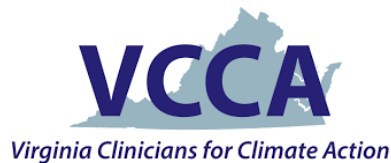


Virginia Chapter

INCORPORATED IN VIRGINIA

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



March 24, 2023

The Honorable Michael S. Regan
Administrator
U.S. Environmental Protection Agency
1200 Pennsylvania Avenue, NW
Washington, DC 20460

Dear Administrator Regan:

As medical societies and public health and patient advocacy organizations from across Virginia, we write to urge the Environmental Protection Agency (EPA) to finalize stronger annual and 24-hour standards for the National Ambient Air Quality Standards (NAAQS) for fine particulate matter pollution (PM_{2.5}).

Particle pollution poses a dangerous threat to human health. According to the American Lung Association's 2022 "State of the Air" report, Virginia is home to 139,075 children and 579,008 adults with asthma, 390,634 people with COPD, and 525,652 with cardiovascular disease, all of whom could be at greater risk of health harm from particulate matter. The current limits on both short-term spikes and annual levels of particle pollution are currently too weak to protect the health of people in Virginia.

The revision of the NAAQS for particulate matter pollution represents an important step toward healthier air. To ensure that the standards are aligned with the current science, the undersigned organizations support a final standard of 8 micrograms per cubic meter (µg/m³) for annual PM_{2.5} and 25 µg/m³ for 24-hour PM_{2.5}.

The Clean Air Act requires that the NAAQS be set based solely on what the best available science says is necessary to protect public health with an adequate margin of safety. EPA was correct in reconsidering the PM_{2.5} standards following the 2020 review. Overwhelming scientific evidence shows that the current standards are inadequate, putting vulnerable populations at risk and further entrenching environmental injustices in exposure.

PM_{2.5} can increase the risk of heart disease, lung cancer and asthma attacks and can interfere with lung development. Overwhelming evidence shows that both acute and chronic PM_{2.5} exposures are deadly. For example, a 2016 study of individuals 65 and older in New England found that the risk for premature death occurred even in areas that meet the current level.¹ A more health protective standard is needed, especially for individuals most at-risk, including pregnant people, infants, children, seniors, people living with lung and heart conditions, lower-income communities, and communities of color.

As health organizations committed to improving public health and advocating on behalf of the patients and communities we serve, we urge you to follow the science by proposing and finalizing standards of 8 µg/m³ for annual PM_{2.5} and 25 µg/m³ for 24-hour PM_{2.5} to ensure healthier air for all.

Sincerely,

Virginia Chapter, American Academy of Pediatrics
American College of Physicians, Virginia Chapter
American Lung Association in Virginia
Mental Health America of Virginia
Virginia Clinicians for Climate Action
Virginia Rural Health Association

¹ Shi L, Zanobetti A, Kloog I, et. al. Low-concentration PM_{2.5} and mortality: estimating acute and chronic effects in a population-based study. *Environ Health Perspect.* 2016;124:46-52. <http://dx.doi.org/10.1289/ehp.1409111>.