

Recommendations to the Select Committee on the Climate Crisis
American Lung Association
Prepared with Information from M.J. Bradley & Associates

Health Community Principles for Climate Action

The Lung Association and 15 other national public health and medical organizations issued a 2019 [Declaration on Climate Change and Health](#) that states that policies to reduce greenhouse gas emissions must:

- Adopt science-based targets to prevent climate change above 1.5 degrees Celsius.
- Maximize benefits to health, reducing carbon and methane pollution at the same time that they reduce other dangerous emissions from polluting sources.
- Ensure pollution is cleaned up in all communities, including those near polluting sources that have historically borne a disproportionate burden from air pollution.
- Preserve and maintain the Clean Air Act. Any policy to address climate change must not weaken or delay the Clean Air Act or the authority that it gives EPA to reduce carbon emissions.

The Declaration also calls for policies to ensure that communities have the tools and resources to identify, prepare for and adapt to the health impacts of climate change in their communities.

In addition, more than 100 national public health and medical organizations, including the Lung Association, have signed on to the [U.S. Call to Action on Climate, Health, and Equity: A Policy Action Agenda](#). The Agenda lays out policy priorities for protecting health from climate change, including:

- Meet and strengthen the commitments the U.S. made under the Paris Climate Agreement.
- Transition rapidly away from the use of coal, oil and natural gas to clean, safe, and renewable energy and energy efficiency.
- Emphasize active transportation in the transition to zero-carbon transportation systems.
- Promote healthy, sustainable and resilient farms and food systems, forests, and natural lands.
- Ensure that all U.S. residents have access to safe and affordable drinking water and a sustainable water supply.
- Invest in policies that support a just transition for workers and communities adversely impacted by climate change and the transition to a low-carbon economy.

Lung Association Principles for Mitigation

The American Lung Association supports science-based emission reductions requirements to keep global temperature increase to no more than 1.5 degrees Celsius. The American Lung Association supports legislative and regulatory measures to reduce all emissions that contribute to climate change. Such measures should include, but are not limited to:

- Transitioning away from fossil fuels to increased use of clean, non-combustion, renewable energy sources.

American Lung Association
November 22, 2019

- Expanding energy conservation and efficiency measures.
- Establishing enforceable and science-based limits on emissions for all sectors including industrial, energy, agricultural, commercial, residential and transportation.

The American Lung Association supports measures to reduce other outdoor air pollutants while reducing emissions that cause climate change. Pollution control strategies, including market-based approaches, must directly reduce local adverse air quality impacts from all sectors, including power plants, cars, trucks and other mobile sources, as well as other industrial and agricultural sources, in addition to addressing any global impacts. Any legislative approach must not block, weaken, or delay the authority of the U.S. Environmental Protection Agency to curb climate change pollution under the Clean Air Act. The American Lung Association supports strategies and approaches targeting emissions from sources that also contribute to ambient air pollution that can directly and immediately harm health.

Health Considerations of Economy-Wide Measures

The Lung Association puts a high priority on ensuring that measures to reduce greenhouse gas emissions lead to additional reductions in other harmful air emissions at the same time, and that these benefits be experienced by all communities located near polluting sources.

Market-based programs to reduce greenhouse gas emissions have the potential to result in flat or even increased emissions of other harmful pollutants in some communities, potentially including those with higher proportions of racial and ethnic minorities, people living in poverty, people with less education, and people with difficulties speaking English.

It is critical that market-based mechanisms, particularly cap and trade programs, include strategies to protect communities that bear a disproportionate burden from the emission sources nearby as well as the impacts of climate change. These strategies must foster equity by ensuring that no community bears a disproportionate burden of health impacts from air pollution. Developing these plans requires early inclusion and meaningful involvement of those living in communities impacted by pollution. Enhanced air quality and emissions monitoring in these communities would also help provide the data necessary for policymakers to ensure that market-based policies don't increase the burden of air pollution there.

