

**Comments of Deborah Shprentz  
Consultant to the American Lung Association**

**on EPA's Reconsideration of the  
National Ambient Air Quality Standard for Ozone**

**Clean Air Scientific Advisory Committee  
February 18, 2011**

Good afternoon and thank you for the opportunity to comment on behalf of the American Lung Association.

The American Lung Association genuinely appreciates the extensive efforts of this Committee to provide detailed scientific reviews and advice during the lengthy process of considering revisions to the National Ambient Air Quality Standards (NAAQS) for ozone. We commend the EPA for instituting detailed charge questions which have engendered high quality scientific reviews.

With ozone, we have the strongest evidence of harm that is available for any criteria air pollutant. We have comprehensive, consistent, coherent evidence from all three major types of scientific studies; that is, controlled human exposure studies; toxicology studies; and epidemiological studies of community health.

Given the strength of the combined evidence indicating adverse health effects at levels below the 2008 standard, the American Lung Association has called for an 8-hour limit of 60 ppb.

We are joined in this call by the nation's leading public health and medical associations – including the American Medical Association, the American Academy of Pediatrics, the American Thoracic Society, the American Heart Association, the American College of Chest Physicians, the American Public Health Association, and many others.

Today you will hear from a great many representatives of the oil industry and other industries that oppose EPA's proposed reconsideration of the 2008 ozone standard. They will claim that EPA should defer consideration of the ozone standard for several years, pending the completion of the next review. They will claim that if EPA reconsiders the standard now, that industries may be facing different requirements in several years.

These particular arguments are contradicted by two major factors:

First, EPA is not implementing or enforcing the 2008 standard of 75 ppb. That standard is in effect stayed, pending a final decision on the reconsideration. The

standard that remains in effect today is the one set 14 years ago in 1997, of 0.08 ppm, which is rounded up to 85 ppb.

Fourteen years is a lifetime for a child. As the parent of a 13-year old child with asthma, I wonder if the air quality standards she has grown up with have diminished her lung capacity; if the air quality alerts based on the 1997 standards were sufficiently protective to avoid exposures that could trigger lung inflammation and respiratory symptoms. I worry that the children born in 2011 are also growing up under outdated, inadequate standards that fail to protect their health.

Second, the science has marched forward. The preliminary comments of several CASAC members point to new studies that strengthen the case for a standard in the range of 60 ppb. These are studies of respiratory function and inflammation, and also of hospital admissions and premature mortality attributable to ozone. I would argue that regulatory consistency would be best achieved by setting a sufficiently protective ozone standard now, rather than revising the standard again in several years.

Speakers today will also claim that EPA has overestimated the benefits, underestimated the costs, failed to consider natural ozone concentrations at high altitudes, and reinterpreted the results of industry-funded studies. They will claim that the epidemiology is confounded by other air pollutants, that the toxicology studies were conducted at too high concentrations, and that the chamber studies do not represent realistic exposures. We have heard these arguments before and we will hear them again. In short, some seek to sweep away a careful, reasoned, and integrated examination of the science, that involved consideration of 1,700 published papers, and numerous draft and final science, risk, exposure, and policy assessment documents.

There's a lot at stake here.

EPA's Regulatory Impact Analysis indicates that a standard of 60 ppb could prevent 10,000 more premature deaths each year than a standard of 75 ppb. It estimates that a stronger ozone standard would avert 21,000 hospital and emergency department visits, and 58,000 asthma exacerbations annually.<sup>1</sup>

The guiding principle under the Clean Air Act is that the NAAQS must be strong enough to protect sensitive groups, not just average healthy individuals. Congress intended the air quality standards to prevent harm before it occurs. Under the Clean Air Act, EPA must set NAAQS for ozone that protect public health, including the health of children, older adults and people with lung diseases like asthma, with an adequate margin of safety. Children, the elderly, individuals suffering from chronic lung disease, people who exercise or work

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<sup>1</sup> U.S. EPA, Summary of the updated Regulatory Impact Analysis (RIA) for the Reconsideration of the 2008 Ozone National Ambient Air Quality Standard (NAAQS), January 2010.

outdoors are particularly vulnerable.

The law requires EPA to base its decision *solely* on the need to protect public health. EPA must reject pressure from Big Oil and other industries to delay a decision or to retain the current standard. Retaining the current standard would ignore a decade of science and recklessly subject millions of Americans to unsafe levels of ozone pollution.