to summarize material from the ISA and REA, there does not need to be an extensive verbose discussion of these. The interested reader can access these documents for more detail.
- the summary paragraphs at the end of each major section are very useful. These summary paragraphs should be the basis of creating an executive summary or synthesis chapter, that would enable a reader to get the main points without having to labor through hundreds of pages of material.
- The objective in evaluating alternative standards should not be risk reduction but rather seeking a standard that is protective of public health with an adequate margin of safety. (e.g., page 2-87)
- P 2-97 – should also take into account that sensitivity analysis of the C-R functions generally lead to higher effects estimates than the core estimates. Furthermore, the assessment does not adequately take into account that the C-R functions are likely to be underestimated for reasons not quantified, such as exposure error.
- Section 2 does not seem to deal with the number of adverse effects cases associated with each alternative standard. This is necessary to consider in order to satisfy the legal objective/statutory mandate for the NAAQS.

1 **Comments from Dr. David Grantz**
2
3

4 Overall, this Policy Assessment is well laid out and presented. It moves smoothly and clearly
5 through the relevant issues and provides abundant information on each. There is some repetitive
6 introductory text which might be condensed. The amount of information presented is large, and
7 may be excessive since it has been already carried through the ISA and one or both of the Risk
8 Assessments. What needs to be highlighted in the Policy Assessment are staff conclusions, their
9 implications, and the type of information on which they are based.

10
11 **Question 14. Adequacy.** The PA does a nice job of demonstrating that, for a visibility endpoint,
12 the current standard is not protective of public welfare. In the text describing Fig. 4-3 it should be
13 noted that Pheonix as well as Tacoma would meet the candidate level 98% of the time.
14

15 **Question 15. Indicator.** The PA adequately presents the advantages of a visibility-based
16 indicator. It also, however, demonstrates that a mass-based PM 2.5 indicator would work almost as
17 well (subject to modest additional spatial variability in achieved visibility).
18

19 There are advantages to retaining a mass-based indicator for the Secondary Standard:
20

- 21 1. Choosing a visibility-based indicator would be analogous to choosing one of the several
22 health endpoints as the indicator for the Primary Standard. In either case, this
23 inappropriately diminishes the importance of other endpoints, whether or not there is
24 sufficient evidence to use them in the current review cycle.
- 25 2. Mass is more conducive to future development of concentration-effects relationships for
26 other endpoints. Research should be advocated in the PA to develop appropriate
27 deposition velocities for PM to link atmospheric concentrations to loads on ecosystems
28 and materials, and to develop relationships between loading and diverse effects. A similar
29 advantage of the mass approach holds for effects on cloud nucleation (climate) and
30 radiation scattering (penetration into plant canopies).
- 31 3. Nothing is sacrificed with respect to visibility protection if the level of the mass-based
32 standard is derived from known physical relationships between visibility and PM2.5 mass
33 (accepting some variability) and the human preference data (also with considerable
34 regional variability).
35

36 A goal to be advocated in the PA is movement towards a chemically speciated, mass-based
37 standard. This appears to be equally true for the Primary and Secondary standards. The PA should
38 endorse further research on relationships between chemically speciated mass and various
39 endpoints, and further proliferation of monitoring networks to support such a standard in the future.
40 There is insufficient information to consider such an indicator during this review cycle.
41

42 Because the coarse PM fraction contributes significantly to visibility impairment in some locations,
43 it is appropriate to consider a visibility-based standard for coarse PM mass.
44

1 **Question 16. Averaging time.** A visibility-based criterion is reasonably based on a worst one
2 hour averaging time, since the PA demonstrates that visibility is essentially instantaneously
3 perceived.
4

5 It is not appropriate to apply the concept of a “sensitive sub-population” to individuals who only go
6 outside occasionally (page 4-15; line 22). It is equally reasonable to postulate that people who
7 spend their whole day outside are exposed to repeated instantaneous updates regarding poor
8 visibility, and that they are the true “sensitive sub-population”.
9

10 Any standard based on a one hour averaging time will require a new monitoring protocol. This
11 could be for visibility, or it could be used to push towards a real-time (continuous) mass
12 measurement network. The latter would be useful for more purposes, has been advocated
13 previously by CASAC, and therefore should be given serious consideration at this time.
14

15 While visibility and corresponding mass levels could be assessed during daylight hours, the
16 standard could apply at all hours if a mass indicator were selected. This could have potential
17 benefits, for example in control of “dumping” of PM emissions at night when visibility is not
18 monitored.
19

20 **Question 17. Levels and Forms.** The options are well laid out, in the PA and Appendix A. These
21 are presented relative to the Candidate Protection Levels, based on the visibility preference studies.
22 The underlying data regarding visibility preferences are somewhat weak, as appropriately noted in
23 the PA, and further research will be required to determine whether there is real regional variability
24 or these relationships can be collapsed into a population mean.
25

26 It is appropriate to consider a <100% form, allowing some hours of exceedance. This is more to
27 stabilize the statistic than, as stated in the current draft PA, because this is appropriate for an
28 aesthetic standard. A relatively high percentile form, with a correspondingly lower level, would
29 support the significance of the chosen level by seeking to minimize its exceedance.
30

31 It is appropriate to consider a screen at 90% RH, to remove non-PM associated visibility
32 impairments.
33

34 **Question 18. Climate.** The PA appropriately concludes that there is insufficient information to
35 proceed toward a national standard for PM effects on climate. However, the causal relationship is
36 established, and further research on a regional basis is urgently required. This should be advocated
37 in the PA.
38

39 A number of putative difficulties in relating PM to climate effects are laid out in sections 5.2.3 and
40 5.2.4 (pages 5-11 to 5-13) and again in section 5.3.4 (page 5-24). However, these apply to all other
41 potential effects of PM, and it is not appropriate to emphasize them here as if they were uniquely
42 related to climate. For example, other PM-effects relationships would be improved by using
43 chemically-specified mass measurements; other relationships are expected to vary locally and
44 regionally; others have offsetting positive and negative effects (warming vs. cooling, radiation
45 attenuation vs. radiation scattering); others are confounded by effects at a distance from sources, by
46 the difficulty of distinguishing anthropogenic from natural constituents (PRB issues should be

1 explicitly mentioned here (section 5.2.4); by spatial and temporal heterogeneity; etc. In addition,
2 many of the caveats in section 5.3.4 are equally true of N, S and ozone, but have not prevented
3 those effects from being used in evaluation of the NAAQS for those contaminants.
4

5 **Question 19. Ecological Effects.** The PA appropriately concludes that there is insufficient
6 information to proceed toward a national standard for PM effects on ecosystem services. However,
7 causal relationships are known, and further research should be an Agency priority. This should be
8 advocated in the PA, incorporating the desirability of chemically speciated mass determinations.
9

10 The framing of the discussion (section 5.3.1) in terms of the end use of the product, taken from the
11 ozone documents, and in terms of ecosystem services, following the Millennium Assessment, is
12 very good. Structuring future research in terms of effects on individual ecosystem services may
13 lead to these effects becoming useful in development of a NAAQS for PM.
14

15 **Question 20. Materials.** The PA appropriately concludes that there is insufficient information to
16 proceed toward a national standard for PM effects on materials. However, causal relationships are
17 well established. Further research should be advocated in the PA, though other potential welfare
18 effects may be more significant. Soiling effects on materials may, however, be the most
19 straightforward to relate to atmospheric PM, since the linkage is only through deposition velocity
20 for specific components.
21

22 Two editorial comments

- 23 1. On page 5-16, line 36, it should be added that plant genotype also determines uptake of
24 metals and organics.
- 25 2. On page 5-19, line 32, I assume this is “peroxisomal” rather than “peroxidomal”.?
26
27
28

1 **Comments from Dr. Joseph Helble**

2
3 **Charge Question 3: Approach (section 2.1.3)**

4
5 The discussion in section 2.1.3 is very general, and not particularly well-addressed by charge
6 question 3. The text in this section, while clearly written, is longer than necessary for making the
7 general points that 24 hour and annual standards should be considered together, since controls
8 directed towards one will affect the other, but that the Agency feels that “more consistent risk
9 reductions are likely to be accomplished through strategies aimed at meeting an annual standard”
10 (p 2-11). This is clear. The balance of the section (p. 2-12 and 2-13) is an overview of the
11 approach taken in the rest of the document to developing potential standards. My recollection is
12 that this was addressed adequately in the RA; a one paragraph summary with a reference back to
13 the RA would be better here.

14
15 Small point, but one that arose earlier and persists: the scientific rationale for focusing on studies
16 conducted primarily in the U.S. and Canada (p 2-10, line 9) is not clear, and not addressed in the
17 PA.

18
19 **Charge Question 7: Forms (section 2.3.3)**

20
21 The question addresses the appropriateness of allowing spatial averaging in determining
22 compliance with the annual standard. The discussion both in this section and elsewhere in the PA
23 indicates that EPA is moving away from the use of spatial averaging in this context.

24
25 The utility of spatial averaging depends upon the heterogeneity or “spikiness” of the PM
26 concentration distribution relative to the local population distribution. It will therefore strongly
27 depend upon monitor placement, with respect to population density, source location, and local
28 airflow patterns. EPA notes in the PA that it will address these questions through “additional
29 analysis” (section 2.3.4.1) that will be addressed in the 2nd draft PA. Some description and
30 discussion of the planned “additional analysis” would be helpful, as it was not addressed here, nor
31 in the RA.

32
33 Further, this is one area where detailed modeling of PM concentration distributions could be
34 helpful in assessing local heterogeneity of PM concentrations, both in terms of assessing
35 population exposure and as a guide in future monitor siting decisions.

36
37 **Additional Comment**

38
39 In the footnote on p 1-5, is this backwards? The wording is not clear, but particles with $dp > d_{50}$
40 are those captured with *higher* efficiency than those at d_{50} . *Smaller* particles (particles with $dp <$
41 d_{50}) are collected with *lower* efficiency.

1 **Comments from Dr. Rogene Henderson**
2

3 Charge Questions 1 and 2, Organizational structure and technical content: I found the
4 organizational structure to be helpful in following the logic of the conclusions of the staff. The
5 technical content was excellent. I especially liked the summary paragraphs. It would be helpful to
6 reduce the amount of verbiage by referring back to the ISA or the RA more often, rather than
7 repeating the content of those documents.
8

9 Charge Question 8. Levels: Based on the lack of ability to detect a threshold level for adverse
10 health effects in epidemiology studies, and the need to protect sensitive sub populations with a
11 margin of safety, we are beginning to arrive at risk estimates that drive our estimates of health-
12 protective levels down almost to background levels. I think this must be discussed in the PA
13 document. As a science advisory body, it is not our place to make policy recommendations as to
14 where to draw the line. However, the Agency should discuss the criteria they will use to determine
15 where to draw the line. This is their policy choice, but it would be wise to have their choice
16 informed by discussions from CASAC..
17

18 Charge Question 9. Coarse Particles

19 a. I agree with the staff conclusion that the available scientific evidence supports maintaining
20 standard for coarse particles.

21 b. I agree with the staff approaches to considering the adequacy of the current PM 10 standard.
22

23 Charge Question 8: Levels for Coarse Particle Standards

24 I agree with the described approach.
25

1 **Comments from Dr. Mort Lippmann**

2
3 Review of March 2010 Draft of the Policy Assessment for the Primary PM NAAQS
4 M. Lippmann

5
6 **Major Comment and Concern:**

7 On the basis of the scientific evidence and risk assessment, the OAQPS Staff has recommended
8 that a revised PM_{2.5} annual NAAQS in the range of 13 – 12 $\mu\text{g}/\text{m}^3$ is needed to provide better
9 public health protection, and furthermore that consideration should also be given to a PM_{2.5} annual
10 NAAQS in the range of 11 – 10 $\mu\text{g}/\text{m}^3$. I find that these options were well considered, and
11 scientifically justifiable on the basis of the analyses cited in the PM PA draft. Their implementation
12 would be consistent with the Administrator's obligations under the Clean Air Act with respect to
13 setting NAAQS that would protect the public health.

