

**Statement of the American Thoracic Society
 Before the House Interior and Environment and Related Agencies Appropriations
 Subcommittee
 regarding
 the fiscal year 2013 budget
 Presented by Jeffrey B. Hales MD
 Wednesday, March 21, 2012**

Summary: EPA Funding Recommendations (Dollars in Millions)

Science and Technology	
• Clean Air and Climate	131.0
• Indoor Air and Radiation	7.6
Research	
• Air, Climate and Energy	107.0
Environmental Program & Management	
• Clean Air and Climate	315.0
• Indoor Air and Radiation	33.7
EPA Budget - total	8,344.0

The American Thoracic Society appreciates the opportunity to testify before the House Interior and Environment Appropriations Subcommittee regarding the FY2013 budget of the Environmental Protection Agency. The Environmental Protection Agency is charged with the mission of protecting Americans from pollution in the nation's air, water and land. This is an important mission and one that deserves financial resources commensurate with the task.

I am Jeffrey Hales MD and I am a Division Chief of the Pulmonary and Critical Care Medicine at the Virginia Hospital Center in Arlington Virginia. Today, I am speaking on behalf of the American Thoracic Society. The American Thoracic Society, founded in 1905, is an independently incorporated, international education and scientific society which focuses on respiratory and critical care medicine. The Society's members help prevent and fight respiratory disease around the globe through research, education, patient care and advocacy. The Society's long-range goal is to decrease morbidity and mortality from respiratory disorders and life-threatening acute illnesses. As such, we have a keen interest in the impact that EPA's regulatory and enforcement actions have on respiratory health.

Nearly all lung diseases are impacted by air pollution. How well or poorly our lungs perform is contingent on the quality of the air around us, making the impact of air

pollution inescapable. Air pollution remains a primary contributor to the high prevalence of respiratory diseases.

For over 100 years, the American Thoracic Society has conducted scientific, public health and educational programs to fight air pollution and to improve the quality of the air that we breathe. We remain strong supporters of the Clean Air Act and its amendments. We can attest to the significant impact that the Clean Air Act has had in improving the quality of our nation's air.

Cleaning up our nation's air is having a profound impact on public health and health expenditures. EPA recently released a report noting that the Clean Air Act yields \$30 in savings for every one dollar spent to control air pollution. In 2010 the Clean Air Act prevented 160,000 premature deaths, 1.7 million asthma attacks, 86,000 emergency room visits, and 130,000 heart attacks. The EPA report builds on a similar cost benefit analysis done by the Office of Management and Budget during the Bush Administration that also showed that the Clean Air Act standards were an economic benefit for the U.S.

While the economic story of the Clean Air Act is impressive, it is the human story that matters most. Every heart attack prevented and every asthma attack averted mean less economic demands on our health care system. It also means that somebody's loved one is still alive, still healthy, and still being a productive part of the community.

The Clean Air Act has made great strides; however, much remains to be done. It is estimated that one in 10 Americans live in areas that consistently violate EPA standards for ozone and particulate matter pollution, while nearly one third of Americans live in areas that have incurred violations for short-term ozone. Research has shown that air pollution is causing the premature death of literally thousands of people each year due to complications from exposure to air pollution.

EPA and Research Funding: Air pollution has an adverse impact on the health of Americans. The good news is that, as a direct result of EPA's action, America's air is cleaner today than in previous years. The bad news is that our scientific understanding of air pollution has advanced so that we can more fully comprehend the pernicious effects of air pollution at lower levels. In addition to higher death rates for cardiovascular and respiratory diseases, research has also shed light on more subtle health effects influenced by air pollution such as lower birth weight and loss of IQ points.

Continued research on the health effects of air pollution is essential to help parents understand how air pollution may impact their children with asthma; for clinicians trying to manage patients with chronic respiratory disease; and to help guide EPA staff and the Administrator to set NAAQS standards at the appropriate level to protect public health. In order to sustain these critical research efforts, the American Thoracic Society recommends an increase in funds for the EPA Office of Research and Development Clean Air research-related programs.

EPA and NAAQS Monitoring: In addition to establishing standards for air pollution limits, the EPA is also charged with developing and maintaining a network of monitors

that measure the level of pollution in our nation's air. Unfortunately, we know the current monitoring network is inadequate. There are not enough monitors to accurately gauge air pollution associated with highways and other high traffic areas. This means that we are effectively underestimating the pollution that we are exposed to, and hence, under-appreciating the risk air pollution poses to our nation's health.

