

ORAL Statement of Mary B. Rice MD MPH

May 31, 2018

Submitted to: **the US Environmental Protection Agency Science Advisory Board**

EPA Planned Action: **NPRM “Strengthening Transparency in Regulatory Science”**

Mr. Chairman and members of the EPA Science Advisory Board, thank you for the opportunity to speak at your meeting today. I am a pulmonary and critical care physician at Beth Israel Deaconess Medical Center and assistant professor of medicine at Harvard Medical School, where I investigate the effects of air pollution on lung health in cohort studies of children and adults, including the Framingham Heart Study. I am speaking today on behalf of the American Thoracic Society, which is a 16,000-member medical professional organization dedicated to the prevention and treatment of respiratory disease and critical care illnesses.

I have serious concerns about the EPA’s planned rule called “Strengthening Transparency in Regulatory Science” and what it means for my patients suffering from lung disease. **This proposed rule will allow the EPA to ignore large portions of the scientific literature in decisions that are supposed to protect human health with an adequate margin of safety. As a doctor, I would do my patients a disservice if I ignored the best available evidence to guide my clinical decisions.**

No doctor or medical society would advocate ignoring large portions of the scientific literature because the underlying data were not in the public domain. Medical guidelines are based on the best available evidence, evidence that emerges from multiple peer-reviewed scientific studies, not just one study. The medical field is rapidly moving toward increasing transparency, and I think that is a good thing. But what about decisions that need to be made today, and in the near future, such as the air quality standards that the EPA will review in the next year?

Is the best available science *only* the subset of studies whose data are available for analysis by the public? That’s not the case for studies about environmental health effects, and it’s not the case for other kinds of medical research. The EPA’s new “transparency” standard introduces a more severe standard than the FDA uses in making decisions about the approval of drugs, and that Medicare uses to decide which treatments to cover.

When I return to the ICU and I am treating a critically ill young man with respiratory failure, I need to make informed decisions. To make the decisions that are most likely to save his life, I rely on guidelines that consider the full scientific literature. The parents of that critically ill young man expect me to do that, and we must also expect the same of the US EPA in setting standards to protect human health.

This rule gives the EPA an excuse to ignore the kind of research that involves real people living in the real world and exposed to real pollution. It is the kind of research that looks at how pollution affects risk of heart, lung and brain disease in kids and adults, and events like heart attacks, asthma attacks and premature death. The EPA has the health of our children, including my children, in its hands. I strongly urge the EPA to abandon this misguided rule, and to fulfill its mission to regulate pollution to protect human health with an adequate margin of safety.