14 However, I also believe that 2nd draft of the PM PA needs to more explicitly address the policy
15 implications of the selection of a concentration limit that, even at 13 $\mu\text{g}/\text{m}^3$ is considerably more
16 stringent than the current limit of 15 $\mu\text{g}/\text{m}^3$. Promulgation of this concentration limit would require:
17 a broad array of new controls on emissions of PM_{2.5} and its precursors; would result in much more
18 non-attainment over long periods of time; and would only be achievable in a time frame measured
19 in years in most urban areas in the eastern and Midwestern States and California. For the even
20 lower alternate concentration limits (12 -10 $\mu\text{g}/\text{m}^3$), the requisite controls on emissions of fossil
21 fuel combustion effluents would require huge capital investments in new power plants and/or in
22 alternate energy sources. These considerations lead me to conclude it is now time to begin the
23 transition to alternate indicators that better target the health-risks that have been associated with
24 PM_{2.5} mass concentration. I come to this conclusion on the basis that:

- 25 1. There is a rapidly growing body of scientific evidence, much of it cited in the PM ISA, that
26 indicates that PM_{2.5}-associated cardiovascular mortality and morbidity risk coefficients
27 vary widely across the US, as does the PM_{2.5} chemical composition.
- 28 2. The establishment and maintenance of a chemical speciation network (CSN) over the past
29 decade has made it possible for well-targeted epidemiological studies to demonstrate that
30 the urban areas with the highest health-based risks are those most heavily exposed to PM_{2.5}
31 components originating from the combustion of coal and residual oil, as well as the
32 pollutants associated with motor vehicle traffic. Thus, emission controls focused on
33 reductions of effluents from these source categories are highly likely to reduce PM_{2.5}-
34 associated health risks more than emission reductions from other source categories or for
35 PM_{2.5} as a whole.
- 36 3. Unfortunately, the current limitations of the CSN, in terms of temporal and spatial
37 coverage, have greatly limited the opportunities for epidemiologists to establish
38 associations between PM_{2.5}-components and source categories and health effects. Having
39 data for only every third or sixth day severely limits the ability to study acute responses and
40 their lag structure, while having only one or a few sampling sites in an urban area severely
41 limits studies of both the acute and chronic effects of components and source-related
42 mixtures that are not uniformly distributed an urban area.
- 43 4. Moving toward the designation of better-targeted indicators for primary PM NAAQS is not
44 a new strategy. In 1987, PM penetrating into the thorax (PM10) replaced total suspended
45 particulate matter (TSP), and in 1997, fine PM (PM_{2.5}), which differs substantially from the

1 coarse particle fraction within PM₁₀, and which penetrates in the gas exchange region of the
2 lung, was adopted to supplement the protection provided by PM₁₀.

- 3 5. While the scientific evidence to support a designation of one or more new indicators of
4 PM_{2.5}-related health risks is inadequate for this PM NAAQS review round, EPA needs to
5 initiate actions to ensure that an adequate scientific basis will exist within the next 4 to 5
6 years for the designation of better and more efficient indices of PM_{2.5}-related health risks
7 for the next round of PM NAAQS review.
- 8 6. The most urgent need for data to support new indicators of health risks is to enhance the
9 temporal and spatial coverage of the CSN network for PM_{2.5}, and if possible, for PM₁₀ or
10 PM_{10-2.5}, and ultrafine PM as well. An expanded CSN network can be supplemented by
11 arranging for the creation and maintenance of an archive for daily FRN Teflon filters that
12 can be made available for epidemiological studies focused on the health effects of inhaled
13 trace metals and black carbon. The archived filters could support retrospective as well as
14 prospective studies.

15
16 **General Comments:**

- 17 1. The OAQPS Staff have done an excellent job in summarizing the most relevant findings
18 reported in the PM ISA and REA, and translating them into a suitable policy framework to
19 facilitate and enable rational and defensible decisions by the Administrator on the
20 promulgation of the next suite of primary PM NAAQS.
- 21 2. The OAQPS Staff warrants commendation for its straightforward and well-reasoned
22 interpretations of the health effects evidence and risk estimates for PM_{2.5}, and their
23 implications to the choice of the most suitable indicators, forms, levels for further
24 consideration, and monitoring site data, as well as the optimal combinations of 24h and
25 annual limits for public health protection. They point to the need for selection of a much
26 more stringent annual limit, which will result in exceedances in most US urban areas.
- 27 3. Chapter 2 of the PA document, while comprehensive in terms of the issues that needed to
28 be addressed, has not yet been sufficiently edited to remove the redundancies. In too many
29 places, there are repetitions of the same words, phrases, and whole sentences (e.g., in the
30 introductory paragraphs, discussion of the long-term exposure-related evidence and risk
31 estimates, the discussion of the short-term exposure-related evidence and risk estimates,
32 and the options for suites of long- and short-term exposure limits). These common issues
33 and themes should be presented only once in full, and cited or summarized briefly, where
34 they apply, in the later sections.
- 35 4. The content of this first draft of Chapter 3 on a NAAQS for PM₁₀ or PM_{10-2.5}, represents a
36 place holder, and contains only boiler-plate wording adapted from the more complete
37 Chapter 2 that deals with PM_{2.5} NAAQS. Critical comments on Chapter 3 will have to wait
38 until we have a chance to see the second draft.

39
40 **Specific Comments:**

41 Page Line Comment

42 2-33 Fig. 2-1 Separate listings of mortality effects from those of other effects

43 2-25 17 change "fine particles at least as" to "PM_{2.5} NAAQS as, or more"

44 2-25 23 insert "the extensive" before "interindividual"

45 2-25 24 insert "likely to be" before "at"

46 2-26 25 change "to" to "for"

- 1 2-26 29 insert “of outdoor origin” after “PM”
2 2-27 18 change “which” to “that”
3 2-31 14 insert “chemical composition, which varies” after “along”
4 2-36 17 change “This reduction was” to “Reductions were”
5 2-37 19 The ACS and 6-cities based risk estimates were not similar to and 6-cities or those of the
6 other cited studies
7 2-41 16 The entry for the brackets is missing
8 2-43 32 change “references” to “reference”
9 2-48 23 change “effected” to “affected”
10 2-59 7 change “larger particle sizes” to “PM_{2.5} particle mass”
11 2-60 33 insert “metals,” before “sulfate” for consistency with other text entries
12 2-74 32 “MCAPS” has not been defined in the text
13 2-76 30 change “which” to “that”
14 2-85 35 What city, other than New York, should be cited within the bracket?
15 2-86 3 correct the 3.2% entry
16

17 **Overarching Questions (related to Chapters 2, 3, 4, 5)**

18 Question 1: Organizational Structure

- 19 a. Does the Panel find the introductory and background material, including that pertaining to
20 previous reviews of the PM standards and the current review, to be clearly communicated
21 and appropriately characterized?

22 **Yes**

- 23 b. To what extent does the Panel find that the questions posed appropriately reflect the
24 important policy-relevant issues for this review?

25 **Yes, but not all of the policy-relevant issues.**

26 Are there additional policy-relevant questions that should be addressed?

27 **Yes. Specifically, the mismatch between associations between PM_{2.5} mass**
28 **concentrations and adverse health effects, and the public health need to control**
29 **exposures to PM_{2.5} components that account for the effects. As the PM_{2.5} level**
30 **approaches background concentrations, the PM_{2.5} indicator becomes much less**
31 **defensible.**

- 32 c. What are the Panel’s views regarding the level of detail used to address these policy-
33 relevant questions? Please comment on the extent to which the discussions are
34 appropriately focused in addressing the questions.

35 **The level of detail is excessive. It should be cut back to provide succinct**
36 **summaries of the information extracted from the ISA and REA documents.**

37
38 Question 2: Technical Content

- 39 a. Do the discussions accurately reflect and clearly communicate the currently
40 available health and welfare effects evidence, including important uncertainties, as
41 characterized in the final ISA?

1 **Yes.**

2 b. Do the discussions accurately reflect and clearly communicate policy-relevant
3 information from the human health risk and visibility assessments, including
4 important uncertainties, as characterized in the second draft REAs?

5 **Yes.**

6

7 **Review of the Primary Standards for Fine Particles (Chapter 2)**

8 **Question 3: Approach (section 2.1.3):** Various approaches are described for translating different
9 air quality metrics from epidemiological studies into the basis for reaching preliminary staff
10 conclusions on the adequacy of the current PM_{2.5} standards and on alternative standards for
11 consideration.

12 What are the Panel's views regarding the appropriate weight to place on these various
13 approaches; should specific approaches be afforded more or less weight? Are there additional
14 approaches that should be considered?

15

16 **The selection of both evidence- and risk-based approaches is sound, as is the**
17 **consideration of the utility of both annual and 24 hour concentration limits, and of their**
18 **combinations in providing public health protection.**

19

20 **Question 4: Adequacy of current suite of PM_{2.5} standards (section 2.2):**

21 What are the Panel's views on the following:

22 a. The appropriateness and characterization of the sets of long- and short-term PM_{2.5}
23 exposure studies highlighted? (section 2.2.1)

24 **The highlighted data sets are appropriate selections.**

25 • Are there specific studies that should be given more or less emphasis?

26 **The Krewski et al. (2009) study is overemphasized in relation to the other**
27 **highlighted studies of annual mortality in that it relies on a higher SES population**
28 **than the others and thereby underestimates responses for the US population as a**
29 **whole.**

30 • Are there additional studies that should be focused on?

31 **The 6-cities study, having a more representative population, should be given**
32 **greater emphasis, at least for Eastern and Midwestern populations, where the**
33 **coefficients of response are greater than for Western populations. If the question**
34 **refers to additional studies to be highlighted, the answer is no.**

35 • Does the Panel generally support placing greater weight on multi-city vs. single-city
36 short-term exposure studies?

37 **Yes.**

38 • Does the Panel agree with the characterizations of PM_{2.5} air quality at which
39 associations have been observed?

1 **Yes, but the selection of the lower bound of the inter-quartile range may not be**
2 **sufficiently health protective. Further consideration should be given to using the**
3 **10th percentile as a level at which associations have been observed.**

- 4 b. The focus on persons with lower socioeconomic status as a susceptible
5 population in addition to consideration of newly available evidence for
6 susceptible populations identified in previous reviews (e.g., children, older
7 adults, persons with pre-existing cardiac and respiratory disease)? (section
8 2.2.1)

9 **This was appropriate.**

- 10 c. The preliminary staff conclusion that the estimated risks remaining upon
11 simulation of just meeting the current suite of standards can reasonably be
12 judged to be important from a public health perspective? (section 2.2.2)

13 **This was appropriate.**

- 14 d. The relative roles of the annual and 24-hour standards in providing public
15 health protection as informed by the quantitative risk assessment,
16 specifically in focusing on simulation of estimated risks remaining upon just
17 meeting the current suite of standards? (section 2.2.2)

18 **This was appropriate.**

- 19 e. The integration of evidence-based and risk-based considerations to inform
20 the preliminary staff conclusion that the available information clearly calls
21 into question the adequacy of the current suite of PM_{2.5} standards and
22 provides strong support for giving consideration to revising the current
23 standards to provide increased public health protection? (section 2.2.3)

24 **This was appropriate.**

25
26 **Question 5: Indicator (section 2.3.1):**

27 What are the Panel's views on the following:

- 28 a. The preliminary staff conclusion that it is reasonable to retain PM_{2.5} as an indicator
29 for fine particles?

30 **It was reasonable only because there was insufficient peer-reviewed literature**
31 **to support any other indicator at this time. However, it is essential that EPA develop**
32 **the database, over the next four years, to support the identification of one or more**
33 **indicators that are better suited to represent the risks of exposure to PM_{2.5}, especially**
34 **of its components that, based on emerging evidence, represent the greatest risks to**
35 **public health.**

- 36 b. The preliminary staff conclusion that the currently available information is too limited
37 to support a distinct PM standard for ultrafine particles?

38 **This conclusion was unavoidable in that there was insufficient peer-reviewed**
39 **literature to support a UFP indicator at this time.**

- 40 c. The preliminary staff conclusion that the currently available information is not
41 sufficient to support consideration of a separate indicator for a specific PM_{2.5}

1 component or for the mix of fine particles from any specific source category, and that
2 data are too limited to consider eliminating any component or source category from
3 the mix of fine particles included in the PM_{2.5} mass-based indicator?

4 **See answer to 5.a. above.**

5
6 **Question 6: Averaging Times (section 2.3.2):**

7 What are the Panel's views on the following:

- 8 a. The preliminary staff conclusion that it is reasonable to retain annual and 24- hour
9 averaging times?

10 **It was appropriate.**

- 11 b. The preliminary staff conclusions that the currently available evidence is too limited to
12 support additional averaging times to address sub-daily exposures or seasonal exposures?

13 **It was appropriate.**

14
15 **Question 7: Forms (section 2.3.3):**

16 What are the Panel's views on the utility of additional analyses to inform consideration of
17 eliminating provisions included in the current form of the annual standard that allow for spatial
18 averaging across monitors, specifically with regard to the potential for disproportionate impacts
19 on susceptible populations with lower socioeconomic status?

