Thank you for the opportunity to testify. My name is Dr. Albert Rizzo and I am the chief medical officer of the American Lung Association. I am also a practicing pulmonary physician in Delaware. I’m pleased to present the American Lung Association’s appropriations recommendations for Fiscal Year 2020 for the Interior and Environment subcommittee, and to urge the committee to reject all harmful policy riders to appropriations legislation.

The mission of the American Lung Association is to save lives by improving lung health and preventing lung disease. Our organization represents millions of Americans with lung disease, including the more than 6 million children with asthma and more than 15 million adults with chronic obstructive pulmonary disease, and more than 228,000 who will be diagnosed this year with lung cancer.

We appreciate the name of this category of testimony that the committee has set up here today: environment with a public health focus. The American Lung Association recognizes that the Clean Air Act is one of the nation’s premier public health laws, with a mission of protecting human health and the environment. The programs that the U.S. Environmental Protection Agency
Protection Agency runs are critical to protect all Americans, including those with lung disease, from harmful air pollution.

These programs are also highly cost-effective. An EPA study estimated that the benefits of Clean Air Act protections outweigh the costs by a factor of 30 to 1. Air pollution protections prevent a sweeping array of health harms, from asthma attacks to missed days of work and school to heart attacks to premature deaths. These have an obvious human cost, but also carry a heavy financial cost. According to a 2011 EPA estimate, in 2020, the Clean Air Act Amendments will prevent over 230,000 early deaths. This is probably a conservative estimate because after this analysis was performed, EPA adopted additional pollution control strategies to further clean a wide variety of air pollution sources.

Thanks to the Clean Air Act, the nation has made enormous strides in reducing harmful outdoor air pollution. However, that progress is at risk for two big reasons.

First, climate change is already undoing some of the progress we’ve made, with dire consequences for lung health. Simply put, climate change is a public health emergency. Wildfire smoke, extreme heat, increased levels of ozone pollution, disruption of medical care due to extreme storms, and health hazards of disaster cleanup all put lungs at risk.

Second, despite the clear mandate of EPA to protect human health from air pollution and the excellent return on investment that these protections have provided, numerous proposals by the Trump Administration would weaken, delay or rescind clean air protections. The current EPA leadership has proposed repealing the Clean Power Plan’s carbon pollution standards for existing power plants, replacing them with a rule that could actually be worse for health than doing nothing, gutting carbon pollution standards for new power plants, undermining standards that limit mercury and other air toxics from power plants, rolling back successful limits on greenhouse gasses from vehicles, allowing unlimited super-polluting trucks on the road, and censoring the science that shows the health harms of air pollution and cherry-picking benefit and cost data to support these rollbacks. Beyond the rollbacks, enforcement of EPA’s existing rules is down as well.

Despite these proposed rollbacks, the staff at EPA are still doing the lifesaving work of helping protect human health from air pollution across the country. I call on this subcommittee to support this critical work by beginning to reverse years of under-investment in EPA’s public health protections.

It is also critical that the FY20 appropriations bills are free of harmful policy riders that would weaken EPA’s ability to protect public health. These restrictions have no place in appropriations legislation. Specifically, we call not only for no new riders, but also for the removal of riders in previous Interior and Environment appropriations bills, including the provision that circumvents science to encourage the use of biomass burning for electricity.
I’d like to outline a few programs worthy of this subcommittee’s continued and increased investment:

**EPA’s Clean Air Program Area**

EPA’s work to protect people from the impacts of air pollution saves lives and improves health. Anyone can suffer health harms from unsafe levels of air pollution, but some are at particular risk, including people with asthma and other lung diseases; people with heart disease; babies and children; pregnant women; older adults; people living in low-income communities; and people who work or exercise outdoors. We request that the subcommittee provide **$469 million overall for EPA’s Clean Air Program**, which includes $341 million for Environmental Programs and Management and $128 million for Science and Technology.

