Re: U.S. Environmental Protection Agency, Docket ID No. EPA-HQ-OAR-2005-0172

October 5, 2007

Comments by New York City Public Advocate Betsy Gotbaum on Proposed Revisions to the National Ambient Air Quality Standards (NAAQS) for Ground-level Ozone

The periodic review of the NAAQS for ground-level ozone (smog) required by the Clean Air Act presents a critical opportunity for the federal government to improve the quality of life for all Americans, particularly for individuals experiencing or at risk of respiratory illness and distress, among them children with asthma.

I urge the U.S. Environmental Protection Agency (EPA) to go beyond the proposed revisions by lowering the primary or public health standard for ground-level ozone to an 8-hour average of 0.060 ppm as recommended by the American Lung Association. This standard would ensure the "adequate margin of safety" required by the Clean Air Act and fall within the range of maximum ozone concentrations of 0.060 to 0.070 parts per million (ppm)—the limit unanimously recommended to the EPA by its own Clean Air Scientific Advisory Committee.

It is commendable that the EPA, recognizing the overwhelming scientific evidence that the existing standard is inadequate, is considering lowering the limit. But the new limit proposed by the EPA (a range of 0.070 to 0.075 ppm) does not go far enough. Clinical studies have shown that adverse respiratory responses to ozone exposure can occur at 0.060 ppm and that, while exposure and its associated health risks can be reduced as the level of ozone is decreased, they can never be totally eliminated. It is in light of these facts that the World Health Organization recommends limiting average ozone concentrations to 0.051 ppm.

The EPA should err on the side of caution in setting new ozone limits. Controlled studies, which make up the bulk of the research on ozone exposure, do not generally examine the risk to children, whose airways are smaller and who have a higher breathing rate, or to individuals with lung diseases, such as asthma, who respond to lower levels of exposure than the average healthy adult. It is the EPA's responsibility under the Clean Air Act to ensure that the primary standard reflects the risk to these vulnerable populations.

Asthma is a major public health concern. According to the National Health Interview Survey (NHIS), approximately 20 million Americans had asthma in 2003. Children 5 to17 years of age have had the highest prevalence rates; 142.7 per 1,000 children in that age group having been diagnosed during their lifetime. According to the American Lung Association, asthma accounts for an estimated 12.8 million missed school days and 24.5 million missed work days, and costs the American economy $16.1 billion annually.

Local data through 2000 indicates that New York City children continued to have notably higher asthma hospitalization rates (6.06) than children in the United States as a whole (3.36). While New York City has made a great deal of progress in reducing asthma hospitalizations, a September 2007 report released by the city Comptroller pointed out

that reductions in the hospitalization rates are primarily due to better management of the disease rather than a decline in the prevalence of childhood asthma. In fact, according to the U.S. Centers for Disease Control, childhood asthma prevalence rates remain at historically high levels.

National Air Quality regulations are one of the most important means of advancing state and local policies against smog. We need a strong official “limit” on ground-level ozone to protect the health of all Americans and especially those most vulnerable to smog exposure such as children with asthma.