20 **Such analyses are warranted.**

21
22 **Question 8: Levels (sections 2.3.4, 2.3.5, and 2.3.6):**

23 What are the Panel's views on the following:

- 24 a. The preliminary staff conclusions regarding alternative standard levels that are appropriate
25 for consideration, and the rationale upon which those conclusions are based?

26 **They were appropriate.**

- 27 b. The insights that can be gained from the quantitative risk assessment to inform our
28 understanding of the roles that the annual and 24-hour standards play in providing public
29 health protection, specifically in focusing on simulations of estimated risks remaining
30 upon just meeting alternative suites of standards? (sections 2.3.4.2 and 2.3.5.2)

31 **The insights gained were useful and informative.**

- 32 c. The policy implications of the uncertainties associated with estimating risks, including
33 potential underestimation of risk, in reaching conclusions regarding standards that would
34 provide public health protection with an adequate margin of safety?

35 **Uncertainties need to be defined as well as current information allows. On the**
36 **other hand, using uncertainty as an excuse for choosing a minimally stringent level is**
37 **not consistent with having an adequate margin of safety.**

- 38 d. A policy approach for identifying a suite of standard levels in which the annual standard
39 would be the "generally controlling" standard to provide protection for both long- and
40 short-term PM_{2.5} exposures, in conjunction with a 24-hour standard set to provide
41 supplemental protection against days with high peak concentrations associated with

1 localized “hotspots” and risk arising from seasonal emission that might not be controlled
2 by a national annual standard? (section 2.3.6)

3 **This approach is most appropriate.**

4 e. Additional considerations that could inform our conclusions related to alternative
5 suites of fine particle standards?

6 **The alternatives that were selected were very reasonable choices.**
7

8 **Review of the Primary Standard for Thoracic Coarse Particles (Chapter 3)**

9 **Question 9: Adequacy of the current 24-hour PM₁₀ standard (Sect. 3.2):**

10 What are the Panel’s views on the following:

11 a. The preliminary staff conclusion that the available scientific evidence supports maintaining
12 a standard that provides protection against health effects associated with exposure to
13 thoracic coarse particles?

14 **This preliminary conclusion was warranted.**

15 b. The various approaches described for translating the evidence and related uncertainties into
16 the basis for conclusions on the adequacy of the current PM₁₀ standard?

17 **The various approaches that were described were appropriate.**

18 c. The adequacy of the public health protection afforded by the current PM₁₀ standard against
19 exposures to thoracic coarse particles?

20 **The adequacy is uncertain in view of the very limited database. While it is**
21 **reasonable to maintain the current PM₁₀ NAAQS in this round, it is essential that a**
22 **suitable database for PM_{10-2.5} concentrations be developed over the next four years so**
23 **that a more satisfactory judgment can be made in the next review cycle,**

24 **Question 10: Indicator (sections 3.3.1, 3.3.2, and 3.3.3):**

25 What are the Panel’s views on the following:

26 a. The preliminary staff conclusion that it is appropriate to maintain a standard that
27 provides protection against all thoracic coarse particles, regardless of their source of
28 origin or composition?

29 **This conclusion is justifiable at this time in view of the absence of data on the**
30 **influence of coarse thoracic PM composition. While it is reasonable to not consider**
31 **chemical composition in the current round of review of a coarse thoracic NAAQS, it is**
32 **essential that a suitable database for PM_{10-2.5} concentrations and composition be**
33 **developed over the next four years so that a more satisfactory judgment can be made**
34 **in the next review cycle,**
35

36 b. The appropriateness of maintaining an indicator that allows lower PM_{10-2.5}
37 concentrations in urban areas than non-urban areas?

38 **On the basis that PM_{2.5} is higher in urban areas than rural areas, it will**
39 **constitute a greater proportion of PM₁₀ in urban areas. Therefore, one can expect that**
40 **for the same PM₁₀ concentration, that the concentration of PM_{10-2.5} will be lower in**

1 **urban areas. Thus, it is appropriate to maintain an indicator that allows lower PM_{10-2.5}**
2 **concentrations in urban areas than non-urban areas.**

3 c. The appropriateness of either a PM₁₀ or PM_{10-2.5} indicator for a standard meant to
4 protect against exposures to thoracic coarse particles?

5 **While a PM_{10-2.5} indicator for a standard meant to protect against exposures to**
6 **thoracic coarse particles would be preferable, a PM₁₀ indicator would be an**
7 **acceptable substitute in this round of review.**

8
9 **Question 11: Averaging Time (section 3.3.4):**

10 What are the Panel's views on the preliminary staff conclusions that the currently available
11 evidence supports maintaining a 24-hour standard to protect against health effects associated
12 with short-term exposures to thoracic coarse particles, and does not support consideration of a
13 long-term thoracic coarse particle standard?

14 **We agree.**

15
16 **Question 12: Form (section 3.3.6):**

17 What are the Panel's views on the preliminary staff conclusion that it is appropriate to consider
18 a 98th percentile form for a revised 24-hour standard meant to protect against short-term
19 exposures to thoracic coarse particles?

20 **We agree.**

21
22 **Question 13: Level (section 3.3.7):** What are the Panel's views on the appropriateness of
23 considering 98th percentile, 24-hour PM₁₀ or PM_{10-2.5} concentrations in epidemiological study
24 locations for identifying a range of potential alternative standard levels for consideration,
25 recognizing the more limited air quality information available for PM_{10-2.5}?

26 **We consider it to be appropriate.**
27
28
29
30

1 **Comments from Dr. Phil Hopke**

2
3 **Question 5: Indicator (section 2.3.1):**

4 What are the Panel's views on the following:

- 5 a. The preliminary staff conclusion that it is reasonable to retain PM_{2.5} as an indicator for fine
6 particles?
- 7 b. The preliminary staff conclusion that the currently available information is too limited to
8 support a distinct PM standard for ultrafine particles?
- 9 c. The preliminary staff conclusion that the currently available information is not sufficient to
10 support consideration of a separate indicator for a specific PM_{2.5} component or for the mix
11 of fine particles from any specific source category, and that data are too limited to consider
12 eliminating any component or source category from the mix of fine particles included in
13 the PM_{2.5} mass-based indicator?

14 These all represent self-fulfilling prophecies. Given the very limited number of measurements of
15 PM1 or UFP, there is clearly no basis for extensive epidemiology and thus, no basis for an
16 indicator. If we drop PM10 and move to a coarse particle indicator as the companion standard to
17 PM2.5, it would really make more sense based on the nature of the atmospheric aerosol and the
18 sources that would need to be controlled to provide attainment of one or both sized standards to
19 switch from 2.5 µm to 1 µm (or possibly 1.5 µm) as a better separation point and eliminate most of
20 the tail from coarse particle sources penetrating into the fine particle indicator.

21 In spite of significant toxicological evidence of the role of UFP through the work of two PM
22 centers, the Agency has been unwilling to deploy adequate UFP monitors to provide the data
23 needed for epidemiology. Thus, although it seems reasonable to assume some level of toxicity
24 associated with these particles beyond that which is directly related to their mass, there is no basis
25 for setting an effective number based standard. At the moment, there seems to be no indication that
26 monitoring will be initiated in time for the data and epidemiological results to be available in the
27 next round of review. There is clearly a major disconnect between the laboratory results and
28 activities in the field that would permit an informed basis for deciding if an UFP standard were
29 needed.

30 We measure limited composition data, but with varying relationships to observed health effects.
31 There may be some "toxic" metals (Ni) in the PM, but we have no significant data on organic
32 components and particularly on reactive organic components. There will need to be an expanded,
33 but targeted monitoring based on clearly defined hypotheses to develop initial composition – health
34 effects links to begin to seriously consider component specific

35 A bigger issue with respect to the indicator is the measurement method since PM mass is
36 operationally defined. PM mass is defined by the sampling system, filter, and post-sample
37 treatment process. This results in a precise result with totally unknown accuracy. We now have
38 continuous monitors that can provide a better measure of the actual airborne particle mass. These
39 measurements are almost uniformly higher than the corresponding FRM mass. It would be useful
40 to consider changing the FRM to a more direct, time resolved system that better reflects the actual
41 airborne mass concentrations.

1 **Question 6: Averaging Times (section 2.3.2):**

2 What are the Panel's views on the following:

- 3 a. The preliminary staff conclusion that it is reasonable to retain annual and 24- hour averaging
4 times?
- 5 b. The preliminary staff conclusions that the currently available evidence is too limited to support
6 additional averaging times to address sub-daily exposures or seasonal exposures?

7 Again, we have only started to collect a reasonable amount of more highly time resolved particle
8 mass data. However, there may not be sufficiently well time marked health data to begin to look at
9 whether shorter, higher exposures (peaks) are more important than the 24 hour average value that
10 are now available for health effects models. There are a few hints of short, high exposures
11 inducing acute cardiac effects, but clearly we need far more data and analyses to permit the
12 exploration of time intervals less than 24 hours. Thus, for the moment, we are stuck, but there
13 should be more emphasis on using continuous monitors and not forcing them to reproduce the
14 known negative bias in mass measurements inherent in the FRM values.

15

16 **Question 7: Forms (section 2.3.3):**

17 What are the Panel's views on the utility of additional analyses to inform consideration of
18 eliminating provisions included in the current form of the annual standard that allow for spatial
19 averaging across monitors, specifically with regard to the potential for disproportionate impacts
20 on susceptible populations with lower socioeconomic status?

21

22 Monitors are to be placed to provide population exposure rather than exploring "hot spots." Thus,
23 it does not make sense to average values across an area since that provides an uneven level of
24 protection to the populations that live in high versus low areas.

25

26 There should be consideration of looking at three years data together rather than on a year by year
27 basis. The idea of averaging the 98th percentile values determined for each of the three year period
28 does not make a lot of statistical sense. We should be looking at the complete distribution of
29 values measured in that three year period (assuming an adequate number of samples in each
30 period) to determine the 98th percentile value.

31

32 **Question 8: Levels (sections 2.3.4, 2.3.5, and 2.3.6):**

33 What are the Panel's views on the following:

- 34 a. The preliminary staff conclusions regarding alternative standard levels that are appropriate for
35 consideration, and the rationale upon which those conclusions are based?
- 36 b. The insights that can be gained from the quantitative risk assessment to inform our
37 understanding of the roles that the annual and 24-hour standards play in providing public health
38 protection, specifically in focusing on simulations of estimated risks remaining upon just
39 meeting alternative suites of standards? (sections 2.3.4.2 and 2.3.5.2)
- 40 c. The policy implications of the uncertainties associated with estimating risks, including
41 potential underestimation of risk, in reaching conclusions regarding standards that would
42 provide public health protection with an adequate margin of safety?

- 1 d. A policy approach for identifying a suite of standard levels in which the annual standard would
2 be the “generally controlling” standard to provide protection for both long- and short-term
3 PM_{2.5} exposures, in conjunction with a 24-hour standard set to provide supplemental protection
4 against days with high peak concentrations associated with localized “hotspots” and risk
5 arising from seasonal emission that might not be controlled by a national annual standard?
6 (section 2.3.6)
- 7 e. Additional considerations that could inform our conclusions related to alternative suites of fine
8 particle standards?

9 As noted above, the level cannot be separated from the measurement scheme since PM mass is
10 NOT a fundamental property of the aerosol as defined by the standard. The PM mass would be a
11 fundamental property IF it included the particle-bound water. Thus, we have an operational
12 definition of “mass” that is known to have a significant negative bias resulting from the loss of
13 semivolatile species (nitrate and SVOC). It would be better to make it clear that there is such an
14 interdependency and move toward more accurate measurement technologies.
15 I find the evidence adequate to lower the levels somewhat (13 to 12 $\mu\text{g}/\text{m}^3$ and 35 to 30 $\mu\text{g}/\text{m}^3$) but
16 I do not believe there is a strong basis from going below these values. Again an additional
17 measure of protection would be afforded by moving to monitoring methods that do not have the
18 known negative bias inherent in the current FRM approach.
19

20 **Review of the Primary Standard for Thoracic Coarse Particles (Chapter 3)**

21 **Question 9: Adequacy of the current 24-hour PM₁₀ standard (Sect. 3.2):**

22 What are the Panel’s views on the following:

- 23 a. The preliminary staff conclusion that the available scientific evidence supports maintaining a
24 standard that provides protection against health effects associated with exposure to thoracic
25 coarse particles?
- 26 b. The various approaches described for translating the evidence and related uncertainties into the
27 basis for conclusions on the adequacy of the current PM₁₀ standard?
- 28 c. The adequacy of the public health protection afforded by the current PM₁₀ standard against
29 exposures to thoracic coarse particles?

