

December 14, 2021

Michael Regan, Administrator
Environmental Protection Agency
1200 Pennsylvania Avenue NW
Washington, D.C. 20460

**RE: Policy Assessment for the Reconsideration of the National Ambient Air Quality
Standards for Particulate Matter, External Review Draft
Docket No. EPA-HQ-OAR-2015-0072.**

Dear Administrator Regan,

We, the undersigned organizations, strongly support EPA's determination that the existing body of scientific literature warrants a reconsideration of the existing National Ambient Air Quality Standards for Particulate Matter and the preliminary conclusion of the Draft Policy Assessment that available science and analysis "[call] into question the adequacy of the public health protections afforded by the combination of the current annual and 24-hour primary PM_{2.5} standard."¹ We respectfully urge EPA to move at least as quickly as the timeline it presented for the review of the PM standards while ensuring a rigorous and robust evaluation of relevant scientific evidence.

Particulate matter is a deadly pollutant that causes asthma attacks, heart attacks, strokes, and premature deaths. Children, older adults, people with lung and heart disease and low-income individuals face the greatest risk of health consequences.² The body of scientific evidence considered in the 2019 Integrated Science Assessment and the 2021 Supplement to the Integrated Science Assessment shows serious health harms caused by exposure to particulate matter at levels *below* the current standard. The agency's analysis includes robust evidence of mortality risks at levels as low as 8 micrograms per cubic meter, and increased precision in the risk estimates of exposures at levels below the current annual standard.³

While the annual standard would be generally protective in most areas, EPA also has a 24-hour standard intended to prevent exposures to short-term peak levels, due to proximity to strong local sources or situations in which sources only operate in colder months, which do not violate the annual standard but can cause increased mortality or adverse health effects to sensitive groups. Scientific evidence demonstrates adverse health effects at PM_{2.5} exposure levels below the current 24-hour standard and suggests that a stronger daily standard would be appropriate.

¹ U.S. EPA. Policy Assessment (PA) for Particulate Matter (External Review Draft, 2021). U.S. Environmental Protection Agency, Washington, DC, EPA-452/P-21-001, October 2021.

² U.S. EPA. Integrated Science Assessment (ISA) for Particulate Matter (Final Report, 2019). U.S. Environmental Protection Agency, Washington, DC, EPA/600/R-19/188, 2019.

³ U.S. EPA. Integrated Science Assessment (ISA) for Particulate Matter (Final Report, 2019). U.S. Environmental Protection Agency, Washington, DC, EPA/600/R-19/188, 2019.

There is also a strong and growing body of evidence demonstrating that the burden from exposure to PM_{2.5} and the associated health harms is not borne evenly. Recent studies have starkly demonstrated the historical environmental injustice reflected by the siting of polluting facilities near communities of color, and the extent of racial disparity in impacts from PM pollution specifically. A 2018 study by EPA scientists published in the *American Journal of Public Health*, for example, found that “[n]on-White populations overall experienced 1.28 times the burden of the general population, and Black populations, specifically, experienced the greatest degree of disparity in the siting of PM emitting facilities at national, state, and county levels, burdened with 1.54 times the PM emissions faced by the general population.” The demographic risk assessment in the policy assessment considers disparities in both exposure and mortality rate risk and makes a strong case for strengthening the standard as a critical first step in addressing the disproportionate impact.⁴

Based on the overwhelming body of scientific evidence, EPA’s clear legal duties under the Clean Air Act, and the importance of air quality standards that adequately protect those most at risk, we respectfully urge the agency to move forward expeditiously to substantially strengthen both the annual and 24-hour fine particle standards in line with the scientific evidence to protect human health and the environment.

Sincerely,

ADIRONDACK COUNCIL

AIR ALLIANCE HOUSTON

ALLIANCE OF NURSES FOR HEALTHY ENVIRONMENTS

ASTHMA AND ALLERGY FOUNDATION OF AMERICA

CALIFORNIA COMMUNITIES AGAINST TOXICS

CENTRAL CALIFORNIA ASTHMA COLLABORATIVE

CITIZENS FOR PENNSYLVANIA’S FUTURE (PENNFUTURE)

EARTHJUSTICE

ENVIRONMENTAL DEFENSE FUND

ENVIRONMENTAL LAW & POLICY CENTER

FIRST FOCUS ON CHILDREN

FRESH ENERGY

⁴ U.S. EPA. Policy Assessment (PA) for Particulate Matter (External Review Draft, 2021). U.S. Environmental Protection Agency, Washington, DC, EPA-452/P-21-001, October 2021.

GREATER-BIRMINGHAM ALLIANCE TO STOP POLLUTION (GASP)

INTERFAITH POWER & LIGHT

LITTLE MANILA RISING (STOCKTON, CA)

MOMS CLEAN AIR FORCE

MOTHERS & OTHERS FOR CLEAN AIR

NATURAL RESOURCES DEFENSE COUNCIL

NORTHEAST OHIO BLACK HEALTH COALITION

PHYSICIANS FOR SOCIAL RESPONSIBILITY

RESPIRATORY HEALTH ASSOCIATION

SIERRA CLUB

UNION OF CONCERNED SCIENTISTS

UTAH PHYSICIANS FOR A HEALTHY ENVIRONMENT