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The Honorable Gina McCarthy, Administrator  
U.S. Environmental Protection Agency  
1200 Pennsylvania Avenue, NW  
Washington, DC 20460

RE: Clean Energy Incentive Program Design Details, Proposed Rule  
Docket ID No. EPA-HQ-OAR-2016-0033

Dear Administrator McCarthy:

On behalf of the American Lung Association, I am pleased to submit comments to the U.S. Environmental Protection Agency on the design details proposed for the Clean Energy Incentive Program. The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease, through research, education and advocacy. The Clean Energy Incentive Program can put into place many important steps that will reduce emissions of harmful air pollutants and help us as a nation fight climate change, save lives and reduce the burden of lung disease.

The Clean Energy Incentive Program will provide much needed assistance to increase cleaner energy and energy efficiency, as well as assist low income families with reduced energy costs. The Program offers additional, much-needed opportunities for states to reduce emissions from electricity generation that cause direct harm to human health and worsen climate change. Those changes help to reach the overall goals of the Clean Power Plan, that, when fully implemented, will prevent the premature deaths of 3,600 people in 2030.

The Lung Association provides comments on several components of the proposal.

**Expanded definition of acceptable renewable energy projects.**

The Lung Association supports clean, non-combustion renewable energy. The protection of lung health and a sound U.S. energy policy are compatible goals that require an emphasis on energy conservation, energy efficiency and the use of clearer energy resources. Wind, solar and geothermal are clean energy sources that expand the opportunities to develop and deploy clean, renewable energy resources that are not combustion-based, as does existing

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hydropower. This Plan will help to promote technologies that provide energy from non-combustion sources located onsite, such as rooftop solar and ground source heat pumps. Additional capacity will require reforms to transmission and distribution policies to encourage the expansion and delivery of clean, renewable, non-combustion energy resources. The Lung Association supports additional research and development of advanced technologies that facilitate the expanded use of renewable energy, including improvements to energy storage capabilities.

The Lung Association supports EPA's decision to not include combustion-based energy options, including biomass, as acceptable energy projects under this Plan. Biomass includes wood, wood products, agricultural residues or forest wastes, and potentially highly toxic feedstocks, such as construction and demolition waste. Burning biomass can emit recognized air pollutants, including particulate matter and other carcinogens, which cause premature death and endanger respiratory health.

### **Expand the opportunities for low income households and communities.**

Socioeconomic position has been consistently associated with greater harm from air pollution. Many studies have explored the differences in harm from air pollution to people who are in a low socioeconomic position or live nearer to major sources,<sup>1</sup> including fossil fuel-fired power plants. Low socioeconomic status consistently increased the risk of premature death from fine particle pollution among 13.2 million Medicare recipients studied in the largest examination of particle pollution mortality nationwide.<sup>2</sup> Unemployed people, those with low income or low education and non-Hispanic Blacks were found to be more likely to live in areas with higher exposures to particle pollution in a 2012 study.<sup>3</sup>

Energy sources of air pollution are often located near where many people, especially communities of color or lower income, live and work, which means their exposure to pollutants emitted can be more immediate and disproportionately harmful. For many reasons, people in those communities also face a greater burden of lung disease, making them even more vulnerable to these pollutants.

Emissions trading and averaging can create disproportionate impacts on local communities. Under the Clean Power Plan, some communities may retain such unequal impacts if trading allows some plants to continue with higher emissions, a concern the Lung Association has raised before. Weatherization and solar energy programs would offer some important assistance to those communities, but those will not adequately address the health injustices these communities have borne. The nation needs to reduce emissions from the power plants in every community.

The Lung Association is pleased that EPA is providing significant flexibility in definitions of low income using standard classifications established and used by federal, state and local government agencies before the Clean Power Plan. EPA should expand the recommendations to specifically

include the definition used for federal housing assistance purposes that covers households with incomes at or below 80 percent of the area median income, called the AMI. The U.S. Department of Housing and Urban Development established the AMI to reflect household income relative to the community income, a crucial recognition that the costs of living vary significantly by community. The final criteria should explicitly include other established programs such as the Supplemental Nutrition Asst. Program (SNAP), Supplemental Security Income/Social Security Disability Income, and Temporary Assistance for Needy Families (TANF), among others.