30 There is certainly adequate evidence to suggest the need for a standard to protect health against
31 coarse particles. However, it is clear that PM₁₀ is not adequate given the wide variation in the
32 PM_{2.5} to PM₁₀ ratio.

33

34 **Question 10: Indicator (sections 3.3.1, 3.3.2, and 3.3.3):**

35 What are the Panel’s views on the following:

- 36 a. The preliminary staff conclusion that it is appropriate to maintain a standard that provides
37 protection against all thoracic coarse particles, regardless of their source of origin or
38 composition?
- 39 b. The appropriateness of maintaining an indicator that allows lower PM_{10-2.5} concentrations in
40 urban areas than non-urban areas?

- 1 c. The appropriateness of either a PM₁₀ or PM_{10-2.5} indicator for a standard meant to protect
2 against exposures to thoracic coarse particles?
3

4 The arguments in favor of retaining PM₁₀ as the indicator are unpersuasive. It makes much more
5 sense to measure coarse particles directly. There is currently a disparity in the level of protection
6 afforded by the present standard depending on the nature of the fine to coarse ratio in any given
7 location. It does not appear to me that there is significantly less information on PM coarse now as
8 there was on PM_{2.5} in 1996 when we moved ahead with the new indicator. Thus, it is time to
9 move to a direct indicator of coarse PM. We have as much basis to set a PM coarse standard as we
10 did to set the initial PM_{2.5} standard and it is time to move away from a corrupted measure like
11 PM₁₀.

12 **Question 11: Averaging Time (section 3.3.4):**

13 What are the Panel's views on the preliminary staff conclusions that the currently available
14 evidence supports maintaining a 24-hour standard to protect against health effects associated
15 with short-term exposures to thoracic coarse particles, and does not support consideration of a
16 long-term thoracic coarse particle standard?
17

18 Same arguments as made above regarding short term averaging periods can be made for the coarse
19 particle indicator. We have no basis for looking at anything else and we need to initiate adequate
20 measurements of PM coarse on a continuous basis so that we can actually have the data to
21 ascertain the adequacy of the various possible averaging times.
22

23 **Question 12: Form (section 3.3.6):**

24 What are the Panel's views on the preliminary staff conclusion that it is appropriate to consider
25 a 98th percentile form for a revised 24-hour standard meant to protect against short-term
26 exposures to thoracic coarse particles?
27

28 I suggest the same approach as noted above with respect to the form of the PM_{2.5} standard.
29

30 **21. Level (section 3.3.7):**

31 What are the Panel's views on the appropriateness of considering 98th percentile, 24-hour PM₁₀
32 or PM_{10-2.5} concentrations in epidemiological study locations for identifying a range of
33 potential alternative standard levels for consideration, recognizing the more limited air quality
34 information available for PM_{10-2.5}?

35 There are no specific ranges discussed. At this point, it would make sense to do what was done
36 with PM_{2.5} and set a standard based on the smaller end of the range of PM₁₀-PM_{2.5}
37 differences to provide a first estimate on the standard. Such a value will be similar to the
38 protection offered by the PM₁₀ standard, but will apply uniformly.
39

40 **Review of the Secondary PM_{2.5} Standards for Visibility-Related Effects (Chapter 4)**

41 **Question 14: Adequacy (section 4.2):**

42 What are the Panel's views on the preliminary staff conclusion that the currently available
43 information clearly calls into question the adequacy of the current suite of PM_{2.5} standards to
44 provide public welfare protection from unacceptable levels of visibility impairment, primarily

1 in urban areas, and supports consideration of alternative standards to provide appropriate
2 protection?
3

4 I thought there was adequate justification for a visibility secondary standard in the last round and
5 there remains a strong justification for setting such a standard particularly one based directly on
6 measured light extinction. There is strong public perception that environmental quality has
7 degraded rather than improved as the data clearly demonstrate. Thus, visibility provides a graphic
8 illustration of improved air quality and is a useful part of the improvement of the public welfare.
9

10 **Question 15: Indicator (section 4.3.1):**

11 What are the Panel's views on the following:

- 12 a. The appropriateness of considering PM light extinction and PM_{2.5} mass as indicators for a
13 distinct secondary PM standard for visibility protection, and the relative advantages and
14 disadvantages associated with each indicator?
15 b. The appropriateness of considering the contribution of coarse particles with respect to a
16 potential PM light extinction indicator?
17

18 As indicated in the discussion of PM coarse, it is best to have an indicator that can be directly
19 measured. Light extinction is a fundamental physical property of the ambient aerosol and thus, it
20 represents a very appropriate indicator for a secondary visibility standard. The bulk of the
21 extinction in the vast majority of locations is driven by fine particles (PM_{2.5}). There are
22 significant problems with the measurement of the light extinction from all particle sizes. Thus, the
23 initial secondary standard should use light extinction by PM_{2.5} particles as the indicator. It could
24 be possible to extend the size up to 4 to 5 μm without extensive increasing the measurement
25 difficulty and that could provide some additional measure of protection to those locations that are
26 more prone to high coarse particle mass concentrations.
27

28 **Question 16: Averaging times (section 4.3.2):**

29 What are the Panel's views on the following:

- 30 a. The preliminary staff conclusion that consideration should be given to a 1-hour averaging
31 time?
32 b. The advantages and disadvantages of focusing on a 1-hour daily maximum or each 1-hour
33 average concentration during all daylight hours?

34 At this point, there is no really sound scientific basis for picking an averaging time. An hour is a
35 reasonable starting point.
36

37 **Question 17: Levels and Forms (section 4.3.3):**

38 What are the Panel's views on the following:

- 39 a. The preliminary staff conclusions regarding ranges of options with varying levels and forms in
40 combination with different indicators (light extinction and PM_{2.5} mass-based indicators) and
41 averaging times (1-hour daily maximum or each 1-hour average concentration during all
42 daylight hours)?
43 b. Additional approaches that could help inform our consideration of alternative levels and forms?

1 The range of proposed levels is overly large. There is no point in an alternative standard unless it
2 is going to be significantly different from the primary standard. Thus, the level should be set
3 within the lower third of the proposed range.
4

5 **Review of the Secondary Standards for Other Welfare-related Effects (Chapter 5)**

6 **Question 18: Climate (section 5.2):**

7 What are the Panel's views on the preliminary staff conclusion that there is insufficient
8 information to base a standard on climate impacts associated with current ambient PM
9 concentrations?
10

11 There are both cooling and warming effects of particles as well as the indirect effects related to
12 cloud formation and brightening. At this point there are far too great uncertainties in the climate
13 system and the role of particles to propose a standard with a strong scientific foundation.
14

15 **Question 19: Ecological effects (section 5.3):**

16 What are the Panel's views on the preliminary staff conclusion that data are insufficient to
17 support establishing a distinct standard for ambient PM based on ecosystem effects not
18 addressed in the ongoing NOx/SOx secondary NAAQS review?
19

20 In reviewing the PA and the ISA, there does not seem to be adequate information available to
21 conclude that there is need for a separate standard to provide ecosystem protection. Thus, the staff
22 conclusion appears justified.
23

24 **Question 20: Material effects (section 5.4):**

25 What are the Panel's views on the preliminary staff conclusion that no new evidence calls into
26 question the adequacy of the protection afforded by the current suite of PM standards, and that
27 there continues to be support for retaining an appropriate degree of control for both fine and
28 coarse particles to provide protection against materials damage and soiling?
29

30 Neither the ISA nor the PA provides evidence to support the consideration of an alternative or new
31 secondary standard to protect against materials degradation.

1 Other Comments

2 On page 4-11, it says “The amount of light extinction contributed by PM depends on the particle
3 size distribution and composition, as well as its concentration.” However, particle shape also
4 matters. Not all particles are spherical.

5

6 Please do not use “particulate” when you mean “particle”

1 **Comments from Dr. Robert Phalen**

2

3 Regarding sections 2.3.1 (Indicator) and 2.3.2 (Averaging Times). I have
4 a few comments.

5

6 1. Both sections are well-written and adequately thorough in describing
7 the many uncertainties in relation to the indicator and averaging times
8 for PM2.5.

9 2. It is clear that additional research is required before specific
10 components, and/or specific co-pollutant interactions, can be targeted for
11 health-related policy assessments. For the present time, PM2.5 is the
12 only feasible default indicator for health-effect considerations. Sadly,
13 this will place some U.S. regions at a disadvantage in protecting public
14 health using a mass-based indicator (PM2.5).

15 3. Similarly, as the available health-associated data are robust for 24
16 hour and annual averaging times, the conclusion to retain these averaging
17 times is appropriate.

18 4. The lucid discussions of the limitations and uncertainties associated
19 with the indicator and averaging times, will be very helpful for
20 stimulating the needed research. The EPA staff has provided useful
21 guidance in this respect.

22 5. As a minor editing suggestion, I would consider eliminating the word
23 “strong” on line 6, pg. 2-70, as it conflicts with the lucid discussion of
24 the limitations and uncertainties previously presented. This is not a
25 strong suggestion, but it should be considered.

1 **Comments from Mr. Rich Poirot**
2

3 Overall, Chapter 4 of the PA represents an excellent first draft presentation of justifications and
4 policy options for setting secondary PM standards to protect visual air quality. While there are
5 advantages to using an optical indicator (PM light extinction) and to using the single worst daylight
6 hour for a regulatory metric, I think there are also certain advantages to using a PM_{2.5} mass
7 indicator, and/or to considering effects in all daylight hours, and that plusses and minuses
8 associated with these various alternatives could be presented in a somewhat more balanced way.
9

10 **14. Adequacy (section 4.2): What are the Panel's views on the preliminary staff conclusion**
11 **that the currently available information clearly calls into question the adequacy of the**
12 **current suite of PM_{2.5} standards to provide public welfare protection from unacceptable**
13 **levels of visibility impairment, primarily in urban areas, and supports consideration of**
14 **alternative standards to provide appropriate protection?**

15 The PA does a good job of demonstrating that current PM standards (for which 24-hour PM_{2.5} is
16 most relevant) are not adequate for protecting visibility in most, if not all sections of the country.
17 Specifically, the levels of current PM_{2.5} and PM₁₀ standards are too high and their averaging times
18 are too long to guard against levels of visual air quality considered adverse, over the short (hour or
19 less) time periods over which changes in visual air quality are perceptible. The current mass-based
20 indicators are also not ideal and could be made much more directly responsive to visibility effects
21 by using a PM light extinction indicator. An optional PM_{2.5} mass indicator, applied over shorter
22 daylight hourly averaging times and at lower levels would be adequate, and would represent a
23 substantial improvement over the current 24-hour and annual means.
24

25 A possible addition which might strengthen the chapter in future drafts would be to show – with
26 data examples – how extreme a 1-hour PM_{2.5} mass concentration or 1-hour PM light extinction
27 level could be on (a) day(s) when the 24-hour PM_{2.5} mass concentration does not exceed the
28 current 35 µg/m³ standard. In addition, you might include some photographic illustrations – using
29 actual haze cam photos or Winhaze images showing what visual air quality looks like at levels of
30 the current standards (and at the higher 1-hour levels that are possible without exceeding the 24-
31 hour average standards).
32

33 **15. Indicator (section 4.3.1): What are the Panel's views on the following:**

34 a. **The appropriateness of considering PM light extinction and PM_{2.5} mass as indicators for**
35 **a distinct secondary PM standard for visibility protection, and the relative advantages**
36 **and disadvantages associated with each indicator?**

37 The PA does a good job of demonstrating the appropriateness and benefits of a PM light extinction
38 indicator, while showing that a (daylight only, hourly) PM_{2.5} mass-based indicator would also be
39 adequate, and a substantial improvement over the status quo. To a certain extent, arguments for
40 use of a light extinction indicator can be strengthened by emphasizing the shortcomings of a PM_{2.5}
41 mass-based indicator. However, I think the PA could provide a somewhat more balanced view of
42 some of the advantages and disadvantages of both alternative indicators.
43

44 A PM light extinction indicator has the major obvious advantage that the indicator would
45 essentially be the effect. PM light extinction is an actual and measurable characteristic of particles
46 in the atmosphere, which can be directly related on the one hand to the size and composition

1 (including aerosol water) of airborne particles which cause it, and on the other hand to the levels of
2 visual air quality considered unacceptable by human observers. There are however also
3 disadvantages to a PM light extinction indicator (and advantages to a PM_{2.5} mass indicator) that
4 could be presented more clearly in the PA.

