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June 18, 2012

The Honorable Bob Latta
U.S. House of Representatives
Washington, DC 20515

Dear Representative Latta:

This week the House of Representatives will vote on the Domestic Energy and Jobs Act (HR 4480)[1]. This legislation is the consolidation of a number bills including H.R. 4471 (now Title II), and includes your amendment to the TRAIN Act (HR 2401) that repeals the health premise of the Clean Air Act by imposing a cost and feasibility test when the U.S. Environmental Protection Agency (EPA) sets national ambient air quality standards.

Your legislation and Title II of HR 4480 fail to recognize that the Clean Air Act requires costs and feasibility of cleaning up pollution to be fully considered when pollutant limits are updated to bring air quality in line with the health standards. In fact, costs and feasibility are key components of determining which sources to clean up and when that clean up occurs.

The version of your amendment contained in HR 4480 applies specifically to ozone, the most widespread air pollutant in the country. Ozone acts as a powerful respiratory irritant, causing inflammation of lung tissue, premature death,[2] shortness of breath,[3] chest pain,[4] wheezing,[5] increased susceptibility to respiratory infections,[6] risk of asthma attack,[7] and need for medical treatment or hospitalization.[8] Further, children who are regularly exposed to high levels of ozone may experience reduced lung function and increased risk of lung disease in adulthood.[9]

Because it will have severe public health consequences, the American Lung Association strongly opposed your amendment to the TRAIN Act and respectfully requests you reject this ill- advised approach to setting ambient air quality standards. **Specifically, we urge you to withdraw your support for this legislation, and request that Republican leadership remove your legislation (Title II, Section 206) from the Domestic Energy and Jobs Act (HR4480).**

For more than 40 years, the Clean Air Act has made protecting public health the sole factor in defining air that is healthy for all Americans. The law has worked to dramatically reduce air pollution The Clean Air Act is credited with preventing 160,000 premature deaths 54,000 cases of chronic bronchitis and 1.7 million asthma attacks, all while saving the U.S. economy more than

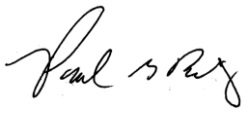
$1.3 trillion in 2010.[10] Since 1970, the Clean Air Act has reduced the nation's most widespread air pollutants by 70 percent, while the economy has grown by 210 percent.[11] The national ambient air quality standards are our nation's official definition of how much air pollution is safe to breathe. They apply to only 6 pollutants: ozone (smog), particulate matter (soot), sulfur dioxide, nitrogen dioxide, carbon monoxide and lead.

In 1970, the Congress established the bipartisan principle in the Clean Air Act that the Environmental Protection Agency (EPA) must set national air quality standards that "**protect public health**" with "**an adequate margin of safety**." In 2001, the U.S. Supreme Court ruled unanimously that the Clean Air Act "unambiguously bars cost considerations" from the process to set the national standards.[12]

The law makes a clear distinction. Standards are based on the health science – in other words, standards tell us what level of pollution is hazardous to human health. Costs are not to be considered to determine whether or not air pollution makes people sick or kills. The appropriate place for cost and feasibility is in the implementation phase when decisions are made about how to control emissions that cause unhealthy levels of ambient air pollution. From the beginning, Congress has granted the public the right to clean air based upon truthful information about what air quality is healthy. Inserting cost considerations in the standard-setting process would misrepresent whether the air is truly safe to breathe.

Removing the health premise of the Clean Air Act rips the heart and lungs out of law that is working to protect the health of the American people. Removing the health premise of the statute will not impact gasoline prices but it will mean more smog, more childhood asthma attacks and other health impacts for people with lung and heart disease. **Again, we urge you to withdraw your support for this legislation, and request that Republican leadership remove your legislation from the Domestic Energy and Jobs Act (HR4480).**

Sincerely,



Paul G. Billings
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American Lung Association

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[1] http://rules.house.gov/Legislation/legislationDetails.aspx?NewsID=857 Accessed on June 18, 2012
[2] National Research Council, Committee on Estimating Mortality Risk Reduction and Economic Benefits from Controlling Ozone Air Pollution. *Estimating Mortality Risk Reduction and Economic Benefits from Controlling Ozone Air Pollution.* National Academy Press, 2008.
[3] Horstman DH, Folinsbee LJ, Ives PJ, Abdul-Salaam S, McDonnell WF. Ozone concentration and pulmonary response relationships for 6.6-hour exposures with five hours of moderate exercise to 0.08, 0.10, and 0.12 ppm. *Am Rev Respir Dis* 1990; 42:1158-1163.

[4] McDonnell WF, Stewart PW, Smith MV, Pan WK, Pan J. Ozone-induced respiratory symptoms: exposure-response models and association with lung function. *Eur Respir J* 1999;14:845–853.
[5] Triche EW, Gent JF, Holford TR, Belanger K, Bracken MB, Beckett WS, Naeher L, McSharry JE, Leaderer BP. Lowlevel ozone exposure and respiratory symptoms in infants. *Environ Health Perspect* 2006;114:911–916.
[6] Hollingsworth JW, Kleeberger SR, Foster WM. Ozone and pulmonary innate immunity. *Proc Am Thorac Soc* 2007;4:240-246.
[7] Mortimer KM, Neas LM, Dockery DW, Redline S, Tager IB. The effect of air pollution on inner-city children with asthma. *Eur Respir J* 2002; 19:699-705.
[8]Gent JF, Triche EW, Holford TR, Belanger K., Bracken MB, Beckett WS, Leaderer BP. Association of low-level ozone and fine particles with respiratory symptoms in children with asthma. *JAMA* 2003;290:1859-1867; Lin S, Liu X, Le LH, Hwang S-A. Chronic Exposure to Ambient Ozone and Asthma Hospital Admissions among Children. *Environ Health Perspect* 2008; 116:1725-1730; and Burnett RT, Brook JR, Yung WT, Dales RE, Krewski D. Association between ozone and hospitalization for respiratory diseases in 16 Canadian cities. *Environ Res* 1997;72:24-31.
[9]Tager IB, Balmes J, Lurmann F, Ngo L, Alcorn S, Kunzli N. Chronic exposure to ambient ozone and lung function in young adults. *Epidemiology* 2005;16:751–759.
[10] http://www.epa.gov/air/sect812/prospective2.html Accessed on June 18, 2012.
[11] U.S. EPA. Air Trends: Air Quality Trends, Comparisons of Growth Areas and Emissions, 1970-2010. http://www.epa.gov/air/airtrends/aqtrends.html#comparison. Accessed on June 18, 2012.
[12] *Whitman vs. American Trucking Associations, Inc.*, 121 S. Ct. 903, 923 (2001).