I want to highlight a few areas of particular importance within EPA’s clean air program. First, as I mentioned earlier, climate change is a public health emergency with dangerous consequences for lungs. The Clean Air Act requires that EPA reduce greenhouse gas pollution because of the danger it poses to human health. Continued investment in EPA’s work to address climate change is critical. We request that the subcommittee provide **$115.9 million for the Climate Protection Program**.

The American Lung Association also requests that the subcommittee provide **$171 million for Federal Support for Air Quality Management**. This program helps states, tribes, and local air pollution control agencies administer programs and standards to protect their communities from unhealthy air pollution. States have the primary responsibility for developing clean air measures necessary to meet federal standards, but they rely on support, training and assistance from EPA.

Another important program within EPA’s clean air work is the **Federal Vehicle Fuels Standards and Certifications Programs**, which we’re requesting be fully funded at $103.6 million. This funding is essential to improve testing and oversight of vehicles, particularly in light of the revelations that major automakers installed defeat devices to allow their products to pollute at unlawful levels.

**State, Local and Tribal Air Quality Management**

States, local governments and Tribes need direct support from EPA to implement and enforce lifesaving clean air protections. The American Lung Association requests that the subcommittee provide $310 million for Categorical Grants: State and Local Air Quality Management and $14.5 million for Categorical Grants: Tribal Air Quality Management. State, local and tribal air pollution agencies are on the front lines of vital efforts to improve air quality and protect public health, yet they are perennially underfunded. These agencies need more funding, not less, to ensure proper protection of the public through implementation of the Clean Air Act.

**Reducing Pollution from Vehicles**

Another critical program for reducing dangerous vehicle pollution is the **Diesel Emissions Reduction Grant Program**, for which we’re requesting **$100 million**. Immense opportunities remain to reduce diesel emissions through the DERA program: millions of old, dirty diesel engines are in use today that pollute communities and threaten workers. The Subcommittee's
continued investments in this highly successful program have yielded up to $13 of public health benefit for every $1 spent on diesel projects, according to a 2016 EPA report.

**Radon**

In addition to the critical work that EPA does to reduce outdoor air pollution, I want to highlight another pair of programs that protect lung health from a deadly indoor air pollutant: radon. Radon is the second leading cause of lung cancer in the United States, yet it remains an underappreciated health risk. The State Indoor Radon Grant program and the EPA radon program have helped to forge a cooperative approach among the federal government, states, tribes, nonprofits, public health groups, and business and professional groups to inform people and work to save lives for decades. States and tribes depend on the grant funds and on EPA’s technical assistance through the radon program to educate the public and reduce exposure to this deadly carcinogen. In 2003, the National Academy of Sciences estimated that radon kills 21,000 people each year. We request that the subcommittee provide **$8.1 million for the Categorical Grant for Radon and $3.3 million for EPA’s Radon Program**, which includes $3.1 million for Environmental Program and Management and $158,000 for Science and Technology.

**Monitoring and Enforcement**

EPA’s air quality standards mean nothing if they are not enforced. Continued investment in EPA’s monitoring and enforcement work is critical to keeping the cop on the beat when it comes to protecting the public from dangerous air pollution. The American Lung Association requests that the subcommittee provide **at least $111.3 million for EPA’s Compliance Monitoring & $268.1 million for Enforcement**. EPA must have the ability and funding needed to reduce non-compliance, as well as enforce penalties for violations. EPA must also be prepared to respond to civil enforcement actions authorized by the Clean Air Act.

**Conclusion**

Madam chair, the American Lung Association often says, “When you can’t breathe, nothing else matters.” We appreciate the subcommittee’s recognition today that environmental protections are public health protections. Thanks to this subcommittee’s investments in EPA’s clean air work over the years, our nation has made enormous progress in reducing air pollution that causes premature death and makes people sick. I call on you now to ensure that EPA has the funding it needs to carry out the lifesaving day-to-day work of implementing and enforcing protections under the Clean Air Act, and to ensure that your bill does not contain any harmful policy riders that would undermine this work. Thank you for your work to ensure the promise of the Clean Air Act: healthy air for all to breathe.