Testimony from

Janice E. Nolen
Assistant Vice President, National Policy
American Lung Association

To the U.S. Environmental Protection Agency

On the
Carbon Pollution Emissions Guidelines
for Existing Stationary Sources:
Electric Utility Generating Units
Docket ID No. EPA-HQ-OAR-2013-0602

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Atlanta, Georgia
Good morning. I am Janice Nolen, Assistant Vice President, National Policy, for the American Lung Association. I appreciate the opportunity to provide comments today that are a brief summary on a few topics. We will submit more detailed comments in writing.

The American Lung Association strongly supports EPA’s commitment to reducing carbon pollution from existing electricity generation to protect human health. The Clean Power Plan provides a flexible partnership that enables states to reduce carbon pollution coming from electricity sources within each state and at the same time reduce other life-threatening pollutants.

Climate change threatens human health. In May, the National Climate Assessment provided only the latest analyses to report the risks from the rising temperatures, increased air pollution, drought, wildfires, and extreme weather events. But many citizens have assumed that these threats were all sometime in the distant future. The National Climate Assessment ripped up that rationalization, spelling out clear evidence that the U.S. has suffered the damage from the changing climate for some time.

Cleaning up carbon pollution is essential to fighting those damages and will help public health immediately. Steps to reduce carbon pollution will cut emissions of other toxic air pollutants, including nitrogen oxides, sulfur dioxide, and mercury.

These pollutants are harmful in and of themselves. Nitrogen oxides irritates the lungs, triggers asthma and increases the risk of infections. Sulfur dioxide triggers asthma attacks and increases the risk of hospitalizations and emergency room visits.

Not only do these pollutants harm health directly, but they are the precursors to ozone and particulate matter, the most widespread and among the most dangerous pollutants. Cutting carbon pollution will cut these two. For millions of people, the immediate impact of the Clean Power Plan will come from the reduction of ozone and particulate matter.

Ozone and particulate matter pollution cause difficulty breathing, asthma attacks, and premature death, and have been linked to low birth weight in newborns. Particulate matter causes heart attacks and strokes, and we now know that particulate matter causes lung cancer. Particulate matter may also increase the risk of infant mortality.

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To adequately protect public health, we need greater reductions in carbon pollution and in the other pollutants than what EPA has outlined in this proposal. We urge EPA to strengthen the plan and, therefore, the proposed targets for the states. Stronger targets will provide greater immediate and long-term public health benefits.

EPA needs to ensure that the final guidelines will provide critical relief for people who live near the power plants and who have suffered from these pollutants for decades. Those communities are often lower in income and higher in populations with existing lung diseases and other chronic diseases. They need these reductions to come from the smokestacks nearby.

The Lung Association urges EPA to shorten the time for putting these measures in place, but does not support setting weaker standards to accommodate that shorter timeframe. Five years would be reasonable and provide more time to implement than other large measures adopted by EPA in the past, including the NOx SIP call.

The Lung Association is concerned about the inclusion of biomass as an acceptable alternative energy source. The American Lung Association does not support biomass combustion for electricity production, a category that includes wood, wood products, agricultural residues or forest wastes, and potentially highly toxic feed stocks, such as construction and demolition waste. If biomass is combusted, state-of-the-art pollution controls must be required.

We appreciate EPA's commitment to "quantifiable, non-duplicative, permanent, verifiable, and enforceable" state plans. Those tests are not easy for the states to meet nor for EPA to enforce. EPA must be clear that the final standards must be enforceable not just by EPA, but by citizens, including groups like the American Lung Association. State plans should also include enforceable provisions for those whom the states have determined will implement these commitments. States must demonstrate their commitment to adequate resources and authority to meet these goals. EPA must clearly spell out the timing and process to enforce a federal plan for states that fail to meet the requirements.

Thank you.

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