



December 9, 2025

The Honorable Brett Guthrie
Chairman, Energy & Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member, Energy & Commerce
2323 Rayburn House Office Building
Washington, DC 20515

The Honorable Gary Palmer
Chairman, Environment Subcommittee
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Paul Tonko
Ranking Member, Environment Subcommittee
2323 Rayburn House Office Building
Washington, DC 20515

Dear Congressman Guthrie, Congressman Palmer, Congressman Pallone and Congressman Tonko:

The undersigned health groups are committed to protecting the public from threats to health, safety and wellbeing. That includes protection from air pollution, which is why our groups strongly support the Clean Air Act – the landmark public health law approaching its 55th anniversary this month. This bipartisan law has driven decades of improvements in air quality and has saved lives. Despite this progress, air pollution still kills and leaves many people suffering from otherwise preventable disease. Weakening the Clean Air Act is in direct contradiction to the promise of clean air for all, a stated priority of the Environmental Protection Agency which is charged with administering the law.

On behalf of the patients and communities we serve and individuals across the country, we strongly oppose the bills being considered by the Committee. Each of the bills referenced below attacks a core provision of the Clean Air Act and together, they would systematically dismantle the fundamental basis of the law – to protect human health and welfare from air pollution.

The **New Source Review Permitting Improvement Act (HR 161)** would replace the proactive preventative approach of the Clean Air Act to control air pollution with a reactive approach that will endanger public health by allowing facilities to emit more pollution into communities. The bill would significantly narrow the scope of NSR requirements, with critical protections such as pollution controls, offsets and air quality analyses kicking in only if a facility exceeded its allowed maximum

emission rate. This extreme approach would overturn decades of Clean Air Act safeguards and lead to significant increases in actual pollution levels, harming local communities. This would mean more asthma attacks in kids, more heart attacks and strokes and increased risk of premature death.

The **Fire Improvement and Reforming Exceptional Events Act (HR 6387)** and the **Foreign Emissions and Nonattainment Clarification for Economic Stability Act (HR 6409)** are both iterations of previous legislation that has been staunchly opposed by the health and medical community because they would unnecessarily allow states' to claim exemptions to meeting air quality standards. The National Ambient Air Quality Standards (NAAQS) are a critical tool for continuing to reduce unhealthy levels of air pollution and save lives. If an area is determined to have pollution levels in excess of those standards, pollution cleanup measures are then required and enforced. If special circumstances such as wildfires lead to pollution exceedances, the Clean Air Act already provides pathways for such exceedances to be exempted from the regulatory process. Additionally, EPA's 2016 Exceptional Events Rule clearly states that prescribed fire can be eligible for treatment as an exceptional event. Furthermore, in 2019 EPA issued guidance addressing how prescribed fires can satisfy each prong of the statutory definition of "exceptional events," and in 2024 issued a number of other tools to assist states in meeting the regulatory requirements. The Clean Air Act also contains pathways during implementation of a NAAQS for states to address interstate and international transport of pollution. Therefore this legislation is unnecessary and would lead to overly broad exemptions being granted, resulting in increased pollution levels that would otherwise have been prevented.

The **Reducing and Eliminating Duplicative Environmental Regulations Act (HR 6398)** and the **Air Permitting Improvements to Protect National Security Act (HR 6373)** would limit regulatory oversight, undermining transparency and community input in decisions that would negatively affect health outcomes. Loosening permitting requirements and allowing for Presidential exemptions of pollution in areas that are already facing higher health burdens from poor air quality will drive up healthcare costs for communities. Air permitting requirements under the Clean Air Act are designed to protect human health and welfare. This bill prioritizes vague concerns over national security – which have not been proven to be linked to air quality regulations – at the expense of health.

The **Clean Air and Economic Advancement Reform (CLEAR) Act (HR 4218)** is the latest iteration of an industry-backed effort to pollute more. The bill unnecessarily lengthens the timeline for NAAQS reviews, forcing communities to wait over a decade for a shot at cleaner air. It also changes the makeup of EPA's Clean Air Scientific Advisory Committee (CASAC), devaluing independent scientific expertise by allowing various state staff to influence the advisory process. The bill creates exemptions for states to get out of complying with science-backed air pollution limits. The most egregious provisions of the bill, however, fundamentally undermine a core promise of the Clean Air Act. The Clean Air Act requires that the NAAQS be set based on what the latest science says is necessary to

protect public health – cost and feasibility are prohibited from being considered in the setting of air pollution standards. The Supreme Court has upheld this key tenet of the law. The CLEAR Act would permanently weaken this core health-based premise of the Clean Air Act by allowing economic and technological feasibility to be a determining factor in what the limits on cancer-causing, deadly pollution are. Essentially, this bill is placing the economic interest of industry over the health of the general public.

The **Clean Air and Building Infrastructure Improvement Act (HR 4214)** would allow for noncompliance with air pollution standards by industrial facilities that have preconstruction permits. Under the bill, facilities would be exempted from complying with newly finalized air pollution limits if EPA does not publish both the new regulation and implementation guidance concurrently. There has never been a requirement to publish both concurrently, and there has been no demonstrated need for that to happen in order to issue preconstruction permits. There are also concerns that the bill would significantly weaken preconstruction permit requirements under the Clean Air Act, again prioritizing industry complaints over the health of the public.

All of these bills are iterations of previous attempts spanning over a decade to weaken clean air protections under the guise of efficiency or to promote the economic interests of industry over the health of the public. Those previous attempts failed because clean, breathable air is essential to a healthy, thriving population, and a healthy workforce is essential to drive the economic prosperity of the nation. The health and medical community will continue to strongly oppose these attempts to weaken the Clean Air Act. We urge members of the Committee to prioritize the health of their constituents and reject these latest attempts to increase air pollution.

Sincerely,

American College of Chest Physicians
American College of Physicians
American Lung Association
American Public Health Association
American Thoracic Society
Asthma and Allergy Foundation of America
Children's Environmental Health Network
Climate Psychiatry Alliance
Health Care Without Harm
National Association of Pediatric Nurse
Practitioners
National Environmental Health Association

National League for Nursing
OUCH- International
Physicians for Social Responsibility