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AMERICAN LUNG ASSOCIATION.
IN PENNSYLVANIA

Statement of
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Before the
Environmental Quality Board
of the Commonwealth of Pennsylvania

on
Proposed Rulemaking
for Additional RACT Requirements
for Major Sources of NO_x and VOCs
under 25 Pa. Code Chapters 121 and 129

Rachel Carson State Office Building
400 Market Street
Harrisburg, Pennsylvania

May 29, 2014

Good afternoon. I thank the Environmental Quality Board for your work here today.

I am Kevin Stewart and I serve as Director of Environmental Health for the American Lung Association in Pennsylvania (ALAPA). I represent not only the one-and-a-half million people in the Commonwealth who suffer from chronic lung disease, but also the millions more who desire to breathe clean air and so protect their good health.

For the record:

ALAPA opposes the Board's proposal of November 19, 2013 to amend Chapters 121 and 129 to read as set forth in the corresponding annex. More specifically, we oppose certain presumptive reasonably available control technology (RACT) requirements and RACT emission limitations the Board has proposed, especially as these weak requirements would apply to the largest air pollution sources such as coal-fired power plants. We urge the United States Environmental Protection Agency (EPA) to reject this proposal for the same reasons.

More stringent air pollution controls have been required elsewhere for smog-forming and soot-forming emissions from power plants, and there is no excuse for there not to be such strong RACT standards for Pennsylvania's power plants as well. Anything less shortchanges our health and that of our children.

I have three essential points:

1) We need to take the ozone air pollution problem seriously:

- According to the American Lung Association's annual State of the Air report, released a month ago,
    - Eighty percent of the Commonwealth's population lives in counties or metro areas whose air quality earned a failing grade for ozone air pollution.
    - Compared to our previous report, the frequency of days with elevated ozone levels increased in 31 of 34 Pennsylvania counties for which sufficient data existed to make a determination. We can clearly no longer depend on the progress of the past decade continuing unimpeded.

- Not only are we experiencing difficulties meeting the current ambient ozone standard, but just as was the case even before it was promulgated in 2008, the scientific and medical consensus continues to be that that ozone standard is clearly inadequate to protect public health, and hence is legally and scientifically indefensible.

- In addition to the well-understood consequences of acute exposure, such as shortness of breath, wheezing, and coughing, ozone air pollution causes respiratory harm that appears as lung inflammation, increased risk of infection, worsened asthma, and worsened chronic obstructive pulmonary disease (COPD). It is also likely to cause premature death and cardiovascular harm manifesting as heart attacks, strokes, heart disease, and congestive heart failure. Moreover, the body of evidence showing adverse health problems from chronic ozone exposure has grown considerably over the past decade.

- The body of evidence continues to mount that ozone exposures, at concentrations much lower than the current ambient air quality standard would allow, is causally associated with numerous adverse health impacts, so that is all the more reason that an air pollution control regime for the single largest sources of ozone precursors must be as robust as possible.

2) The proposed rulemaking should be rejected:

- The proposed rulemaking fails to recognize two major things:
    - that the majority of coal-fired power plants in the Commonwealth have already installed Selective Catalytic Reduction (SCR) technology, satisfying the RACT requirement of "reasonable availability," and
    - that the EPA is on record as recognizing that "economic feasibility for RACT purposes is largely determined by evidence that other sources in a source category have in fact applied the control technology in question."

  The purpose of the RACT regulation is not to enshrine the status quo, and it is certainly not to encourage foot-dragging or backsliding, but rather, as EPA's intent from the outset

has been, to set forth a "stringent, even 'technology forcing' requirement that goes beyond simple 'off-the-shelf' technology."

- For the class of the largest NO_x-emitting sources, the Department of Environmental Protection's representations of "Anticipated Effects on Emissions" are overstatements in contrast with the much more common-sense approach of comparing the proposed emission limitations with current actual emissions. The latter comparison demonstrates that the proposed RACT requirements are no substantial improvement with respect to controlling NO_x emissions from large coal-fired power plants.

- Moreover, the proper way to compare the costs and benefits of alternatives is comprehensively, across the economy, not in the limited way some do, looking narrowly at only a sector's, or even one company's, perspective. Failure of the Commonwealth to control air pollution adequately in the power generation sector is to continue to support externalization of the comparatively much greater burden that that air pollution imposes, in terms of medical expenses, insurance premiums, disease and death, as well as in terms of school absenteeism, lost work and productivity.

- In this case, we know that installing and routinely effectively operating SCR in large coal-burning power plants remains one of the best tools available to control nitrogen oxide emissions—and hence ozone formation. Not only is it among the most cost-effective measures, but in absolute terms, it achieves among the largest single chunks of air pollution reduction available.

- Furthermore, in the interest of achieving environmental justice for all citizens, the American Lung Association opposes averaging NO_x emission rates over 30 days when the health standard for the resulting pollutant, ozone, is based on a much shorter (8-hour) averaging period. The Lung Association's policy position is to oppose provisions for averaging that could create disproportionate impacts on local communities. Such schemes may result in the masking of outcomes in which affected populations could experience excessively high exposures, whether geographically (when averaging among widely dispersed facilities hides a high-polluting outlier) or temporally (when a time-weighted average fails to account for short-term phenomena that are known to be deleterious to health).

3) <u>Those potentially at higher risk are a substantial fraction of the Commonwealth's population</u>:

ALAPA is here today to remind everyone of ***why*** we need strong controls on ozone air pollution:

We emphasize that the populations potentially at risk are not a small minority of particularly sensitive persons, but in the Commonwealth are constituted of groups containing hundreds of thousands or even millions of individuals, altogether accounting for about half of the state's population. They include the following:

- 2.7 million infants, children and teens under 18
- 2 million persons aged 65 and above
- 280,000 children with asthma

- 1 million adults with asthma
- 670,000 adults with COPD
- 920,000 persons with cardiovascular disease
- 1 million persons with diabetes
- 1.7 million persons living in poverty
- Pregnant women and their developing unborn
- Otherwise healthy younger adults who are physiologically responsive to ozone
- Persons who work or exercise outdoors, and many others with existing health problems.

As the Commonwealth develops revisions to its State Implementation Plan under the Clean Air Act, we ask that the Board consider all of these Pennsylvanians — their needs, their pain and suffering, and the corresponding costs due to absenteeism, lost work and productivity, sickness and death.

The American Lung Association's mission is *to save lives by improving lung health and preventing lung disease.* We trust that the Board shares that ideal. Let's get about the business of saving some lives.