May 16, 2022

The Honorable Michael Regan
Administrator
U.S. Environmental Protection Agency
Washington DC 20460

Attention Docket ID No. EPA-HQ-OAR-2016-0186

Dear Administrator Regan:

Since 1970, the Clean Air Act has empowered EPA with the authority and responsibility to clean up the nation’s air and ensure that it is safe and healthy to breathe for all Americans. The American Lung Association calls for the elimination of the emergency affirmative defense provisions in EPA’s regulations governing Clean Air Act Title V operating permits. These outdated provisions have for too long made it too easy for power plants to increase emissions that cause ozone and particle pollution, in addition to the release of highly toxic airborne compounds like ethylene oxide, 1,3-butadiene, benzene, hydrogen cyanide, hydrofluoric acid, chloroprene and sulfuric acid.

EPA must close all loopholes allowing dangerous emissions during startup, shutdown and malfunction (SSM). Pollution from SSM presents a serious and immediate health risk to fenceline communities in close proximity to these polluters. The health impacts of these emissions include asthma attacks and higher risks of cancers, birth defects, respiratory and cardiovascular harm, and even premature death. Because the most affected communities disproportionately draw from traditionally disadvantaged socioeconomic, cultural or ethnic groups, unregulated pollution only compounds the long-existing legacy of environmental injustice. These communities too often experience repeated exposure to toxic emissions from multiple polluting sources nearby, leading to compounding health harms.

We urge you to ensure long-overdue cleanup in these fenceline communities by quickly finalizing this Title V rulemaking. The Agency must then go further by removing SSM loopholes from all Clean Air Act regulations. Ending the practice of allowing these toxic emissions releases is imperative for furthering public health and environmental justice.

Signed,

Paul G Billings
National Senior Vice President, Public Policy