



March 17, 2015

The Honorable Gina McCarthy  
Administrator  
U.S. Environmental Protection Agency  
1200 Pennsylvania Avenue  
Washington, DC 20460  
Sent via A-and-R-Docket@EPA.Gov

Re: EPA Docket I.D. No: EPA-HQ-OAR-2008-0699

Dear Administrator McCarthy:

We appreciate this opportunity to provide comments to the U. S. Environmental Protection Agency (EPA) on the proposed Ozone National Ambient Air Quality Standards. Our organizations urge you to meet the Clean Air Act's requirement to protect the health of the public with an adequate margin of safety by setting the ozone standard at 60 parts per billion (ppb).

The Clean Air Act establishes the primary National Ambient Air Quality Standard to protect public health from the nation's most widespread air pollutants. The Clean Air Act directs the Administrator to set standards that are "requisite to protect public health" with "an adequate margin of safety" (42 U.S.C. § 7409 (b) (1)).

The list of populations who risk demonstrated harm from ozone pollution has grown significantly since the previous review. Children, people with asthma and other lung diseases, seniors, outdoor workers, and people who have low socioeconomic status have long been shown to be vulnerable to ozone. Newer evidence shows some otherwise healthy adults are especially sensitive to ozone exposure because of limitations in some nutrients and certain genetic variants. In addition to these groups, the EPA's 2013 *Integrated Science Assessment* has documented evidence that suggests increased risk to fetal development and to cardiovascular harm. Health-based standards must be set at levels that will protect all people, but particularly these sensitive groups.

Unfortunately, the current standard of 75 ppb fails to meet the requirements of the Clean Air Act in protecting human health. Clinical and epidemiological studies have repeatedly shown that breathing ozone can threaten life and health at concentrations far lower than the 75 ppb 8-hour average standard. Extensive, public reviews of the large body of evidence by EPA's independent science advisors, the Clean Air Scientific Advisory Committee (CASAC), and by EPA staff scientists have confirmed that the 2008 primary ozone standard is set at a level that is too weak to protect public health. In fact, three successive CASAC panels -- each under different leadership -- have reached the same conclusion that the 2008 standard should not be retained. Our organizations share the conclusion repeatedly presented to EPA by the CASAC: EPA cannot justify retention of the current standard based on the health evidence.

EPA's decision must be founded in the strongest requirement of the Clean Air Act: that the NAAQS not only protect public health, but include an adequate margin of safety. In both the prior review ending in 2008 and in the 2010 reconsideration, the health community recommended strongly that the primary 8-hour standard should be 60 ppb based on the available evidence. In addition to the strong evidence of increased morbidity from ozone down to 60 ppb, multiple well-reviewed studies have identified a new, strong association with premature death, with no discernable threshold, that made the risks to the large, vulnerable groups even graver. Even during the prior reviews, the evidence demonstrated that standards between 65 and 70 ppb would not be effective in protecting public health with an adequate margin of safety.

Since the 2008 standard, new research has added weight to the evidence showing the extensive impact of ozone. Research not only confirms the previous conclusions about ozone's impact on human health, but adds to and clarifies the impact on multiple physiologic systems, including the respiratory and cardiovascular. Examination of long-term exposure has identified outcomes beyond the traditional concerns to include the central nervous system and reproductive and developmental effects. The growing evidence of effects associated with breathing ozone for longer periods adds to the urgency to set the most protective standard now to reduce those exposures.

Research has shown that many groups face greater risk from breathing ozone pollution or are more vulnerable to the harm because of their activities or residence. Their greater risk may come from age, preexisting diseases or genetics, as well as income. Greater vulnerability may stem from outdoor occupations or activities or from living in areas with higher ozone exposures.

The Clean Air Act requires that the EPA set the standard based on the need to protect public health “with an adequate margin of safety.” In 2001, the Supreme Court unanimously ruled that protecting health was the only legal basis for the standard. The existing standard fails to protect public health with a margin of safety. EPA must strengthen it.

Given the weight of evidence, we urge you to set the eight-hour ozone standard at 60 ppb to protect against known and anticipated adverse health effects and to provide a margin of safety as required by the Clean Air Act.

Sincerely,

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Kris Calvin, President & CEO  
**American Academy of Pediatrics – California**

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