

Congress of the United States
Washington, DC 20515

October 15, 2020

The Honorable Andrew Wheeler
Administrator
U.S. Environmental Protection Agency
1200 Pennsylvania Ave., N.W.
Washington, D.C. 20460

Dear Administrator Wheeler:

We are writing to express our strong opposition to the Environmental Protection Agency's (EPA) recent proposal to maintain the 2015 National Ambient Air Quality Standards (NAAQS) for ground-level ozone, which is commonly called smog.¹

Smog is formed when industrial pollution and exhaust from power plants, factories, cars, and other sources chemically react in the presence of heat and sunlight in the atmosphere. When inhaled, smog irritates our airways, triggers asthma attacks, and increases our risk of serious heart and lung diseases. Reducing smog pollution will protect all Americans – especially children, older adults and people active outdoors.²

Since 1970, the cornerstone of the Clean Air Act has been a set of health-based national ambient air quality standards. Under the Clean Air Act, the EPA must set NAAQS for pollutants at concentration levels sufficient to protect the public health with an “adequate margin of safety” using the best available science.³ The Act also says these standards should protect vulnerable populations such as children and asthmatics. These standards must be based solely on considerations of public health, while accurately reflecting the latest scientific knowledge. In essence, the NAAQS identify the level of ambient air pollution that is “safe” to breathe.

The NAAQS for smog was last updated in 2015, when EPA strengthened it from 75 to 70 parts per billion (ppb). After five years of additional research by public health experts, the evidence is even stronger that a more protective standard of no higher than 60 ppb is needed to adequately protect Americans from smog.⁴

According to an analysis by the American Lung Association (ALA), more than 137 million people live in areas with unhealthy levels of smog pollution.⁵ But the burden of inadequate ozone protections is not borne equally across the country. ALA's analysis also found that approximately 74 million people of

¹ U.S. Environmental Protection Agency, *Review of the Ozone National Ambient Air Quality Standards*, 85 Fed. Reg. 49830 (Aug. 14, 2020).

² <https://www.epa.gov/ground-level-ozone-pollution/health-effects-ozone-pollution>

³ Clean Air Act § 109(b)(1)

⁴ See e.g. Di et al., *Air Pollution and Mortality in the Medicare Population*, *The New England Journal of Medicine* (Jun. 29, 2017); Di et al., *Association of Short-term Exposure to Air Pollution With Mortality in Older Adults*, *JAMA* (Dec. 26, 2017).

⁵ American Lung Association, *State of the Air 2020* (April 2020) (www.stateoftheair.org/assets/SOTA-2020.pdf).

color live in counties that “received at least one failing grade for ozone and/or particle pollution,” and that communities of color experience higher risks of harm, including premature death, from exposure to air pollution. Furthermore, growing evidence suggests that long-term exposure to air pollution is associated with adverse health outcomes including increased hospitalizations and higher death rates from COVID-19.⁶ Communities of color have been hardest hit by these adverse health outcomes.⁷

The Clean Air Act requires EPA to set NAAQS at levels to adequately protect the health of these vulnerable populations. The current proposal falls far short of this statutory obligation. The EPA even acknowledges that retaining the 2015 NAAQS would disproportionately harm low-income communities and communities of color that have higher rates of childhood asthma and other chronic diseases.⁸ Ignoring the harm caused by air pollution in the midst of a respiratory pandemic is especially egregious. If EPA moves forward with this proposal, these communities will continue to suffer the disproportionate consequences of unhealthy smog levels for years to come.

EPA’s proposal to keep the current, inadequate smog pollution standard is unacceptable, and falls short of what is required by the Clean Air Act. The latest science clearly shows that a stronger limit is needed to protect public health, especially for vulnerable populations. We, therefore, call on the EPA to immediately withdraw this proposal and replace it with a more protective standard that limits harmful smog pollution and will save lives.

Thank you for considering our comments.

Sincerely,



Debbie Mucarsel-Powell
Member of Congress

Nanette Diaz Barragán
Member of Congress

Suzanne Bonamici
Member of Congress

Sean Casten
Member of Congress

Kathy Castor
Member of Congress

Yvette D. Clarke
Member of Congress

Emanuel Cleaver, II
Member of Congress

⁶ See e.g. Xiao Wu, et al., *Exposure to air pollution and COVID-19 mortality in the United States: A nationwide cross-sectional study*, Harvard University (Apr. 24, 2020); E. Conticini, et al., *Can atmospheric pollution be considered a cofactor in extremely high level of SARS-CoV-2 lethality in northern Italy?*, Environmental Pollution (June 2020); M. Travaglio, et al., *Links between air pollution and COVID-19 in England*, University of Cambridge (Jun. 6, 2020).

⁷ Centers for Disease Control and Prevention, *Coronavirus Disease 2019: Health Equity Considerations and Racial and Ethnic Minority Groups* (Jul. 24, 2020) (www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html).

⁸ U.S. Environmental Protection Agency, *Review of the Ozone National Ambient Air Quality Standards*, 85 Fed. Reg. 49830, at 49850 (Aug. 14, 2020).

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