CARB's Comments on EPA's Proposal to Retain Particulate Matter NAAQS

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CARB Opposes EPA's Proposal to Retain PM NAAQS

- EPA proposes to retain current PM NAAQS despite strong scientific evidence of illnesses and deaths linked to levels below the standards.
- CARB urges EPA to tighten the NAAQS to protect public health
- CARB providing oral and written comments to EPA detailing our concerns.

Air Pollution and Impacted Communities

- Tribal communities are often **disproportionately affected** by air pollution.
- In 2015, 240,000 American Indian/Native American adults in U.S. reported that they currently have asthma.
- Air pollution linked to increased asthma cases and increased severity of cases.
- CARB encourages tribes to support a stronger PM NAAQS.

California Leadership to Improve Air Quality

- California has led the fight against air pollution for fifty years.
- CARB works with local air districts to implement pollution control rules and programs.
- Despite this work, Californians continue to suffer from unacceptable numbers of air pollution related illness and death.

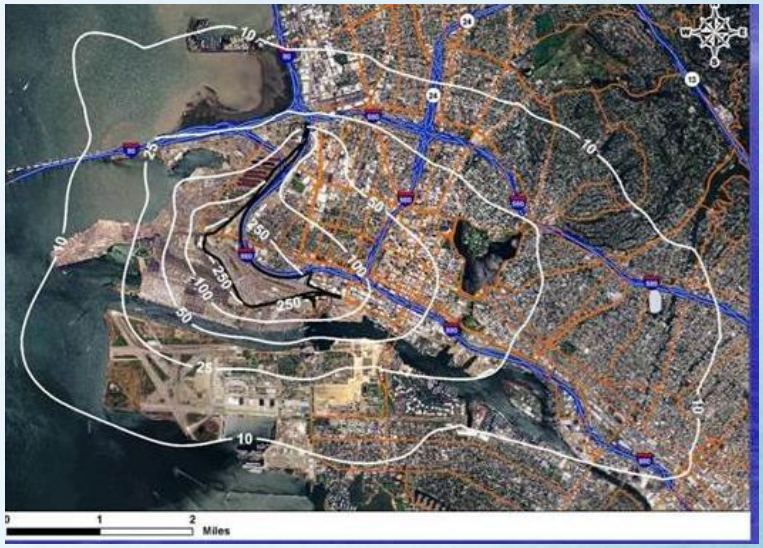
Health Cost of Pollution

Annually, $PM_{2.5}$ exposure results in:

- 5,400 premature deaths due to cardiopulmonary causes*
- 2,800 hospitalizations for cardiovascular and respiratory diseases*
- 6,700 emergency room visits for asthma*

DPM also increases cancer risk.

Oakland Railyard Cancer Risk



CARB, 2008

*Based on California ambient air quality data from 2014-2016

Air Quality and COVID-19

- Recent studies have linked chronic exposure to elevated PM 2.5 levels to increased cases of premature death and illness from COVID-19.
- Studies show Black and Hispanic populations are disproportionately affected by both COVID-19 and poorer air quality, compounding the burdens they face.
- Additional research underway at CARB

CARB Objects to EPA's Review Process Because it Ignores Science

- Recent changes to NAAQS review process have undercut longstanding agency and scientific procedures
- EPA has short circuited participation by recognized experts (ex: no epidemiologists on the Clean Air Scientific Advisory Committee, CASAC)
- EPA is ignoring scientific evidence demonstrating health impacts below the current levels.

CARB Objects to EPA's Recommendations to Retain PM2.5 NAAQS at Current Levels

- Studies show health impacts below current levels of PM2.5 annual and 24-hour standards
- Current standards are inadequate to protect human health.
- EPA's own estimates show reducing annual standard from current level of 12 ug/m3 to 10 ug/m3 would reduce the number of premature deaths nationally by up to 8,630 each year.
- CARB estimates a reduction of 3,400 premature deaths each year in California with tighter PM standard.

Health Effects of Exposure to PM 2.5 at Levels Below the Current NAAQS

- Epidemiological studies cited in EPA's Integrated Science Assessments (ISA) and Policy Assessments demonstrate **adverse health and respiratory outcomes from PM 2.5 exposure below current national standards.**
- PM 2.5 exposure has been linked to **premature death**, **asthma**, **COPD exacerbation**, and **adverse birth outcomes** (birth weight and fetal growth).

EPA's Proposal Threatens Health of Vulnerable Populations, Including Native Americans

- Current PM NAAQS are inadequate to protect the health of susceptible and vulnerable populations.
- Higher PM exposure in disadvantaged communities.
- California research shows that Native American communities may be disproportionately exposed to sources of PM emissions.

CARB Recommends the Following Measures:

- EPA should strengthen the **annual PM 2.5 standard from 12 µg/m3** to **at least 10 µg/m3.** The most protective annual standard would be **8 µg/m3.**
- EPA should strengthen the **24-hour PM 2.5 standard from 35 µg/m3** to **at least 30 µg/m3.** The most protective 24-hour PM 2.5 standard would be **20 µg/m3.**

References

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