5
6 A disadvantage of a PM light extinction indicator is that there is currently no monitoring network
7 in place to assess compliance, nor have standard methods been developed which have been
8 deployed in anything other than research-grade applications. At a minimum, at least 2 separate
9 instruments (nephelometer and aethalometer) would be required using currently available
10 technology, and these will function best if coarse particles are excluded. Thus the measured
11 indicator would actually be PM_{2.5} light extinction, although this could be enhanced where need be
12 with measurements of and estimates of extinction from continuous PM_{10-2.5} mass (requiring two
13 additional instruments). Accurate RH measurements will also be more important for this indicator.

14
15 Conversely, there is already a large network of continuous PM_{2.5} instruments in place that could be
16 used immediately to assess compliance with an hourly PM_{2.5} mass indicator, and the quality of that
17 data – and its utility for assessing human health or other public welfare effects – could be
18 substantially enhanced by forcing closer scrutiny of the accuracy and precision on an hourly basis.
19 A PM_{2.5} mass indicator would allow somewhat higher extinction in the more humid (and generally
20 less scenic) East, and provide relatively better protection in the less humid (and generally more
21 scenic) West – which is not necessarily a disadvantage. It would also tend to place relatively more
22 emphasis on organic carbon and elemental carbon aerosols, which are more negatively associated
23 with other public welfare (soiling and climate) effects, and which are also generally more
24 influenced by local emissions than are the sulfate and nitrate compounds which are emphasized by
25 the PM light extinction indicator.

26
27 **b. The appropriateness of considering the contribution of coarse particles with respect to a**
28 **potential PM light extinction indicator?**

29 Since coarse particles make relatively minor contributions to light extinction at most locations, and
30 also present both measurement uncertainties as well as increased measurement maintenance needs,
31 it may be reasonable to either:

- 32 • Exclude coarse particles from the regulatory metric (either re-name it “PM_{2.5} light extinction”
33 or keep the same name but exclude coarse particles from monitoring requirements) or,
- 34 • Add (either on an all-site basis, or at sites where PM₁₀:PM_{2.5} > X) continuous mass
35 measurements of PM_{10-2.5} by the difference method, estimating the associated PM light
36 extinction increment by multiplying by 0.6 m²/g as in the IMPROVE formula.
- 37 • Conceptually a similar treatment of PM_{10-2.5} effects could be added to a PM_{2.5} mass indicator,
38 where the revised mass indicator might be something like PM_{2.5} + 0.1 × PM_{10-2.5}.

39
40 **16. Averaging times (section 4.3.2): What are the Panel’s views on the following:**

41 **a. The preliminary staff conclusion that consideration should be given to a 1-hour averaging**
42 **time?**

43 The one-hour averaging time (during daylight hours) is appropriate, given the nearly instantaneous
44 nature of perceived impairment of visual air quality. At the same time, I think somewhat longer
45 averaging times (of say 4 daylight hours) could also be justified for several reasons, including:

- 1 • To minimize the influence of measurement errors – which could be important if multiple
- 2 monitors are used for an optical indicator, and also because some of the continuous PM_{2.5}
- 3 monitors produce “noisy” data over short 1-hour averaging times.
- 4 • To minimize the influence of short-term, localized meteorological extremes – such as the
- 5 concurrence of high RH, low wind speed and low mixing heights on cold, clear winter
- 6 mornings.
- 7 • To intentionally focus on visibility-impairing events which last for more than a few hours,
- 8 and are arguably more objectionable, and effect more people, than events of short duration.
- 9 • To follow the reasoning used and precedents set in locations like Denver and Phoenix where
- 10 visibility standards have been established, and based on 4-hour averages in both cases.

11 **b. The advantages and disadvantages of focusing on a 1-hour daily maximum or each 1-**

12 **hour average concentration during all daylight hours?**

13 I much prefer a metric based on using all available daylight hours (combined with a higher

14 percentile like 98th) over one based on only the single worst daylight hour (combined with a low

15 percentile like 90th) for several reasons:

- 16 • I think “sensitive” or “susceptible” are poor choices of terms for those who care so much
- 17 about viewing scenery that they chose to work in windowless indoor environments, stay
- 18 inside during lunch, and (returning home from their 8-hour shifts) further choose not to go
- 19 outside or look out their windows during the other 2 to 6 hours of daylight that would be
- 20 available, during 10 to 14-hour days in different seasons at a mid-latitude location in the US.
- 21 Do they also stay inside and away from windows on weekends, holidays and vacations? I
- 22 doubt these are the folks who indicate that only the very clearest levels are acceptable in the
- 23 urban visibility preference studies.
- 24 • There’s an implied, but illogical assumption that the single worst hour will coincide with the
- 25 one hour when the poor “shut-ins” are let outside, but that often won’t occur. At best, you’re
- 26 disregarding their views on either the to-work or from-work halves of their commutes. What
- 27 if they work “9 to 5” (as many do), but the worst hour comes at 6 to 7 AM (or PM) or 7 to 8
- 28 AM or PM (as it often will), or in mid morning or mid afternoon, or what if they work the
- 29 second or third shift? By considering only the single worst hour, you are specifically not
- 30 affording protection to all the non-shut-ins for most of the day, and providing no protection at
- 31 all for that fraction of the shut-ins whose hour outside doesn’t coincide with the worst hour of
- 32 the day.
- 33 • It puts the maximum possible emphasis on uncontrollable natural meteorological influences,
- 34 including the convergence of maximum RH, minimum wind speed and lowest mixing height
- 35 (along with whatever weather influences a 90% RH screen might miss) in the hour just after
- 36 sunrise.
- 37 • This early morning met effect will be most extreme in mountain valley locations in winter,
- 38 but these coldest, calmest winter days often offer the best visibility later in the day when the
- 39 inversion burns off (or at slightly higher elevations just above the inversion), so benefits of
- 40 the extreme pollution controls needed to reduce pollutant concentrations at winter dawn, are
- 41 likely to be spatially and temporally limited.
- 42 • There are not really any viable 1-hour control strategies – especially for the hygroscopic SO₄
- 43 and NO₃ species which are emphasized by the PM extinction indicator. Conversely, when
- 44 only the single worst hour B_{ext} is considered, there will be the most minimal knowledge of
- 45 the pollutants and sources responsible.

- 1 • By emphasizing early morning RH and hygroscopic species, it tends to emphasize East/West
2 differences and deemphasize the importance of organic carbon and elemental carbon
3 aerosols, which have other welfare effects such as on soiling and climate.
- 4 • For a PM light extinction indicator, measurements might include nephelometer and
5 aethalometer (preferably with PM_{2.5} heads), plus an RH sensor, and could conceivably also
6 include continuous PM₁₀ and PM_{2.5} mass at some locations to estimate coarse mass
7 extinction. That's a lot of things that can potentially go wrong, for which a single worst
8 hour/day measurement will be much more sensitive to measurement errors or failures in any
9 of the above than if a more robust metric based on all daylight hours were considered.
- 10 • It seems especially illogical when combined with a low percentile: "even a single bad hour
11 will ruin my day, but I don't mind a bit until it happens more than 37 days a year."
12

13 **17. Levels and Forms (section 4.3.3): What are the Panel's views on the following:**

- 14 a. **The preliminary staff conclusions regarding ranges of options with varying levels and**
15 **forms in combination with different indicators (light extinction and PM_{2.5} mass-based**
16 **indicators) and averaging times (1-hour daily maximum or each 1-hour average**
17 **concentration during all daylight hours)?**

18 I think the ranges of options combining various levels, forms, indicators and averaging times are
19 reasonable, with focus on mid-range combinations while considering modest upper and lower
20 bounds. For the PM_{2.5} mass indicator, I think the upper bound concentration levels considered (40
21 $\mu\text{g}/\text{m}^3$ and 60 $\mu\text{g}/\text{m}^3$) are rather unreasonably high and could be replaced in future drafts with
22 smaller 5 $\mu\text{g}/\text{m}^3$ increment calculations within the range of 15 to 35 $\mu\text{g}/\text{m}^3$. As indicated
23 previously, I much prefer consideration of all daylight hours, rather than focusing on the single
24 worst hour, and would like to see a full set of calculations based on that metric for both the optical
25 and fine mass indicators included in the next draft. Along similar lines, the PA indicates (p. 4-44,
26 lines 18, 19) an intended focus on the more lenient 90th and 95th percentiles – which I think should
27 specifically pertain only to the single worst hour/day indicator. Higher percentiles (95 to 98th)
28 would be appropriate if all daylight hours are considered. I suggest rewording this to "... 90th or
29 95th percentile forms is appropriate if based on the single worst daylight hour, while consideration
30 of the 95th or 98th percentiles is more appropriate if based on all daylight hours."
31

32 Would it be possible to show estimates of what attaining the various hourly optical or PM_{2.5}-based
33 secondary standards would do to (or mean in terms of) changes in annual and 24-hour average
34 PM_{2.5} levels in the test cities? Along similar lines, would it be possible to show the "incremental
35 % reductions" in PM_{2.5} that would be needed to, or associated with efforts to meet the various
36 optical or PM_{2.5}-based secondary standards after the current and proposed new primary PM_{2.5}
37 standards were first attained?
38

39 I've become confused about the differences that would result if PM light extinction levels or PM_{2.5}
40 concentrations were rolled back to just meet standards based on single worst hour compared to
41 using all hours (and a higher percentile). At any given level of PM light extinction or PM_{2.5} mass,
42 it would seem like rollback to attainment would produce similar results, since once the worst hour
43 is "fixed", the second worst hour takes precedence, and then the third, etc. until all hours above
44 threshold are reduced – in which case, the single worst hour approach becomes very similar to the
45 all hours approach. Can this be explored/explained in more detail?
46

1 **b. Additional approaches that could help inform our consideration of alternative levels and**
2 **forms?**

3 As indicated above under Q 16a, I think a 4-hour averaging could be considered and justified,
4 especially if the occasionally noisy PM_{2.5} indicator is used. I think the need for a 90 % RH screen
5 becomes less urgent, and might possibly be dropped if a PM_{2.5} indicator is used (see other
6 comments on p. 4-44 below). It is definitely needed if an optical indicator is used, and
7 consideration needs to be given to whether an hour would be eliminated if the average RH exceeds
8 90%, or if any or many (1-minute) RH levels within the hour exceed 90%.

9 Because of measurement issues with coarse particle extinction, consideration might be given to
10 using (and measuring) PM_{2.5} light extinction as an indicator. Alternatively, measurements of
11 continuous PM_{10-2.5} mass (by the difference method), combined with an assumed extinction
12 efficiency of say 0.6 m²/g could be used to supplement PM_{2.5} light extinction measurements –
13 either at all sites or at sites with relatively high coarse particle concentrations. Conceptually,
14 coarse mass by difference could also be used to enhance a PM_{2.5} mass indicator, using a
15 relationship of something like PM_{2.5} + 0.1 x PM_{10-2.5} (assumes a generic PM_{2.5} extinction efficiency
16 of about 6 m²/gram – which would represent ammonium sulfate or nitrate at 66% RH – or a mix of
17 these and organic matter at somewhat higher RH).

18 PM light extinction is an actual and measurable characteristic of particles in the atmosphere, which
19 can be directly related to the levels of visual air quality considered unacceptable by human
20 observers and to the size and composition (including aerosol water) of airborne particles which
21 cause it. Given this, a level of a secondary standard could be selected, even in the absence of – or
22 in advance of a monitoring network to determine compliance. Along similar lines, a PM (or PM_{2.5})
23 light extinction standard could be set, and PM_{2.5} mass measurements specified as an FEM to
24 determine compliance – until such time as an appropriate PM light extinction measurement
25 network can be established.

26 As indicated in previous comments on the UFVA, a “progress-based” attainment test rather than
27 the traditional “threshold-based” attainment test would be preferable from a scientific perspective.
28 While the Agency has indicated this is not an option in the standard-setting process, it is something
29 that could and should be considered in the implementation phase (where, for example, the Agency
30 could provide guidance on what would be considered reasonable rates of progress). Possibly an
31 illustrative example of how this might work could be provided in the next draft PA.

32 I think it would be appropriate if the next draft of the PA included a section identifying and
33 prioritizing key near-term monitoring and research needs. This could include things like
34 establishing a small pilot urban visibility network to field-test and evaluate alternative PM light
35 extinction measurement methods, and should also include recommendations for additional
36 visibility preference studies to better define levels (and/or frequencies) of visual air quality
37 considered acceptable over a wider range of locations and viewing conditions, to support
38 refinements and revisions to secondary PM standards in the future.

39 **Other Comments on Chapter 4**

40
41 P 4-5 line 23: You could add “most” at the end of the line.

42
43 P 4-5 lines 34-35: You could add “(all but one)” after “most CASAC Panel members”.