Additionally, the existing monitoring network relies on outdated technologies. With appropriate funding, a new generation of air pollution monitoring could be implemented that would improve the timeliness of air pollution monitoring and more rapidly make that information available to the public. New monitoring systems could make use of improved individual monitors and harness the power of satellite imagery and monitoring to replace the current outdated monitoring network. The American Thoracic Society strongly urges Congress to provide EPA the funds necessary to upgrade the air pollution monitoring network.

EPA and Diesel Retro Fits and Radon Program: The American Thoracic Society is concerned that the President's budget has proposed cutting the EPA diesel retro fit program by 50%. As you probably know, the program provides grants to state and local governments to upgrade diesel engines in school buses, trucks and other types of transit. By adopting the latest diesel engine technology, cities and states can significantly reduce the air pollution in their community. We are also concerned with the proposal to eliminate the radon program. We note that the President has proposed similar reduction in previous budgets, which Congress has rejected. We urge Congress to again restore the EPA diesel retro fit program and the radon program.

EPA Standard Setting – Mercury and Air Toxics Rule: The EPA has recently finalized rules on a number of important public health standards under the Clean Air Act. Most recently, EPA released a final rule that will for the first time address toxic air pollution released from coal and oil fired power plants. The health benefits from this rule are significant. EPA estimate that when the rule is fully implemented in 2016, 11,000 premature deaths 4,700 heart attacks, and 130,000 asthma attacks will be prevented each year.

Today, 17 states already have implemented, or are in the process of implementing, state-based rules on mercury pollution. Because of the state actions, and the actions of responsible electric companies, over 50% of power plants have already installed pollution control equipment to reduce mercury and other toxic emissions. The final rule will require all power plants in all states to install readily available pollution control technology by 2015.

EPA and the Cross State Air Pollution Rule: EPA has also issued a rule to reduce "downwind" emissions – air pollution that crosses state borders and prevents neighboring states from protecting their citizens from the adverse health effects of air pollution. The final rule replaces the Clean Air Interstate Rule that was found lacking by the courts in 2008. Ironically enough, the courts have issued a stay in implementation of the Cross State Air Pollution Rule (CSAPR). The American Thoracic Society strongly supports CSAPR and notes the significant health benefits that Americans will enjoy once the rule is fully implemented including: over 13,000 premature deaths avoided,

15,000 heart attacks avoided, 19,000 emergency room visits avoided, and 400,000 days of aggravated asthma avoided. These avoided adverse health outcomes will yield \$120-\$280 billion in cost savings.

EPA and Industrial Boilers: EPA also has issued rules to reduce mercury and air toxic emissions from industrial boilers. The final rule takes practical steps to reduce air pollution from the thousands of industrial boilers found in communities across America, but does it in a way that is sensitive to the needs of boiler operators. Of the 1.5 million industrial boilers in the U.S., 86% are not impacted by this because they burn natural gas and meet emissions standards. The next 13% of boilers will be able to meet the rule with tune-ups and annual inspections. The rule targets the remaining 1% of boilers in large industrial facilities for more significant investments of air pollution control.

EPA and Congress: Despite the many important steps EPA is taking to reduce air pollution and improve our nation's health, Congress seems intent on blocking EPA's efforts. The House of Representatives has repeatedly passed legislation to block, impair, or delay EPA efforts to implement health based rules under the Clean Air Act. We urge the House of Representatives to reconsider its position on EPA regulations. The American Thoracic Society strongly urges this subcommittee to refrain from adopting legislative riders in the fiscal year 2013 Interior and Environment Appropriations bill that would weaken or delay EPA's authority to implement Clean Air Act rules.

EPA and Climate Change: The ATS believe climate change is real and requires an immediate response. While still preliminary, there is sufficient research documenting the severe adverse human health effects climate change will bring. Research has demonstrated the spread of malaria to higher elevations due to rising temperatures. Research has also documented that higher concentrations of CO₂, higher heat and a lengthened spring will mean more intense, prolonged, and severe pollen season for patients with pollen allergies. Higher temperatures will increase heat-related deaths in both major US cities and rural areas.

We also believe that the success of the EPA Clean Air Act holds valuable lessons for Congress and the EPA as it considers climate change. The technology used to reduce traditional pollutants like ozone and particulate matter can also be used to address greenhouse gas emissions.

The American Thoracic Society is playing an active role in addressing global climate change. In May 2010, the American Thoracic Society hosted a workshop on the respiratory health effects of global climate change. The workshop report was published in the March 15, 2012 issue of the Proceedings of the American Thoracic Society. The report provides guidance on the known and likely respiratory health effects of climate change as well as posing valuable research questions to further our understanding of how climate change is impacting human health. The American Thoracic Society is pleased to share a copy of this report with the Subcommittee.

On behalf of the American Thoracic Society, we appreciate the opportunity to comment on the FY13 budget for the Environmental Protection Agency.