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Statement of Albert Rizzo, MD, FACP, FACCP

**Chief Medical Officer
American Lung Association**

**To U.S. Environmental Protection Agency and
the Clean Air Scientific Advisory Committee (CASAC)**

**on the first External Review Draft of the
Integrated Science Assessment for Particulate Matter
EPA/600/R-18/179**

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**Chief Medical Officer
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Thank you for the opportunity to provide comments on behalf of the American Lung Association on the draft Integrated Science Assessment for the Particulate Matter National Ambient Air Quality Standards (NAAQS). The Lung Association will submit comments in full in writing; my remarks represent a brief selection of our comments.

Particulate matter air pollution poses risks of serious health effects, including premature death, and the evidence compiled in this ISA documents greater risks than had previously been recognized. The evidence in the last review indicated that adverse health effects ranging from respiratory problems to early death persisted at levels below both primary standards set in 2006 and 2012. Newly available evidence reinforces this concern.

EPA has provided extensive analysis in the format, coverage of issues, criteria, and consistent framework for decision-making. We believe that extensive new evidence that has emerged since the last review strengthens the case for setting stringent short- and long-term standards for particulate matter.

The Clean Air Act demands precautionary action to protect public health in setting the NAAQS and explicitly recognizes the need to maintain an adequate margin of safety. In keeping with that requirement, EPA should set air quality standards that provide broad protection against effects that are not limited to those where a causal relationship is established or where there is likely to be a causal relationship. EPA should provide protection against effects found to be “suggestive of a causal relationship.”

The Lung Association calls on EPA to reinstate the expert review panel for PM that had been serving since shortly after the initiation of this review in December 2015. Such expert advisors have historically assisted the CASAC in the complex review of these studies and data. EPA’s unexplained decision to dismiss the panel severely weakens the review. No seven CASAC members could adequately address the vast array of issues that this review requires. The panel’s absence will deprive EPA scientists and CASAC of essential expertise and valuable perspectives on these issues.

We urge EPA to incorporate a second draft of the ISA prior to finalizing the document. New research published this year needs to be incorporated into the review and, as noted by others, important analyses will be available early next year. While we must have a date to close out the research under consideration, additional important studies and analyses

should be included in a second draft ISA for CASAC review. With the proposed schedule, not only does EPA miss the opportunity to get feedback on its revised science assessment, EPA must begin the development of the next round of documents that depend on that assessment without a completed ISA.

We strongly support EPA's approach to determine causality. The clearly articulated methodology and criteria examines the evidence under the microscope of the full range of research approaches. This has proven effective for many years,

We support EPA's finding that no threshold exists for the harm from PM, a finding reached in the prior reviews. This is especially important in the evidence from the long-term exposure to PM 2.5, where studies show harm as low as 5-8 $\mu\text{g}/\text{m}^3$, as EPA acknowledges.

We agree with EPA's conclusion of a causal determination for premature deaths from both short-term and long-term exposure to particulate matter. EPA recognizes the abundant evidence from major repeated US and international studies that demonstrates beyond question that PM shortens life. From evidence from the 1952 London Fog through the American Cancer Society studies and the Six Cities studies to the newer Medicare studies and others, the multiple repeated, well-researched and intensely reviewed studies show clearly and without question that exposure to PM shortens life.

However, we support a causal determination for both short-term and long-term exposures on respiratory effects. The evidence of increased emergency department visits and hospital admissions, particularly for asthma exacerbations, biologically plausible pathways, and controlled human exposure studies all support the causal impact of short-term exposures on respiratory health. Growing epidemiological and toxicological evidence shows consistent, causal impacts on increased risk of asthma onset as well as respiratory mortality in people with chronic obstructive pulmonary disease from long-term exposure.

Protecting public health must be maintained as the primary priority for the standards, as it is for our communities. The American Lung Association urges EPA to strengthen the standards to protect the health of the public from this dangerous air pollutant.

Thank you.