A significant portion of revenues from economy-wide carbon reduction measures should be invested in programs that improve public health, including in disproportionately impacted communities. This means that under a cap-and-trade program, allowances must be sold through auction as opposed to distributed for free, and directed at least in part toward investments that improve energy efficiency, increase the use of clean, renewable energy, or otherwise improve community health.

To further protect public health, market-based policies must not incentivize or include as "clean" the use of biomass burning or trash incineration for electricity, or other forms of electricity that create dangerous emissions. They should also minimize the ability of covered polluting sources to purchase offset credits from measures that don't directly reduce their emissions.

Additionally, market-based policies could be designed to take into account the public health impacts of different sources based on their emissions and location. These factors could be used

to establish zones in which CO₂ allowances are limited to prevent significant increases of both greenhouse gas emissions and conventional pollution.

Carbon pricing proposals must also not include language to weaken or delay the Clean Air Act and EPA's authority to regulate greenhouse gas emissions. Examples of legislation with this unacceptable language include the Energy Innovation and Carbon Dividend Act (H.R. 763), the Raise Wages, Cut Carbon Act (H.R. 3966), and the Stemming Warming and Augmenting Pay Act (H.R. 4058). Under the Clean Air Act, EPA has the responsibility to protect health from harmful air pollution, which includes carbon pollution. This responsibility is not replaced by a carbon tax, but a strong carbon tax may make additional steps unnecessary. The two approaches are complementary. Under a strong carbon tax, sources that have already cleaned up their emissions adequately could be "deemed to comply" with EPA standards. The Clean Air Act also provides a suite of tools that help ensure compliance with a strong carbon tax, including the ability for citizens to sue to ensure cleanup. And if emissions remain too high under a carbon tax, EPA must use its authority as quickly as possible, without being hamstrung by a legislative delay or prohibition on its ability to act.

Health Considerations of Electricity Sector Policies

With regard to policies that specifically address greenhouse gas emissions from the electricity sector, the Lung Association strongly supports shifting from polluting sources of electricity to clean, renewable sources. Again, it is critical that policies promoting the development and use of clean and/or renewable energy do not include energy sources that emit other harmful air pollution, including biomass and trash incineration.

The Lung Association's public policy positions articulate our opposition to the construction of new conventional coal-fired power plants, including with carbon capture and sequestration technology, and our requirements for construction of new nuclear power facilities:

The American Lung Association supports the phase out of conventional coal-fired power plants as the nation transitions to a clean energy future. This includes support for policies that: (1) require the installation and operation of state-of-the-art air pollution control technologies and (2) encourage conversion to cleaner energy resources and/or permanent retirement of coal-fired power plants. The American Lung Association opposes the construction of new conventional coal-fired power plants. The American Lung Association believes that the U.S. should not continue to expand its coal-fired generating capacity because of the extensive scope of health risks associated with the use of coal and the disproportionate impact on local communities. As part of the transition to a clean energy future, the American Lung Association supports providing assistance to retrain coal industry workers and to help impacted communities transition to other economic opportunities. The American Lung Association supports measures to improve the health and safety of coal mine workers, and the communities where they live, including protection from harmful air pollutants.

The American Lung Association does not support the construction of new advanced coal-based generating facilities, including carbon capture and sequestration and integrated gasification combined cycle plants.

American Lung Association
November 22, 2019

Before nuclear generating capacity is expanded, the American Lung Association believes that two key thresholds must be met. First, the expansion of capacity must be economically viable without direct government subsidies. Second, the nuclear industry must demonstrate that it can reduce the continuing risks to safety and the environment. The American Lung Association supports measures to improve the health and safety of uranium mine workers, and the communities where they live, including protection from harmful air pollutants.

