



February 11, 2018

To: Chair Dembrow and Committee Members
Senate Committee on Environment and Natural Resources

Oppose SB 1541

Guided by the values and expertise of medicine and public health, Oregon Physicians for Social Responsibility (PSR) works to protect human life from the gravest threats to health and survival, including environmental pollution.

Oregon PSR opposes SB 1541 because it contains many provisions that negate any possibility that Cleaner Air Oregon (CAO), the Department of Environmental Quality (DEQ), and the Environmental Quality Commission (EQC) will be able to reduce air toxics emissions and exposures to the population of this state. This bill would prevent reduction of the adverse health consequences of exposure to air pollutants emitted by industries in Oregon.

We strenuously object to the attempt to write specific cancer risk levels and hazard indices into law. The consideration of risk levels should be based on individual chemicals in specific situations, based on the best available science. We object to the many loopholes written into this bill to make exceptions for industry that make it possible for industry to continue to put the public's health at risk.

We refer here to Section 2.(3)(a)(B) and others with specific requirements written into law, so that standards set by the DEQ and the EQC will be constrained and be unable to allow public comment and input through normal rulemaking procedures on the specific requirements to be met before industry can be regulated. This is a serious violation of the public trust and abrogates your responsibilities as legislators for ALL the people of the State. This bill appears to be written to do the bidding of industry and waste our tax dollars by ignoring the extensive work that has been accomplished through the DEQ/OHA rulemaking already in progress.

Furthermore, setting specific and extremely high risk action levels goes against good sense, rigorous science, and makes a mockery of public health and public concerns and the many months-long input and work by concerned citizens as well as staff and appointed members of the CAO Rulemaking Advisory Committee. Setting risk action levels arbitrarily high endangers the public health while allowing industry to profit at the expense of the health of Oregonians. A non-cancer Hazard Index of 10 before any action is taken and an excess lifetime cancer risk of 100 in a million both present unacceptable risks to public health.

Furthermore, Section 2.(3)(b) states that alternative risk action levels may be adopted by the EQC only IF:

“(C) Alternative thresholds are warranted based on verified science and data: and...”

The use of the term thresholds instead of risk action levels is incorrect usage and is

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inaccurate as it does not apply to carcinogens, for example.

“and, (D) Adopting alternative thresholds will not adversely affect rural counties.”

Does this adverse effect mean economic effects or health effects?

Section 2. (4) *“Rules adopted under this section must base evaluation of public health risk on: ... (b) The impacts by toxic air contaminants on locations where people actually live or normally congregate, on average, for:*

(A) More than 30 hours a week for evaluating chronic risks; or (B) Ten hours a day for evaluating acute noncancer risk; and...”

Under A and B children attending school and many working adults will be excluded from the evaluation of public health risks. This clearly presents an unacceptable risk to public health.

Section 2.(4)(c) states: *“For evaluating chronic risk, the assumption that a person is not present in a given residence for more than 350 days per year and does not live in a given residence for longer than a total of 26 years.”* This sentence is unclear. Furthermore, where do these numbers come from? What are they based on?

Section 2.(5) States: *“Air contamination sources subject to the program and rules adopted under this section may evaluate public health risk using ambient monitoring as an alternative to computer modeling.”* This allows the contamination source to monitor at any time of day and any season of the year, which can mean that ambient monitoring can be done at times when emissions are lowest. This stipulation is so lacking in detail as to be overly permissive and biased against determining the true health risks associated with a source’s emissions. Again, this undermines the normal rulemaking process where the rationale for specific requirements can be elucidated and discussed, with public input.

Furthermore, this section states: *“Only if the public health risk is determined to exceed the risk action levels described in subsection (3)(a)(B) of this section, the department shall hold public meetings to discuss ambient monitoring results.”* First, this limitation is based on unreasonably high risk action levels, which, before they are reached, exposures to toxic contaminants and adverse health effects would have already occurred. Second, this limitation of public meetings goes against many of the concerns of the public and proposals by DEQ/OHA in the DEQ/OHA rulemaking process for CAO, and biases the whole process against the public being informed of serious risks to their health.

There are many more concerns that could be listed, but we will conclude with just one more:

In Section 2.(7)(a), the emphasis on feasibility of reduction of toxic air contaminants means that the proposed regulations will be based on technological feasibility and will not be health-based or health protective, as is the primary purpose of Governor Brown’s CAO program. Therefore, Oregon Physicians for Social Responsibility cannot support this highly flawed and biased bill. Please do not pass SB 1541.

Theodora Tsongas, PhD, MS
Environmental Health Work Group Member



Kelly Campbell
Executive Director

