July 17, 2017

Dear Representative:

Clean air is fundamental for good health, and the Clean Air Act promises all Americans air that is safe to breathe. The undersigned public health and medical organizations urge you to oppose H.R. 806, the so-called “Ozone Standards Implementation Act of 2017.” A more fitting name for this legislation would be the “Smoggy Skies Act,” as it delays lifesaving standards to reduce ozone pollution, or smog, and permanently weakens the Clean Air Act.

Clear, up-to-date, scientific evidence documented the need for greater protection from ozone pollution, and drove the stronger limit on ozone that the U.S. Environmental Protection Agency (EPA) finalized in 2015. To meet the updated standard, the states have clear authority and plenty of time to plan and then work to reduce pollution under the Clean Air Act’s long-established, balanced implementation timeline. Despite those facts, the Smoggy Skies Act imposes additional delays and sweeping changes that will threaten health, particularly the health of children, seniors and people with chronic disease.

The Smoggy Skies Act also reaches far beyond implementation of the current ozone standards. It permanently weakens the Clean Air Act and future air pollution health standards for all criteria pollutants. Specifically, the Smoggy Skies Act weakens implementation and enforcement of all lifesaving air pollution health standards, including those for carbon monoxide, lead, nitrogen dioxide, ozone, particulate matter, and sulfur dioxide. It would also permanently undermine the Clean Air Act as a public health law.

The Clean Air Act requires that EPA review the science on the health impacts of carbon monoxide, lead, nitrogen dioxide, ozone, particulate matter, and sulfur dioxide air pollutants every five years and update these national ambient air quality standards according to the current science. The Smoggy Skies Act would lengthen the review period of the air pollution health standards from once every five years to once every ten years for all criteria pollutants. As the science continues to evolve, the public deserves that their protections be based on the most up-to-date science, certainly not a schedule that is twice as long as they currently have under the law. The work that EPA and states do to clean up air pollution should be based on the best and most current science.

Emerging research adds crucial information to our understanding of the impacts that air pollution has on human health, and EPA should not have to wait a decade to incorporate it. For example, on March 29, 2016, a newly published study, Particulate Matter Exposure and Preterm Birth: Estimates of U.S. Attributable Burden and
Economic Costs,\(^1\) showed new information linking particulate air pollution to nearly 16,000 preterm births per year. Under the Smoggy Skies Act, EPA would have to wait as much as a decade to consider such new evidence when setting standards. **Ten years is far too long to wait to protect public health from levels of pollution that the science shows are dangerous or for EPA to consider new information.**

In the 2015 review of the ozone standard, EPA examined an extensive body of scientific evidence demonstrating that ozone inflames the lungs, causing asthma attacks and resulting in emergency room visits, hospitalizations, and premature deaths. A growing body of research indicates that ozone may also lead to central nervous system harm and may harm developing fetuses. In response to the evidence, EPA updated the ozone standards. While many of our organizations called for a more protective level, there is no doubt that the updated, 70 parts per billion standard provides greater health protections compared to the previous standard.

The Smoggy Skies Act would delay implementation of these more protective air pollution standards for at least eight years. This means eight years of illnesses and premature deaths that could have been avoided. Parents will not be told the truth about pollution in their community and states and EPA will not work to curb pollution to meet the new standards. **The public has a fundamental right to know when pollution in the air they breathe or the water they drink threatens health, and Congress must not add eight years of delay to health protections and cleanup.**

Furthermore, the American public overwhelmingly supports upholding these more protective limits on ozone. A [2017 poll](#) found that by a 2-to-1 margin, Americans believe Congress should leave EPA’s updated standards in place, showing clear public opposition to the Smoggy Skies Act.

**The Smoggy Skies Act would also permanently weaken implementation of the 2015 and future ozone standards.** The Act would delay implementation to a date when the evidence shows that most states would meet the standard with cleanup measures already in place. It would also reduce requirements for areas with the most dangerous levels of ozone. Areas classified as being in “extreme nonattainment” of the standard would no longer need to write plans that include additional contingency measures if their initial plans fail to provide the expected pollution reductions. The Clean Air Act prioritizes reducing air pollution to protect the public’s health, but the Smoggy Skies Act opens a new opportunity for communities to avoid cleaning up, irrespective of the health impacts.