The Lung Association and many other national health organizations support tax incentives for renewable electricity and energy efficiency, including:

- H.R.2096 and S. 1142, “Energy Storage Tax Incentive and Deployment Act of 2019.” Extends to batteries and electricity storage systems the same 30 percent Investment Tax Credit (ITC) currently offered to Photovoltaic (PV) solar.
- H.R. 3473 and S. 1957: “The Offshore WIND Act.” Extends the 30 percent investment tax credit for offshore wind facilities through 2025. This legislation will give us another tool in the climate fight by unlocking vast quantities of affordable, zero emissions electricity.
- H.R.3961 and S.2289, “Renewable Energy Extension Act.” Extends the ITC and residential renewable energy tax credit for solar as well as the ITC for other clean energy technologies, such as fuel cells, small wind, and geothermal heat pumps, that are set to phase out. This will ensure continued deployment, growth, and innovation of key technologies that reduce pollution and greenhouse gas emissions.
- Extend and modify several tax incentives for energy efficiency. This will save residential consumers and businesses money, reduce harmful air pollution, and is the most cost-effective way to reduce greenhouse gas emissions that contribute to climate change. The Section 179D deduction for energy efficient commercial and multifamily buildings is expired and must be extended. The 25C incentive for homeowner efficiency improvements and Section 45L incentive for energy efficient new homes are outdated and should be modified to reflect new technologies and market conditions.

(Source: <https://www.psr.org/wp-content/uploads/2019/10/letter-clean-energy-tax-incentives.pdf>)

One additional consideration for health is that evidence shows that Renewable Portfolio Standards can have the unintended consequence of increased pollution for some neighborhoods from nearby natural gas plants. These plants can be turned on or ramped up to quickly meet demand for electricity as production from solar energy tapers off in the evening, resulting in increased harmful emissions for the communities around the plant.¹ The Select Committee should explore the use of a Clean Peak Standard as a possible strategy to mitigate this consequence by encouraging clean, renewable generation at times of peak demand.

¹Turning Down the Gas in California, Union of Concerned Scientists, 2018, https://www.ucsusa.org/clean-energy/ca-and-western-states/turning-down-gas?_ga=2.9603829.1907213465.1566383353-905640909.1565560707.

Health Considerations of Transportation Sector Policies

The Lung Association calls for stringent, technology-forcing measures to reduce emissions from mobile sources and for the development of transportation alternatives. We support:

- Advanced low- or zero-emission vehicle technology, including advanced batteries and electric vehicles. We note that in order to maximize the benefits of these vehicles, the nation must ensure the electricity sector powering them is clean and renewable.
 - We support H.R. 2256 and S. 1094, the Driving America Forward Act, to increase the number of electric vehicles that are eligible for the existing tax credit.
 - We also support S.1750, the Clean School Bus Act, to allow schools to purchase electric buses.
 - We have not supported legislative efforts to provide investments in electric vehicle charging infrastructure if they provide substantial opportunities for these dollars to be used for natural gas infrastructure to power vehicles instead.
- Low-polluting alternative fuels. We support the increased use of biofuels for transportation if such fuels are produced from sources, and using methods, which result in a significant net reduction in lifecycle emissions of air pollutants including carbon dioxide compared to petroleum fuels. In addition, air quality and public health may be harmed by the increased use of mid-range blends of ethanol in vehicles and engines that are not designed to use such fuels. Policies must ensure that mid-range gasoline-ethanol blends should only be used in vehicles approved for their use by the U.S. EPA.
- Pollution control equipment and efficiency measures to further reduce emissions from existing vehicles.
- Reducing the sulfur levels in all gasoline, diesel, aviation, and marine fuels, and toxic air pollutants from all mobile sources.
- Improving planning and funding policies through sustainable community planning and development. We urge the Select Committee to include a consistent funding mechanism for investments in public transit and intercity rail, and support the development of a national transportation policy framework that integrates transportation investment, land-use planning, greenhouse gas reduction, conventional air pollution reduction, equity for residents at all income levels, and meaningful inclusion of members of communities impacted by transportation pollution.