44

- 1 P 4-15 lines 15-31: As indicated above, I'm not a fan of the single worst hour approach, and think
2 it's a stretch to claim its needed to protect the most "sensitive" individuals...since they are neither
3 sensitive, nor does it protect them most of the time.
4
- 5 P 4-16, lines 15-23: This is generally true, but especially during the winter. In warmer months
6 (when people spend more time outdoors), RH still peaks at dawn, but morning rush hour occurs
7 several hours later, nocturnal inversions are weaker, SO₂ plumes aloft don't mix down until mid
8 morning, and secondary formation rates for sulfates and organics typically peak in mid-afternoon.
9
- 10 P 4-20 line 17: The "24.3 dv" level cited for the 50th percentile acceptability response in Phoenix is
11 different from the "24.15 dv" 50% level for Phoenix in Table 4-1.
12
- 13 P 4-21 lines 16-31: You might also add something like "It should also be noted that the current
14 version of the Winhaze model does not include clouds in the base photos. The visibility of clouds
15 and their contrast with the background sky would be sensitive to changes in light extinction, even
16 in urban city scenes which otherwise lack distant objects in the background."
17
- 18 P 4-22 line 13: You could add "and Eastern urban scenes with more distant vistas or with
19 background clouds" after "...Western urban scenes."
20
- 21 P 4-29 lines 9-13: As previously indicated, I think the argument to protect the "sensitive" shut-ins
22 is not the strongest. Better arguments are the instantaneous nature of the perceived visibility effect,
23 and you might also add an illustration, based on data, showing how high a one-hour PM light
24 extinction (or PM_{2.5} mass concentration) could be on a day when the current 35 µg/m³ secondary
25 PM_{2.5} standard is not exceeded.
26
- 27 P 4-30 lines 21-32: Maybe you could set this point up a bit by zooming in from the concept of light
28 extinction to PM light extinction (excluding Rayleigh and NO₂) – which I assume would be the
29 preferred indicator. Then you might consider but exclude the very small fraction of PM extinction
30 from ultra-coarse particles (> 10 µm) – not because they contribute nothing, but because their
31 contribution is so minor. Then make the point that PM_{10-2.5} particles also usually contribute very
32 little (and their extinction effect is more difficult to measure), but can occasionally be important.
33 This might lead to an optional approach in which "PM light extinction" could be the indicator,
34 measured as "PM_{2.5} light extinction" in most areas, but with supplemental methods to estimate
35 PM_{10-2.5} extinction in areas where coarse particles are important.
36
- 37 P 4-30 line 23: Change "many" to "may".
38
- 39 P 4-30 line 34: I think "one to two years" may be optimistic, and would constitute "rushing" with
40 all of its various associated pitfalls.
41
- 42 P 4-31 line 2: Use of the term "promulgation/implementation" implies that the two things need to
43 be concurrent, but I don't think they need to be so. Conceivably, a PM light extinction standard
44 could be promulgated, with an implementation period delayed until a future time period (perhaps
45 to allow a reasonable time frame to develop, test and deploy appropriate monitoring methods).
46

1 P 4-31 line 14: No space needed in “widespread”.

2

3 P 4-31 line 17: Add something like: “24-hour chemical composition data and” between “produce”
4 and “hourly”, or otherwise correct this sentence.

5

6 P 4-31 line 19: Delete “produces”.

7

8 P 4-33 lines 1-4: Presumably the frequency of visibility-impairing “weather” is very small, but not
9 zero, when RH is less than 90%.. It might be informative to know that there may still be some
10 weather influence and that 90% RH is a reasonable compromise, which eliminates most of the
11 weather events.

12

13 P 4-33, line 28: I think $60 \mu\text{g}/\text{m}^3$ is a very extreme upper bound, and that its nearly impossible to
14 have PM extinction $< 191 \text{ Mm}^{-1}$ with $\text{PM}_{2.5}$ as high as $60 \mu\text{g}/\text{m}^3$ (and extinction of 191 Mm^{-1} with
15 $\text{PM}_{2.5}$ of $40 \mu\text{g}/\text{m}^3$ would be relatively rare as well) . In the entire IMPROVE network for the 5-
16 year period from 2000 through 2004, there were 73,410 samples with reconstructed PM extinction
17 of less than 191 Mm^{-1} . None of these had $\text{PM}_{2.5}$ mass concentrations as high as $60 \mu\text{g}/\text{m}^3$, and only
18 2 samples and 9 samples (of 73,410) with reconstructed extinction $< 191 \text{ Mm}^{-1}$ had fine mass
19 concentrations above 50 and $40 \mu\text{g}/\text{m}^3$ respectively.

20

21 P 4-35, lines 8-9: As indicated before, I don’t buy the logic that a focus on the worst one hour is
22 needed to protect the “susceptible” shut-ins. For this to be true, the single hour of poorest visibility
23 would need to correspond to all the shut-ins’ hour outside.

24

25 P 4-36 line 4: Remove “could” or the “s” from “affords”. Also, I’m not sure that providing a
26 uniform degree of visibility protection nationwide is such a great advantage. You could add to the
27 end of this sentence “, although efforts to attain it would require substantially greater pollution
28 control efforts in the humid East, where scenic vistas are typically more limited. By comparison, an
29 “equally stringent” nationally uniform $\text{PM}_{2.5}$ mass indicator would allow somewhat higher levels
30 of visibility impairment in the East, but would provide somewhat better visibility protection in
31 dryer, and typically more scenic, Western urban areas.”

32

33 P 4-38: I don’t understand why, for Tacoma and Phoenix, there are changes from column a to b
34 (90^{th} to 95^{th} percentiles) when both are below the 191 Mm^{-1} threshold?

35

36 P 4-41: This table - with the color-coding - is very helpful! Possibly future versions might focus
37 on a more realistic range of say 35 to $15 \mu\text{g}/\text{m}^3$, with smaller ($5 \mu\text{g}/\text{m}^3$) increments between bins.
38 Would there be a way to estimate the changes in and remaining concentrations of in 24-hr average
39 $\text{PM}_{2.5}$ mass that would result if these hourly levels (or the hourly B_{ext} levels in Table 4.3-1) were
40 obtained? It will be a lot more work, but you should include all the same calculations based on the
41 98^{th} percentile using all daylight hours. Without these you will be stuck with illustrations that only
42 apply to your (questionably justified) worst 1 hour metric.

43

44 P 4-42, lines 11-13: Although presumably there would be substantial overlap between the worst
45 10% fine mass days (hours) and the worst 10% B_{ext} days (hours). Could this be explored?

46

1 P 4-43, line 21: Is there an intent to specifically emphasize “urban areas”, or could this be
2 rephrased to “primarily in those rural, suburban and urban areas which are not protected by the
3 1999 Regional Haze Rule”.

4
5 P 4-44 lines 18, 19: By focusing on the 90th or 95th percentile, it sounds like you’ve already made
6 the (questionable) decision to use the single worst daylight hour. Otherwise, you could change this
7 to “... 90th or 95th percentile forms is appropriate if based on the single worst daylight hour, while
8 consideration of the 95th or 98th percentiles is more appropriate if based on all daylight hours.”

9
10 P 4-44, line 19: Conceptually, a 90% RH screen could be used for the same weather-screening
11 reasons if a PM_{2.5} mass, rather than a PM light extinction indicator was used. As a practical matter,
12 it may be less critical for a mass indicator for several reasons. Higher RH will tend to “push”
13 hours into the high percentile light extinction bins, but not so for high PM mass hours. In fact any
14 weather (rain, fog) concurrent with high RH is likely to push high PM hours toward lower PM
15 percentiles. Also, with a PM_{2.5} mass indicator, there’s no chance of requiring reductions in very
16 low pollution concentrations that happen to concur with extremely high RH conditions, or of
17 having any public perception, however misguided, that EPA is trying to regulate the weather.
18 There is also no benefit from or need to specifically exclude higher RH conditions from (dried)
19 PM_{2.5} mass measurements, nor would errors in the RH sensor measurements have large influences
20 on whether the “right” or “wrong” hours were excluded or included from the regulatory metrics.

21
22 P 4-44 lines 29-30: I assume this is a typo and that you meant to say “focus on a level of 20
23 µg/m³ as well as levels down to 10 µg/m³ and up to 30 µg/m³”.

24

1 **Comments from Dr. Armistead Russell**
2

3 **Question 7: Forms (section 2.3.3):**

4 What are the Panel's views on the utility of additional analyses to inform consideration of
5 eliminating provisions included in the current form of the annual standard that allow for spatial
6 averaging across monitors, specifically with regard to the potential for disproportionate impacts
7 on susceptible populations with lower socioeconomic status?
8

9 Response: I am not sure that there was sufficient justification for spatial averaging in the past,
10 and do not see that there is much reason to continue the practice. It is likely that a monitor with
11 elevated levels is being impacted with fresh emissions, and unless that monitor is directly
12 adjacent to the source(s), there are areas with even higher levels. Further, those elevated levels
13 may be due to a source whose emissions are more harmful than the regional background PM
14 more evenly distributed across a city. Allowing spatial averaging could lead to a specific area
15 being significantly and consistently adversely impacted beyond the region as a whole.
16

17 **Question 10: Indicator (sections 3.3.1, 3.3.2, and 3.3.3):**

18 What are the Panel's views on the following:

19 a. The preliminary staff conclusion that it is appropriate to maintain a standard that provides
20 protection against all thoracic coarse particles, regardless of their source of origin or
21 composition?
22

22 Agree.

23 b. The appropriateness of maintaining an indicator that allows lower PM_{10-2.5} concentrations
24 in urban areas than non-urban areas?

25 See below.

26 c. The appropriateness of either a PM₁₀ or PM_{10-2.5} indicator for a standard meant to protect
27 against exposures to thoracic coarse particles?

28 Response: While the association of the observed health effects with larger particles is
29 viewed as being only suggestive of a causal relationship, sufficient information is available
30 to continue to have a standard that includes particles above 2.5 um. While certain sources
31 may primarily emit particles that are found in the coarse size range (2.5-10 um), the tail of
32 the size distribution of those emissions contains PM in the sub-2.5 um range, and those
33 particles presumably contribute to the observed health effects in studies using either PM₁₀
34 or PM_{10-2.5}. Using a PM_{10-2.5} indicator would allow dismissing how this tail contributes.
35 Further, as discussed in the PAD, using a PM₁₀ standard would address the (rather small
36 amount of) evidence that urban coarse particles appear to have greater health impacts than
37 wind blown dust. The epidemiology can support either range, and controls aimed at
38 controlling PM₁₀ (beyond those used to reduce PM_{2.5}) would reduce levels of PM_{10-2.5}
39 and vice versa. Given the above, a PM₁₀ standard would appear to be preferred. Question
40 (b) should be rephrased as to allowing higher PM concentrations in non-urban areas.

41 **Question 11: Averaging Time (section 3.3.4):**
42

1 What are the Panel's views on the preliminary staff conclusions that the currently available
2 evidence supports maintaining a 24-hour standard to protect against health effects associated
3 with short-term exposures to thoracic coarse particles, and does not support consideration of a
4 long-term thoracic coarse particle standard?

5
6 Response: Agree.
7

8 **Question 18: Climate (section 5.2):** What are the Panel's views on the preliminary staff
9 conclusion that there is insufficient information to base a standard on climate impacts associated
10 with current ambient PM concentrations?
11

12 Response: While there may be insufficient information to base a secondary standard on
13 potential climate change, the current discussion does not adequately inform policy makers as to
14 the potential that a standard limiting light extinction would do more harm than good. There is
15 sufficient information demonstrating that some aerosols lead to cooling, in particular aerosols
16 that scatter visible light and can lead to increased/longer lived/more reflective cloud formation.
17 The REA (based largely on other assessments) demonstrates that light scattering aerosols lead
18 to a net decrease in radiative forcing, and while the uncertainty is significant, it suggests that
19 the effect may be quite large. Further, there is sufficient evidence that light absorbing aerosols
20 can lead to warming. To go forward with a secondary standard based on reducing light
21 extinction, the PAD needs to more directly weigh the potential dis-benefits of regional
22 warming with improved visibility unless light absorbing aerosols are preferentially targeted.
23 There may be significant regional heterogeneity to controls that would address a visibility-
24 based secondary standard which should be addressed. For example, it is the areas that have the
25 lower PM concentrations that may benefit most from maintaining/improving visibility, but the
26 areas with regionally high sulfate levels likely benefit most from the reduced radiative forcing.
27 At a minimum, EPA staff needs to address how a secondary standard might impact regional
28 radiative forcing and climate, assess the uncertainties, and provide a reasoned analysis
29 weighing the two issues. Also, on Page 5-11, lines 10-11 and lines 31-31, it is noted that
30 "aerosols that are warming are co-emitted with aerosols that are cooling." While this is true to
31 some degree in some cases, it skews one's perception of the actual case. Most of the warming
32 aerosols in the US are emitted by biomass burning and internal engine combustion. Much of
33 the cooling aerosol is formed in the atmosphere by oxidation of SO₂ or VOCs. Thus, a set of
34 controls to control warming PM would not necessarily have that much impact on cooling PM
35 and vice versa. These statements should be modified.
36

37 **Question 20: Material effects (section 5.4):** What are the Panel's views on the preliminary staff
38 conclusion that no new evidence calls into question the adequacy of the protection afforded by the
39 current suite of PM standards, and that there continues to be support for retaining an appropriate
40 degree of control for both fine and coarse particles to provide protection against materials damage
41 and soiling?
42

43 Response: Agree.
44

45 Minor:
46

- 1 P 5-22, l 13. Replace “impossible” with “difficult”
- 2

1 **Comments from Dr. Frank Speizer**

2
3 Date: March 26, 2010

4
5 Charge Question 3: Approach (Section 2.1.3)

6 Page 2.10-2.12: With regard to the weight given to the various approaches Staff appears to
7 indicate that the lower level of the interquartile range for both the long term and short term
8 empirical evidence should be considered, in spite of indicating no threshold. This may be
9 absolutely the correct approach, but some further discussion as to why this decision was made
10 might be warranted. Indicate why not the 90th or 95th %tile level. What does “notably wider”
11 mean in discussing confidence intervals? How much wider? At what point do they cross zero?

