

Ms Anderson,
Docket No. 58-0101-1601 - Negotiated Rulemaking.
My comments are as follows:

1) I would like to request that DEQ extend the public comment period on this docket per:
"I.C. 67-5220 Notice of intent to promulgate rules -- Negotiated rulemaking 3) To facilitate the achievement of the purposes of this section, agencies shall, at a minimum: (a) Provide a reasonable period of time for interested persons to respond to the notice of intent to promulgate rules;"

The current comment deadline of May 25th, is before the final negotiated rule making meeting scheduled for June 23rd. Currently, those who attend the final meeting will have no ability to comment. This topic is not an emergency; therefore, a reasonable comment period should allow meeting attendees to comment.

2) The website has no link to any of the studies mentioned in Dr. Dietrich's short power point presentation. (Shen et al 2012, Fann et al Risk Analysis 2012, NYC Health 2011, Hou et al etc.) The public should be to read these, if they desire to, in order to intelligently comment..

3) It is unclear why DEQ asked EHEAP to answer the question: "Do PM 2.5 exposures result in worse human health effects than ozone?" The proper question would seem to be "Will an increase in ozone, that remains below the NAAQS negatively impact human health?" It would appear that DEQ was trying to "kill two birds with one stone" with the question: increase the percentage of ozone NAAQS and decrease the PM 2.5 percentage.

4) I strongly object to the proposed 10% reduction in PM 2.5. This 65% translates to 22.75 µg/m³. The current 24-hour NAAQS for PM 2.5 is 35 µg/m³. DEQ has not presented any scientific data to demonstrate or justify the need for this. Dr. Dietrich's powerpoint, or white paper, if there is one, is not the science needed for this demonstration.

EPA's Air Quality Index (AQI) explains the various levels of concern. The Moderate level caps out at 100, which is 35.4 µg/m³. The explanation for Moderate is, "Air quality is acceptable; however, for some pollutants there *may* be a moderate health concern for a *very small number of people*. For example, people who are unusually sensitive to ozone may experience respiratory symptoms." (emphasis added) Per IDAPA 58.556.01, DEQ issues a "Caution" notice when PM 2.5 is expected to average 50 µg/m³ for a 24-hour average. This concentration is beyond the center of AQI's "Unhealthy for Sensitive Groups" (35.5-55.5 µg/m³) which explains, "Although general public is not likely to be affected at this AQI range, people with lung disease, older adults and children are at a greater risk from exposure to ozone, whereas persons with heart and lung disease, older adults and children are at greater risk from the presence of particles in the air." There is no need to strengthen EPA's health risk criteria.

In fact, EPA's health risk assessments have been strengthened to a such a degree, and in such a manner, that the U.S. House of Representatives is concerned. At a Hearing on "Quality Science for Quality Air" by the Subcommittee on Energy and the Environment Committee on Science, Space, and Technology on 10/4/2011, Dr. Anne E. Smith, Ph.D. testified to this. She said in part,

"The PM_{2.5} NAAQS imposes a maximum annual average ambient concentration of 15 µg/m³, which the EPA Administrator deemed to protect the public health with an adequate margin of safety in 2006. That NAAQS is under review now, and EPA staff (with CASAC's concurrence) has stated that the lowest level that it may be revised to is 11 µg/m³. Nevertheless, in 2009 EPA suddenly started to calculate PM_{2.5} risks in its RIAs down to the lowest level its air quality models predict, which can be as low as 4 or 5 µg/m³. This results in risks being attributed to exposures that are far below the level of PM_{2.5} deemed safe. As I will show, those increased risk estimates are very large. EPA is using those greatly inflated risk estimates to justify a wide range of regulations other than PM_{2.5}, even though it is not prepared to argue that those risks are credible enough to justify action in the form of an even-tighter PM_{2.5} NAAQS. This decision by EPA to calculate risks down to the lowest level that its models project, rather than just to the lowest measured level (LML) in the epidemiological study that serves as the basis for its risk relationship greatly increased EPA's estimates of PM_{2.5} co-benefits in its RIAs. This large inflationary effect can be observed just by comparing EPA's baseline 2005 risk estimates in its 2010 PM_{2.5} Quantitative Health Risk Assessment for PM_{2.5} – which does not extrapolate below the LML – to those in its post-2009 RIAs which do extrapolate below the LML. The former is being used the current review of the PM_{2.5} NAAQS mentioned above, and in it, EPA estimates 88,000 deaths were due to PM_{2.5} in 2005 based on an epidemiological study by Laden et al. In its concurrent RIAs, however, EPA estimates fully 320,000 deaths due to PM_{2.5} for the same year, the same estimated air quality, and using the same Laden et al. study. The former is 4% of total annual US deaths of 2.4 million and the latter is 13% of 2.4 million annual US deaths. Notably, EPA is

now using both of these contradictory estimates of baseline PM2.5-related deaths simultaneously in different regulatory proceedings – EPA is using the smaller number of baseline deaths in its CASAC-reviewed risk analyses for the PM2.5 NAAQS review, and it is using the larger number of baseline deaths in its RIAs that are generating the large co-benefits for non-PM2.5 regulations, such as for air toxics regulations and for non-PM NAAQS, such as ozone.

Thus, with this single change in its RIA calculations, EPA has caused the estimate of total PM2.5-related deaths to nearly quadruple, from 88,000 to 320,000. In effect, in 2009, EPA quietly “created” an additional reservoir of 232,000 PM2.5-related deaths that it could continue to tap into in its future RIAs as co-benefits for the many non-PM clean air regulations that it will be proposing and promulgating in the future. The RIAs for the proposed Utility MACT and the Ozone Reconsideration are recent RIAs that benefited from the dramatic inflation of EPA’s estimates of total PM2.5 risks... The significant inflation in PM2.5 health benefits that EPA has introduced into its RIA calculations since 2009 is accomplished by adding in benefits of the least credible sort because most of that increase is due to benefits estimates below – often far below – the levels of PM2.5 that have been observed in the scientific studies that form the basis of the PM2.5 health effects literature. Thus, overnight in 2009, in the course of preparing RIAs that are **not subject to public peer review**, EPA dramatically escalated its estimates of benefits for all of its RIAs. This had the most profound impact on its estimates of benefits in the vast swath of the US that has PM2.5 concentrations below 10 µg/m³: small changes in modeled PM2.5 in these areas used to contribute nothing to the total estimated benefits of a regulation, but they now contribute as much as 70% of the co-benefits estimates”.

The resultant affect of EPA’s “overnight” actions, was the motivation by HR 1030, the Secret Science Reform Act of 2015 which has overwhelmingly passed in the House. The Senate’s companion bill is S. 544. Both “would amend the Environmental Research, Development, and Demonstration Authorization Act of 1978 to prohibit the Environmental Protection Agency (EPA) from proposing, finalizing, or disseminating a “covered action” unless all scientific and technical information used to support that action is publicly available online in a manner that is sufficient for independent analysis and substantial reproduction of research results. Covered actions would include assessments of risks, exposure, or hazards; documents specifying criteria, guidance, standards, or limitations; and regulations and regulatory impact statements.”

DEQ’s desire to reduce the PM 2.5 NAAQS percentage, with a lack of substantial peer-reviewed scientific data available to the public is not unlike the above actions involving the EPA and is unacceptable.

Jann Higdem