

**Statement of Janice E. Nolen  
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**to the Clean Air Scientific Advisory Committee**

**On EPA's Proposals for the  
National Ambient Air Quality Standards for Nitrogen Dioxide**

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My name is Janice Nolen, and I'm assistant vice president of national policy and advocacy for the American Lung Association.

Since 1971, the U.S. has had one standard for nitrogen dioxide: an annual average concentration of 53 parts per billion. The Lung Association is pleased that EPA has now proposed a second standard to protect against shorter, peak exposures—a standard that would limit one-hour episodes.

This important addition moves us in the right direction. We need both an annual and a short-term standard.

However, we believe that EPA is underestimating what is needed to protect the health of the public, especially those 36 million people who live near or work on or near transportation routes.

The American Lung Association recommends EPA adopt a one-hour standard of not more than 50 parts per billion set at the 99<sup>th</sup> percentile, and a stronger annual standard similar to the level that California adopted, 30 parts per billion.

We applaud the proposal for a national network of nitrogen dioxide monitors located near highways. This must be only the beginning of what is truly needed—comprehensive transportation monitoring for the other pollutants, including particulate matter.

We disagree with the proposal that would trade off these monitors in return for setting the standard at a more protective level. We need much tighter standards. We need a transportation monitoring network. We need EPA to take both steps to protect the health of those most at risk. The Lung Association does not believe that the level of a national air quality standard should depend on the extent of the monitoring.

With respect to the proposed hourly standard, the meta-analysis of clinical studies provides clear evidence of harm for adults with mild asthma breathing NO<sub>2</sub> at levels within the proposed range. To protect against harm to these adults, much less to children, seniors or anyone with more severe asthma or other lung disease, requires a much lower level. Further, the

epidemiological studies, point to more serious health effects, occurring at much lower concentrations of NO<sub>2</sub>.

In addition, the exposure assessment, risk assessment, and air quality analysis all demonstrate that of the options considered, only an hourly standard of no more than 50 ppb would protect against harm from peak exposures.

EPA may be making the assumption that the one-hour standard represents anticipated traffic exposures. If so, we disagree. Traffic in far too many cities has grown into a constant stream. To protect people who live or work near highways against nitrogen dioxide exposures, a stringent long-term standard is needed.

Thank you.