12 Page 2.12-13: In discussing the use of the risk estimates Staff indicates that the uncertainties are
13 taken into account by considering the sensitivity of the “core” risk. May need to define “core” risk
14 more explicitly. In addition it is not clear how the two separate approaches are to be combined and
15 whether the weighting of one over the other will dominate or be the determining factor. If I read it
16 one way I might conclude that the evidence based values will be used and the risk assessment is
17 simply a test of the sensitivity of reaching a conclusion. Alternatively (and most likely) somehow
18 the use of the total information will be used to reach a judgment.

19
20 Charge Question 4: Adequacy of current suite of PM_{2.5} standards (Section 2.2)

- 21 a. Appropriateness and characterization of sets of studies. It would appear that the specific
22 studies chosen are appropriate and there are none other that need to be added. However,
23 Figure 3.1 seems not to be adequately discussed in terms of the presentation of differences
24 in weights to be put on any given set of studies. (There are also some specific questions
25 about the way the figure is presented). Clearly the nature of the confidence intervals
26 indicated in the figure provide as estimate of both the nature and size of each study. A
27 more explicit indication on the figure as to which were single city vs multicity studies
28 would be helpful. This would provide further evidence of why relying on the multicity
29 studies seems justified. Specifically with regard to the figure and characterizing the PM
30 exposure there are some questions raised by what is in the figure. For example for a
31 number of the studies the Lower IQR value matches the lower bound of the Range. How
32 does this occur?
- 33 b. Page 2.34 The question of susceptible groups seems to conclude with the standard group of
34 older adults and children along with pre existing cardiopulmonary diseases. The paragraph
35 justifying lower SES is appropriate. However, no mention is made of diabetics (perhaps
36 much of the data is post ISA, but not all). This is an important group, the data are at least
37 as firm as some other groups, and it is a growing issue in the face of the obesity epidemic.
38 I would therefore suggest a brief discussion of the risk data and it be added to the list.
- 39 c. Use of risk assessment, judge correct. Page 2.34, line 14: Minor point—top of page 2.37,
40 line 1: Not sure where the conclusion that the WHI represented a “healthier cohort
41 population” comes from. If I had noted it in the ISA I would have objected. These women
42 were selected as post menopausal and thus were aged ~45+. In the ACS cohort I believe
43 the lower bound age was 35 and the cohort was probably of a generally higher social class,
44 and in Six Cities it was a random sample of households and generally younger (and
45 probably healthier). Before getting to the question of risk based consideration the several
46 pages leading up to page 2.42 provide substantial evidence that the various studies

1 considered demonstrate empirically that significant and substantial health effects have been
2 reported by multiple investigators at or just below the current standards. It would seem that
3 the conclusion that the current standards are inadequate to protect the public and should be
4 so stated before making the obvious concluding sentence on page 2.42, starting on line 5.
5 In fact, it is an interesting contrast that one could take the position that since the current
6 standards fail to protect the public and since there are not a lot of studies that show effects
7 below the current standard levels, the very reason for doing the risk assessment is to help
8 the administrator find an appropriate level that includes a margin of safety (rather than
9 simply trying to add the risk assessment information to the empirical data to come to some
10 “combined judgment” I admit this may just be semantics but because risk assessment
11 carries the implication of uncertainty it would seem better to put it into this context.

12 d. The argument used for justifying the relative contributions of the annual and 24 hour
13 concentrations is logically presented and clearly stated by summarizing the results of table
14 2.2. and text on page 2.45. As we indicated in discussing the RA, although the conclusions
15 would not have changed, we understood why IHD mortality was used but would have
16 preferred Staff using Total Cardiovascular mortality. The problem is further complicated
17 by trying to compare directly the results as presented in table 2.3 with table 2.2 where the
18 contrast is between the annual and the 24 hour. Since table 2.2 is IHD results and table 2.3
19 is cardiovascular and the magnitudes of effect are ~3-10 times larger for IHD the tables do
20 not appear to be directly comparable. The argument as to why there is greater confidence
21 in the roll back estimates from where the annual standard is controlling than where the 24
22 hour is controlling is straight forward and clearly related to the differences in the volume of
23 data for each scenario from which to make the estimates. (The argument presented on page
24 2.52 for the use of the 15 urban study areas for estimating the contrast between annual and
25 24 hour values is persuasive and provides the relative limitations of the sites as a fair
26 assessment.)

27 e. With regard to the integration of the evidence presented in section 2.2.3, Staff is correct in
28 asserting that “newly available information strengthens the associations between ...” We
29 also agree that there are significant public health consequences at the current levels of the
30 standard that justify consideration of lower standards in the further. However, what is not
31 is this section is the fact that this is not different from the conclusions of the previous
32 review, but only strengthened by additional data obtained in the last five years. Remember
33 it was the Administrator that when outside the recommendation of both CASAC and Staff
34 the during the last review. Further without specifying the nature of the uncertainties that
35 were reduced since the last review (page 2.54, line 30) the text does a disservice to the
36 previous conclusions that the standards should have been lowered. What are the specific
37 uncertainties that have been lowered? What are the mechanisms that were not known 5
38 years ago that are better articulated now? It is true that there are a greater suite of health
39 effects, however, they do not meet a higher degree of certainty and thus add little to the
40 quantitative argument available at the last round. (One cannot avoid the obvious
41 conclusion that the Administrator in the last round simply ignored the available scientific
42 data.)

43
44 Charge Question 5—Indicator

45 a. With regard to maintaining PM_{2.5} Staff’s argument that the data have expanded over the
46 last several years is correct. They are also correct in indicating that in spite of there

- 1 being significant advance in being able to better characterize both in terms of size,
2 number (and perhaps chemistry) these latter measures have generally not be applied
3 sufficiently in health based research to be able to change the indicator (at least for the
4 fine fraction from the current one. Of PM_{2.5}.
- 5 b. With regard to Ultrafines (UFP) the data are certainly suggestive of health effects.
6 Staff rightfully points out (Page 2.58, Paragraph beginning line 25) there is currently no
7 network of UFP samplers and thus only limited site-specific data sets. These data,
8 however, are compelling and point to the need for the establishment of a network of
9 samplers under some federal guidelines to position EPA to be more effective in making
10 judgments on future particle standards.
- 11 c. With regard to speciation and sources perhaps the most important summary statement
12 is that on Page 2.64, sentence beginning line 17, "...evidence not sufficient to support
13 eliminating any component or source from the mix..." However, the suggestion that
14 could find a specific component that might be eliminated is probably a wrong way to
15 conceive of the problem. PM is obviously a summary measure of a mixture of both
16 complex air chemistry and source components. The likelihood of being able to
17 identify or eliminate one of those components is small. More important is the use of
18 this complex chemistry to more accurately identify and label sources that need to be
19 better controlled. Thus far the data point most specifically to oil burning and traffic
20 pollution sources, and less conclusively to wood burning. This obviously is important
21 information for considerations beyond the Standard to the implementation phase.
22 Rather than simply indicating that the work to date does not justify expanding the
23 Indicator to be more specific in terms of speciation, a more positive statement of the
24 sources could be made.

25
26 Charge Question 6--Averaging times

- 27 a. Agree with Staff's position that the annual and 24 hour average need to both be
28 retained as the standards.
- 29 b. Also agree that that there is insufficient information to consider a shorter than 24 hour
30 average or a seasonal average at this time. However, there is mounting clinical
31 evidence that short term exposures (substantially less than 24 hours) are associated with
32 reversible cardiovascular changes. The degree that these changes either from acute or
33 repeated exposures trigger significant adverse events or result in more sustained
34 adverse effects is as present highly suggestive, They certainly point to the need to
35 consider from a policy perspective related to susceptible groups how the 24 hours
36 standard should be modeled to protect the population with a margin of safety. Are
37 there additional analyses that could be done to inform the Administrator on the
38 distributions of the frequencies at which any specific level of exposure for , say up to 2
39 hours, would occur at specific levels of the 24 hour standard?

40
41 Charge Question 7—Form

42 The argument that there may be difference in the protective effects of a given standard
43 based upon spatial averaging vs 'community-wide air quality' recording the highest value only is
44 sufficiently well presented to justify further analyses.

45
46 Charge Question 8—Level

1 a-c. The rationale presented regarding alternative standard levels is well presented,
2 although it is not clear how Staff intends will eventually focus of the which of the two very logical
3 alternatives (range 13-10ug/m³, 30-35ug/m³ vs. 11-10ug/m³, 30-25ug/m³) will become the focus
4 of discussion in the second draft. Perhaps it would be useful for CASAC to weigh in more heavily
5 on these alternatives. (Obviously, the latter provides a greater degree of safety and is more
6 consistent with an “adequate margin of safety”

7 d. Clearly the idea that the alternative annual standard will shift the distribution of 24 hour
8 measures is well presented. However, it is also well presented that “hot spots” would remain and it
9 may be these very hot spots that put the most vulnerable parts of the population at greatest risk.
10 Thus, it becomes appropriate to continue to also regulate 24 hour levels, and thus logical to
11 consider and maintain an alternative 24 hour standard.

12 e. Other considerations. Because one national standard may not deal effectively with the
13 seasonal or spatial variations that might occur (nor the potential localization of susceptible sub-
14 populations at greater risk) it would seem more logical to consider more conservative levels for the
15 standards. Are there additional analyses that could be undertaken to provide more quantitative
16 estimates of the magnitude of the populations that would be left at risk for any given suite of
17 standards? This might be one of the topics to be covered in the second draft of the PA.
18

19 Charge Question 9 –Adequacy of current 24 hour PM₁₀ standard.

20 a. Maintaining a Course Fraction particle standard. If anything the evidence since the last
21 review is stronger, although still only suggestive that there are significant adverse
22 health effects associated with the thoracic course fraction. It would appear that
23 uncertainty issues remaining relate mostly to either lack or sufficient numbers of
24 monitors from which to make appropriate statistical associations and adequacy of
25 spatial estimates of exposure, potential for co-pollutant effects (mostly separating the
26 effects of fine particles from course particles) or difficulties in technically being able to
27 carry out toxicological studies of enough variety to provide a foundation for the
28 potential mechanisms (different from those that have already been confirmed for
29 PM_{2.5}). Clearly the public health concern remains high (potentially related more to
30 morbidity effects rather than mortality as evidenced by the relation to hospitalization
31 and emergency room associations). Thus, in spite of the uncertainties maintaining a
32 thoracic course particle standard is warranted. Further to the degree that the
33 associations reported are at least as significant as in the last round of review, and I
34 believe they are even more suggestive, strengthening the standard can also be defended.
35

36 Charge Question 10 Indicator.

37 a-b. Appropriateness of maintaining a standard that protects against particles regardless of
38 source of origin and composition. The answer to this question seems obvious. The issue is that the
39 potential fraction of total course fraction that is combustion generated vs. dust generated may or
40 may not be important. The wind blown dust studies that show impacts at far distances are
41 suggestive that irrespective of source and thus potential toxicity (from what we currently know)
42 may not make as much difference. Therefore accepting that some fraction of the PM₁₀ may be
43 related to the amount of combustion source (read PM_{2.5}) and thus a portion of the toxicity noted
44 does not negate the importance of reducing total particles. Staff seems to be arguing that being
45 able to reduce PM₁₀ from any source will work to the benefit of both urban and rural sources. I
46 think I agree with this, but it still would be worth while a full discussion at CASAC.

