

**Statement of Deborah Shprentz  
Consultant to the American Lung Association  
U.S. EPA Clean Air Scientific Advisory Committee  
March 5, 2007 Teleconference on the  
Review of the Final EPA Staff Paper on the  
Review of the National Ambient Air Quality Standards for Ozone**

Good afternoon. I am Deborah Shprentz, a consultant to the American Lung Association.

The Lung Association is very pleased to see that the final Staff Paper incorporates many of the suggestions made by CASAC for improving the exposure and risk assessments and for strengthening the review and interpretation of the scientific evidence.

We are further impressed that final Staff Paper embraces two of the three principal recommendations made by CASAC regarding revisions to the primary standards: that is, explicitly acknowledging that the current standard is not protective of public health and must be strengthened; and, clearly recognizing that EPA must close the rounding loophole.

However, we are concerned that the final Staff Paper suggests a range for the 8-hour ozone standard whose upper end is well above what the 23-member CASAC ozone panel unanimously recommended as necessary to protect public health. A standard set at the upper end of the range recommended in the EPA Staff Paper, 0.080 ppm, is not supported by the health evidence showing adverse effects at and below this concentration, nor by the results of the final risk assessment indicating the large number of people affected by lung function declines, hospital admissions, and even premature death at this level.

Let me cut to the chase. We urge CASAC to hold firm and insist that EPA proposes revisions to the 8-hour ozone standard that fall within the range of 0.060 ppm to 0.070 ppm. It is really important to stick to your guns.

Numerous chamber studies of healthy adults have shown that some subjects experience reduced lung function, increased respiratory symptoms, and changes in airway responsiveness and inflammation following 6.6 hour exposures to 0.08 ppm ozone. More recent controlled human exposure studies show that some people experience adverse effects at 0.06 ppm or below. Children and people with serious respiratory disease are not even among those tested. Epidemiological studies have long shown associations between ozone and respiratory hospital admissions for children, emergency room visits, particularly for asthma, school absenteeism and respiratory symptoms.

Moreover, multi-city studies from the United States and Europe have now demonstrated that day-to-day increases in ozone concentrations during the summer months increase the risk of premature death, even at concentrations well below the current standard.

Animal studies corroborate the findings of the human clinical studies, demonstrating increased airway resistance and inflammation at low levels. Furthermore, toxicological studies demonstrate that repeated injury-repair cycles can cause fibrosis of the lung tissue. Studies in infant primates show that chronic exposure to high ozone concentrations can change the architecture of the airways.

The Lung Association will urge EPA Administrator Johnson to propose new, more protective National Ambient Air Quality Standards for ozone air pollution at the lower end of the CASAC recommended range, that is, at 0.060 ppm, in order to provide an adequate margin of safety for sensitive populations, as required by the Clean Air Act.

Additionally, we will urge EPA to reinstate the one-hour primary ozone standard, which is necessary to protect public health in those regions of the country that meet the eight-hour standard but still have relatively high peak exposures.