The Lung Association strongly supports California's ability to adopt stricter pollution regulations for vehicles and fuels and the right of other states to adopt California standards. We support stringent emissions standards and fuel economy standards for cars, trucks and SUVs to reduce conventional air pollution and greenhouse gas emissions and the rapid adoption of zero emission technologies for all categories of vehicles. In addition, strong greenhouse gas and fuel efficiency standards for heavy-duty vehicles are critical, including for trucks, construction and agricultural equipment, and rail and marine engines. Emissions requirements for aircraft comparable to other mobile source requirements are also crucial.

American Lung Association
November 22, 2019

We strongly support H.R.1768, the Diesel Emissions Reduction Act of 2019, to reauthorize the DERA Program as well as continued investment to replace older, dirtier diesel engines. We support measures to reduce or eliminate idling.

Health Adaptation Priorities

The Lung Association worked with our coalition of national public health and medical organizations to compile the following recommendations on helping individuals and communities adapt to the health impacts of climate change that cannot be avoided through mitigation:

- Pass H.R. 1243/S. 523, the Climate Change Health Protection and Promotion Act, which would require the Department of Health and Human Services to develop a national strategic action plan to address climate health impacts; better understand these impacts through forecasting, tracking and research; invest in preparedness in communities across the country; and educate the health sector and the public about how to stay safe.
- Increase funding for the Centers for Disease Control and Prevention's Climate and Health Program ([see letter here](#)).
- Pass H.R. 4924/S. 1812, the Smoke Planning and Research Act, to better understand and protect health from the impacts of wildfires smoke.
- Appropriate funds for EPA coordination and new research on the health impacts of wildfire smoke. (Details on page 5: <https://www.lung.org/assets/documents/advocacy-archive/american-lung-association-33.pdf>).
- Invest in hospital resilience and build out the public health infrastructure, following the example in the LIFT America Act.
- Support H.R.2262, the Environmental Health Workforce Act, to develop nationwide credentials for environmental health professionals.
 - Background: Credentialed environmental health professionals assess the conditions where Americans live, study and work, and are the backbone and front lines of public health. In many rural and frontier communities, the health department is largely or in some cases completely comprised of environmental health staff. Only 28 states currently require a credential that is an impartial, third-party endorsement of an individual's professional knowledge and experience. (More info: <https://www.neha.org/news-events/latest-news/environmental-health-workforce-act-reintroduced-congress>)
- Provide funding for national, state, local, territorial, tribal public health agencies/departments.

In addition, recommendations from Health Care Without Harm and its Healthcare Climate Council on reducing emissions and building resilience in the healthcare sector are detailed in the attachments. Overview:

- To accelerate the transition to 100% clean, renewable energy by 2050, the Health Care Climate Council recommends:

American Lung Association
November 22, 2019

- Incentives to encourage energy efficiency upgrades at existing health care facilities and for new hospitals to be built for maximum efficiency.
- Include hospital investments in clean, renewable energy as an IRS-reportable “community benefit.”
- Investments in research and development for alternatives to natural gas for thermal energy.
- Support the development and deployment of energy storage technologies.
- To support resilient hospital infrastructure that is prepared for climate change, the Health Care Climate Council recommends:
 - Investments in infrastructure that support emissions reductions while also improving hospital and community resilience, such as distributed renewable energy, microgrids, battery storage, and improvements in energy efficiency.
 - Require hospital vulnerability assessments, emergency preparedness plans, and building codes be based on readily available region-specific climate projections.
 - Investments in sustainable food, water, energy, and transportation systems to foster climate-resilient communities.

Additional Climate and Health Resources

- American Lung Association public policy positions on [energy and transportation](#) and [healthy air](#)
- [2019 Lancet Countdown report](#) and [U.S. brief](#) detailing current health impacts of climate change
- Harvard, Syracuse and Boston Universities’ and Resources for the Future’s “[Carbon Standards Re-Examined](#),” an analysis of the pollution impacts of EPA’s ACE rule and Clean Power Plan
- American Lung Association’s 2019 “[State of the Air](#)” report, which found that climate change is beginning to undo nationwide progress toward healthy air