Whereas, The Environmental Protection Agency (EPA) is in the process of reviewing the current National Ambient Air Quality Standards (NAAQS) for fine particulate matter (particles with a diameter of ≤2.5 μm [PM2.5]) — that is, levels not exceeding an annual average of 12 μg per cubic meter and a 24-hour average of 35 μg per cubic meter; and

Whereas, The current EPA guidelines are not sufficient to protect public health, since exposure to ambient PM2.5 at the current accepted EPA levels is estimated to be responsible for tens of thousands of premature deaths in the United States each year; and

Whereas, Current AMA policy calls for more stringent standards than are currently followed by the EPA as noted in the policy summary below; and

Whereas, Air pollution is known to correlate with numerous other adverse health outcomes also, including heart disease, stroke, asthma, COPD, and neurodegenerative disorders; and air pollution disproportionately affects vulnerable populations and communities of color; and

Whereas, Results suggest that exposure to traffic-related air pollution is associated with dementia, via both direct neural damage as well as indirect pathways related to diabetes and metabolic dysfunction; and

Whereas, Nearly all deaths attributable to air pollution in the contiguous United States are associated with ambient air pollution concentrations below the current EPA standards, a finding that both reflects past success and suggests that more stringent PM2.5 air quality standards may further reduce the national death toll associated with air pollution; and

Whereas, Vulnerable populations and communities of color are most at risk for negative health impacts from particulate air pollution owing to their location near emission sources or to demographic or clinical characteristics (e.g., age or disease status) that increase their susceptibility; and

Whereas, Despite many improvements since passage of the Clean Air Act in 1970, according to a report from the National Bureau of Economic Research, “After declining by 24.2% from 2009 to 2016, annual average fine particulate matter (PM2.5) in the United States in counties with monitors increased by 5.5% between 2016 and 2018;” and

Whereas, Former members of the EPA Clean Air Scientific Advisory Committee on Particulate Matter (which was dissolved on October 10, 2018), who now make up the nongovernmental Independent Particulate Matter Review Panel, unequivocally and unanimously concluded that the current PM2.5 standards do not adequately protect public health; and
Whereas, A recent health impact assessment modeling a 40% reduction in PM2.5 exposure estimated a drop in mortality by > 100,000 among adults in the Continental United States; and

Whereas, Increased mortality due to COVID-19 has been shown in studies at Harvard and in the Netherlands to be associated with air pollution: an increase of 1ug/m3 of PM 2.5 was shown to be associated with an 8% increase in the COVID-19 death rate in the US, and a 16% increase in the death rate due to COVID-19 in the Netherlands; and

Whereas, Indoor air pollution in the COVID-19 era has demonstrated unequivocally to be a much greater source of viral transmission than outdoor pollution by CDC, EPA and other agencies, recently resulting in recommended improvements in ventilation and air filtering; and

Whereas, COVID-19 has also disproportionately affected vulnerable populations and communities of color where there has been a higher burden of disease and higher mortality; therefore be it

RESOLVED, That our American Medical Association AMA advocate for stronger federal particulate matter air quality standards than currently in place and improved enforcement that will better protect the public’s health. (Directive to Take Action)

Fiscal Note: Not yet determined

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References

Link that is most pertinent: https://www.epa.gov/pm-pollution/national-ambient-air-quality-standards-naaqs-pm

7 Health Equity considerations and racial and ethnic minority groups. https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html