Further, the bill would greatly expand the definition of an exceptional event. Under the Clean Air Act, communities can demonstrate to EPA that an exceptional event, such as a wildfire, should not “count” in determining whether their air quality meets the national standards. **This bill would recklessly expand the definition of exceptional events to include high pollution days when the air is simply stagnant – the precise air pollution episodes the Clean Air Act was designed to combat – and declare those bad air days as “exceptional.”** Changing the accounting rules will undermine health protection and avoid pollution cleanup.

**Additionally, the bill would permanently weaken the Clean Air Act.** The Clean Air Act is one of our nation’s premier public health laws because it puts health first. The Act has a two-step process: first, EPA considers scientific evidence to decide how much air pollution is safe to breathe and sets the standard that is requisite to protect public health with an adequate margin of safety. Then, states work with EPA to develop a plan to clean up air pollution to meet the standard. Cost and feasibility are fully considered in the second phase during implementation of the standard.

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\(^1\) Trasande L, Malecha P, Attina TM. 2016. Particulate matter exposure and preterm birth: estimates of U.S. attributable burden and economic costs. Environ Health Perspect 124:1913–1918; [http://dx.doi.org/10.1289/ehp.1510810](http://dx.doi.org/10.1289/ehp.1510810)
This bill states that if EPA finds that “a range of levels” of an air pollutant protect public health with an adequate margin of safety, then EPA may consider technological feasibility in choosing a limit within that range. Further, the bill would interject implementation considerations, including projections of adverse economic and energy effects, into the standard setting process. **These changes will permanently weaken the core health-based premise of the Clean Air Act – protecting the public from known health effects of air pollution with a margin of safety.**

These changes would reverse the intention of the Clean Air Act explicitly included by its bipartisan authors in Congress: that basing the standard on the protection of public health would push technology to develop new tools and techniques to reduce emissions. They understood that pushing the cleanup technology to meet the urgent need to protect health would help to expand job development and growth. They were correct, as the emission control industry today has helped the nation meet stronger standards in creative, cost-effective ways.

The text also explicitly states that the Smoggy Skies Act does not authorize any additional funds to be appropriated to EPA for its work carrying out the bill’s provisions. Forcing EPA to perform the additional work of implementing this bill with no additional resources could put the agency’s current, lifesaving work at further risk.

**Finally, an amendment adopted in committee would eliminate key enforcement provisions under the Clean Air Act.** As amended, the bill could perpetuate poor air quality in communities with the highest pollution levels indefinitely. The provision waives the obligation for states with areas heavily polluted by ozone or particulate matter to write effective plans to attain the health standards. Currently, if an area with unhealthy air fails to write an adequate plan to meet air pollution standards, EPA can impose sanctions. Because that enforcement provision exists, EPA has almost never needed to use it—states wrote effective plans. As amended, the Smoggy Skies Act would bar EPA from using this key enforcement tool for especially polluted areas, essentially eliminating the obligation for states to write a meaningful pollution cleanup plan that can demonstrate meeting the health standards.

**The Smoggy Skies Act is a sweeping attack on lifesaving standards that protect public health from air pollution. This bill is an extreme attempt to undermine our nation’s proven clean air health protections.** Not only does it delay the long-overdue updated ozone standards and weaken their implementation and enforcement, it also permanently weakens the health protections against many dangerous air pollutants and the scientific basis of Clean Air Act standards.

**Please prioritize the health of your constituents and vote NO on the Smoggy Skies Act.**

Sincerely,

Allergy & Asthma Network
Alliance of Nurses for Healthy Environments
American Academy of Pediatrics
American Lung Association
American Public Health Association
American Thoracic Society
Asthma and Allergy Foundation of America
Center for Climate Change and Health
Children’s Environmental Health Network
Health Care Without Harm
National Association of County & City Health Officials
National Environmental Health Association
National Medical Association
Physicians for Social Responsibility
Trust for America’s Health