The Lung Association also supports the proposal to incorporate solar energy use in low income households as part of the energy efficiency proposal. Steps to expand solar energy use in housing at every income level will not only expand the available energy for the future, but will provide lower cost electricity for those who most need those savings.

EPA should revise the language to recognize that many low income people live in multifamily buildings where they are part of an internal grid that provides heat and electricity jointly to all residents. Individual electricity accounts do not exist for those residents and they likely share these costs for joint areas in their buildings. EPA should recognize that community solar projects may benefit low income schools, street lights and clinics in these communities as well as the residences.

### **Energy efficiency**

The Lung Association supports the Program's goals to significantly reduce demand for energy by increasing the efficiency of U.S. homes and businesses. The Lung Association has long supported programs and policies to encourage consumers and utility companies to expand investment in energy efficiency and energy conservation measures to reduce air pollution emissions, to reduce household energy expenses, and to stimulate new economic opportunities and job creation.

### **Incorporate indoor air quality protections in energy efficiency measures.**

Programs and policies to encourage energy efficient design and construction of residential, commercial, and industrial buildings must also protect indoor air quality. EPA needs to expand the standards for health and safety to go beyond the minimal standards of the Weatherization Assistance Program. WAP limits its requirements to be "dry, well-ventilated, energy efficient and sometimes pest free." More appropriate standards should at least include contaminant-free, meaning that radon would be assessed and mitigated, and measures that prevent the buildup of mold and other contaminants would be incorporated into the energy efficiency measures. Unless these are recognized and addressed in the efficiency measures, concentrations of these pollutants would build up. EPA has signed on to the National Radon Action Plan that calls for radon to be factored in during weatherization measures.



## Conclusion

The Clean Energy Incentive Program offers a crucial system to encourage states and communities to invest in energy efficiency and clean, renewable energy, particularly in low income communities. This Plan provides useful, adaptable tools to advance actions that will help states reduce carbon pollution and save lives. The American Lung Association urges EPA to move ahead to put in place a strong, final Program so that work can begin as soon as possible.

Sincerely,



Harold Wimmer  
National President and CEO

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<sup>1</sup> Institute of Medicine. *Toward Environmental Justice: Research, Education, and Health Policy Needs*. Washington, DC: National Academy Press, 1999; O'Neill MS, Jerrett M, Kawachi I, Levy JJ, Cohen AJ, Gouveia N, Wilkinson P, Fletcher T, Cifuentes L, Schwartz J et al. Health, Wealth, and Air Pollution: Advancing Theory and Methods. *Environ Health Perspect*. 2003; 111: 1861-1870; Finkelstein MM; Jerrett M; DeLuca P; Finkelstein N; Verma DK, Chapman K, Sears MR. Relation Between Income, Air Pollution And Mortality: A Cohort Study. *CMAJ*. 2003; 169: 397-402; Ostro B, Broadwin R, Green S, Feng W, Lipsett M. Fine Particulate Air Pollution and Mortality in Nine California Counties: Results from CALFINE. *Environ Health Perspect*. 2005; 114: 29-33; Zeka A, Zanobetti A, Schwartz J. Short term effects of particulate matter on cause specific mortality: effects of lags and modification by city characteristics. *Occup Environ Med*. 2006; 62: 718-725.

<sup>2</sup> Zeger SL, Dominici F, McDermott A, Samet J. Mortality in the Medicare Population and Chronic Exposure to Fine Particulate Air Pollution in Urban Centers (2000-2005). *Environ Health Perspect*. 2008; 116: 1614-1619.

<sup>3</sup> Bell ML, Ebisu K. Environmental Inequality in Exposures to Airborne Particulate Matter Component in the United States. *Environ Health Perspect*. 2012; 120: 1699-1704.