1 c. With regard to which measure (PM10 or PM10-2.5) is appropriate, I believe we will
2 need to discuss this fully. We cannot leave the question open to the Administrator to decide.
3 Therefore what we need is some estimates of exposure fractions with which to make a tentative
4 judgment of what the alternatives would predict.

5
6 Charge Question 11—Averaging time.

7 Staff concludes that the 24 hour average provides the best estimate of exposure to course
8 fraction and is the exposure value with the most data suggesting an association. I would agree. It
9 probably make the most biological sense and the suggestion that control of accumulated repeated
10 24 hour exposures would reduce the potential for longer term averaging time effects is reasonable.

11
12 Charge Question 12. Form.

13 Concur with the use of the 98th percentile form averaged over 3 years.

14
15 Charge Question 13—Level

16 We currently have a promissory note that Staff will conduct some analyses of alternative
17 levels of the 24 hour standard for PM10 and PM10-2.5. More specific criteria of a “stopping
18 point” are needed. Will the lower bound be at 140,120, 100ug/m3 for PM10, and if so on what
19 basis? For PM10-2.5 will it be at 75%, 60%, 50%, 40%, lower(?) of PM10 and on what basis? (If
20 it were at all possible to see some of these analyses before the Draft 2 it would be useful to include
21 in our discussion.) by indicating that the focus will be on the upper end of the distributions of daily
22 PM will Staff will need to take into consideration the differences between total PM urban and rural
23 and may have to run two sets of analyses to compare differences.

1 **Comments from Dr. Helen Suh**
2

3 The first draft Policy Assessment is a good start at presenting and discussing the policy-
4 relevant issues in the review of the PM NAAQS. It is comprehensive in its inclusion of relevant
5 evidence and risk based information. The summaries (e.g., sections 2.3.6, 2.4, 3.2.2, 3.4) were
6 particularly notable, as they were generally succinct and thoughtful, clearly and cogently
7 presenting the staff conclusions. Other sections of the Assessment, however, suffered from too
8 much detail, seemingly recounting much of information presented in the ISA and REA. This
9 rehashing of information obscured the key policy related issues and brought a lack of focus and
10 clarity to the document. Further distillation and tightening of the document is needed. While not
11 yet written, the sections on “Key Uncertainties and Needs for Further Research” (for both PM_{2.5}
12 and PM_{10-2.5}) are welcomed and important. These sections should certainly include discussions of
13 PM composition, with respect to whether particulate mass is the appropriate indicator. Finally, at
14 its current length, the document would benefit from a chapter either at the beginning or end of the
15 Assessment that summarizes staff conclusions for both the primary and secondary standards.
16

17 **18. Forms (section 2.3.3):** *What are the Panel’s views on the utility of additional analyses to*
18 *inform consideration of eliminating provisions included in the current form of the annual*
19 *standard that allow for spatial averaging across monitors, specifically with regard to the*
20 *potential for disproportionate impacts on susceptible populations with lower socioeconomic*
21 *status?*
22

23 The rationale to conduct additional analyses to assess whether spatial averaging provisions should
24 be eliminated is sensible and appropriate. Further, the consideration of alternate forms for the
25 annual PM_{2.5} standard, specifically the highest community monitor level, is appropriate. However,
26 the process by which such considerations (and from this the appropriate standard form) will be
27 made is unclear and should be clearly set forth in the second PA. In particular, the second PA
28 should describe how likely regional and temporal variation in the comparisons and the relationship
29 between highest monitor levels and low SES populations was considered.
30

31 **19. Levels (sections 2.3.4, 2.3.5, and 2.3.6):** *What are the Panel’s views on the following:*

32 *d. The preliminary staff conclusions regarding alternative standard levels that are*
33 *appropriate for consideration, and the rationale upon which those conclusions are based?*
34

35 The alternate standard levels to be considered and their rationale are appropriate.
36

37 *e. The insights that can be gained from the quantitative risk assessment to inform our*
38 *understanding of the roles that the annual and 24-hour standards play in providing public*
39 *health protection, specifically in focusing on simulations of estimated risks remaining upon*
40 *just meeting alternative suites of standards? (sections 2.3.4.2 and 2.3.5.2)*

41 The quantitative risk assessment is a useful and illustrative tool to illustrate the impact of
42 alternative standards on health risk. The usefulness of the risk assessment to this process
43 would be increased if the discussion of the risk assessment results were condensed even
44 further to focus on the major points.

- 1 *f. The policy implications of the uncertainties associated with estimating risks, including*
2 *potential underestimation of risk, in reaching conclusions regarding standards that would*
3 *provide public health protection with an adequate margin of safety?*

4 As noted in discussions and comments from the March 2010 meeting, the impacts of model
5 choices on long- and short-term risk estimates should be expanded (perhaps on page 2-43,
6 paragraph beginning on line 9), as this information is central to determinations of margin of
7 safety. As an example, the potential under- (and/or over-) estimation of long-term
8 mortality risks from reliance on C-R functions from Krewski et al. (2009) should be
9 discussed.

- 10 *g. A policy approach for identifying a suite of standard levels in which the annual standard*
11 *would be the “generally controlling” standard to provide protection for both long- and*
12 *short-term PM_{2.5} exposures, in conjunction with a 24-hour standard set to provide*
13 *supplemental protection against days with high peak concentrations associated with*
14 *localized “hotspots” and risk arising from seasonal emission that might not be controlled*
15 *by a national annual standard? (section 2.3.6)*

16 The policy approach for identifying the suite of standard levels was well written and clear.

- 17 *h. Additional considerations that could inform our conclusions related to alternative suites of*
18 *fine particle standards?*

19 With regard to a margin of safety, it may be important to include a statement in the risk
20 assessment consideration of results (page 2-104) regarding the potential implications of
21 model choices regarding under- or over-estimation of risks.

22 **Review of the Primary Standard for Thoracic Coarse Particles (Chapter 3)**

23 [As a general note, the chapter on thoracic coarse particle seems to be less formed and more
24 preliminary than corresponding sections for PM_{2.5}.]

- 25 **6. Form (section 3.3.6):** *What are the Panel’s views on the preliminary staff conclusion that*
26 *it is appropriate to consider a 98th percentile form for a revised 24-hour standard meant to*
27 *protect against short-term exposures to thoracic coarse particles?*

28 This conclusion seems appropriate for practical reasons. However, it is not clear that the
29 logic used to support a 98th percentile form for NO₂ and PM_{2.5} pertains to thoracic coarse
30 particles given that the high end of the PM₁₀ concentration distribution may reflect higher
31 contributions of PM_{2.5} and not PM_{10-2.5} in many parts of the US. Although perhaps this
32 issue can not be addressed, this uncertainty should probably be mentioned.
33

1 **Comments from Dr. Sverre Vedal**

2
3 **EPA (OAQPS) PM Policy Assessment, 1st draft 2010**

4 **Sverre Vedal draft comments - Apr 4, 2010**

5
6 **Charge Question 1: Organizational structure.**

7 a. Intro and Background.

8 These are well-organized and informative for both naïve and informed readers.

9
10 b. Questions posed.

11 All questions are appropriate - I can't think of additional ones that would be useful.

12
13 c. Level of detail and focus.

14 The balance between too little and too much detail is good, in general. There is
15 repetitiveness as parallel arguments are followed through in dealing with long-term and short-term
16 exposure risks, but I think this is largely unavoidable. The historical review in the coarse PM
17 section (3-26 through 3-30) is perhaps too extensive.

18
19 **Charge Question 2: Technical content.**

20 a. ISA evidence and uncertainties.

21 The PA adequately and faithfully summarizes the relevant points from the ISA. I still
22 maintain a minority opinion that the link between long-term exposure and cardiovascular disease is
23 appropriately classified as causal but that with total mortality should be classified as likely causal
24 (p. 2-16, table 2-1). Regardless, the PA is faithful to the last version of the ISA, which has the
25 links with both cardiovascular and total mortality classified as causal.

26 The section on susceptibility is somewhat poorly focused, including a discussion of lung
27 function deficits in adulthood (p. 2-27) of limited relevance. Also, studies of a single stratum of
28 the population (e.g., post-menopausal women, p. 2-28) that are unable to compare risk across
29 different strata provide little evidence of enhanced subgroup susceptibility. The bottom line,
30 however, is appropriate (p.2-29).

31
32 b. Risk assessment policy relevant information and uncertainties.

33 As in by review of the RA, I take issue with the statement that the magnitude of both long-
34 term and short-term risk depends primarily on annual-average PM_{2.5} concentrations (p. 2-44, line 4
35 and p. 2-48). I know this is intended to refer to short-term effects being driven by concentrations
36 in the middle part of the distribution, but the statement as stands is not strictly correct.

37
38 **Charge Question 3: Fine PM primary standard approaches (Section 2.1.3).**

39 1. Approach.

40 EPA staff is using evidence- and risk-based approaches, as before, to guide consideration
41 of the adequacy of the current standards and the choice of alternative standards. Both have their
42 roles and are appropriate to use for these purposes.

43 There is asymmetry in the way EPA staff uses evidence from long-term and short-term
44 exposure studies in assessing protection afforded by the annual and 25-hour standards: evidence
45 from long-term exposure studies is used only in assessing protection afforded by the annual
46 standard (p. 2-10, line 18), whereas evidence from short-term exposure studies is used in assessing

1 protection afforded by both the annual and 24-hour standards (p. 2-11, line 10). Is there a rationale
2 for also considering the evidence from long-term studies in assessing the 24-hour standard? It has
3 been argued that it is the cumulative effect of repeated daily PM concentration increases that is
4 responsible for the chronic effect of PM exposure observed in long-term exposure studies (Brook
5 RD, Rajagopalan S. Air pollution and cardiovascular events. N Engl J Med 2007;356:2104-5). It is
6 therefore possible that chronic effects could be better controlled through the 24-hour standard than
7 the annual standard.

8
9 **2. The relative weighting.**

10 I agree with using both the annual and 24-hr standard together in providing protection
11 against PM effects. The balance between evidence- and risk-based approaches is fine.

12
13 **3. Additional approaches?**

14 None to suggest at this time.

15
16 **Charge Question 8: PM_{2.5} level.**

17 **a. Conclusions on alternative standard levels and rationale.**

18 I find the use of the 1SD below the mean or at the lower IQR to define annual mean
19 concentrations of concern to be less appealing than the use of “somewhat below the long-term
20 mean” concentrations, although either is somewhat arbitrary. I know that we are to limit ourselves
21 here to scientific considerations and ignore issues of feasibility and cost-benefit, but as ever lower
22 standards are being considered, this becomes more difficult.

23
24 **b. Insights from the quantitative RA on annual and 24-hour standards, especially simulations of**
25 **remaining risks with alternative standards (sections 2.3.4.2 and 2.3.5.2).**

26 The quantitative RA results are very important. The information presented is very dense,
27 for example, in detailing and contrasting effects in individual cities – but, I think this is preferable
28 to being vague. The two scenarios used for alternative 24-hour standards (13/30 and 12/25) may
29 provide most of the information needed, but additional options may be helpful unless it can be
30 justified that they aren’t.

31
32 **c. Policy implications of the uncertainties in estimating risks.**

33 Use of the LML rather than PRB as the lower level for estimating risk is appropriate, in my
34 opinion.

35
36 **d. Approach with annual standard “generally controlling” standard for both long- and short-term**
37 **PM_{2.5} exposures (section 2.3.6).**

38 I believe the arguments made in favor of the annual standard as the controlling standard are
39 well laid out and ultimately persuasive.

40
41 **e. Additional considerations related to alternative standards?**

42 It isn’t clear how the selected studies were chosen to be included in Fig. 2-4 (p. 2-91).

43
44 **Charge Question 13: PM_{10-2.5} level. Appropriateness of 98th %ile, 24-hour PM₁₀ or PM_{10-2.5} in**
45 **epi study locations for identifying range of standards, in light of limited monitoring data for PM₁₀₋**
46 **2.5 (Section 3.37)?**

1 I am disposed to emphasizing the specific PM_{10-2.5} indicator/measure in assessing level
2 rather than PM₁₀. I find that the extent to which PM₁₀ reflects PM_{2.5} (ie, more so in urban areas)
3 may make it insurmountably problematic in using it for reviewing evidence and deliberating on the
4 level of a standard to protect against effects of PM_{10-2.5}. I remain open to attempts to accomplish
5 that, however.
6
7