

October 31, 2024

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

Submitted via Regulations.gov

Re: Comments – *Docket ID No. EPA-HQ-OAR-2024-0196*: Phasedown of Hydrofluorocarbons: Review and Renewal of Eligibility for Application-specific Allowances

Dear Administrator Regan:

The mission of the American Lung Association is to save lives by improving lung health and preventing lung disease. To achieve our mission, we support policies that improve access to quality, affordable healthcare as well as policies that aim to clean up air pollution and mitigate climate change. This proposed rule is at the intersection of healthcare and climate change. We urge you to finalize a rule that continues allowances for metered-dose inhalers (MDIs) while also implementing strong measures to reduce climate-warming hydrofluorocarbons (HFCs).

The Lung Association and other national health organizations submitted comments in 2021 supporting the overall phasedown of HFCs. In our comments, we highlighted support for both the phasedown of the production and consumption of HFCs as well as the establishment of an allowance-based trading program. At the same time, we urged EPA to ensure the continued availability of MDIs for people for whom they are medically necessary and have been prescribed by their provider. The intent of the Advanced Innovation in Manufacturing (AIM) Act was to decrease HFC production by 85%, allowing for some use of HFCs to continue. We are glad that the administration finalized a rule that included allowances for metered dose inhalers and are pleased to see this proposal includes a continuation of those allowances.

Climate change is a health emergency and significant, urgent federal actions to limit greenhouse gas emissions are necessary to prevent of the worst health impacts. Already, communities across the country experience health impacts from climate change. Heat waves that stretch from coast to coast, the more frequent and intense wildfires, a consistent onslaught of 500-year or even 1000-year floods from excessive rain and more volatile hurricanes and more are disrupting lives and livelihoods of millions of Americans. Additionally, warmer temperatures are leading the formation of ground-level ozone pollution. Ozone pollution is dangerous for everyone to breathe, particularly those with lung disease.

HFCs are a potent greenhouse gas and reducing their production and consumption will help prevent the worst impacts of the climate crisis. In the 2021 rule, EPA estimated a reduction of 4.7 billion metric tons of carbon dioxide and cumulative net benefits of \$283.9 billion over 15 years. We are pleased to see the downward trend of HFC production thanks to the implementation of the AIM Act and look forward to seeing trends continue for 2024.

Advocacy Office:

1331 Pennsylvania Avenue NW, Suite 1425 North | Washington, DC 20004-1710 | 202-785-3355



While we fully support the 85% phasedown of HFCs and the climate and health benefits it will deliver, we also strongly support the continuation of allowances for the production and use of MDls. These medical inhalers are handheld pressurized inhalation systems that deliver small, precisely measured therapeutic doses of medication directly to the airways of a patient. Many individuals with asthma or chronic obstructive pulmonary disease (COPD) rely on MDls to manage their disease.

We agree with EPA's assessment that there are not yet technically achievable or safe substitutes for HFC use in MDIs. While there are other types of inhalers, such as dry powder inhalers (DPIs) or soft mist inhalers, they may not be an appropriate fit for every patient. DPIs require an individual to have the lung capacity to inhale the medication, meaning this is not a viable option for those with insufficient inspiratory flow, such as children or older adults. Some individuals, particularly children, may also experience throat irritation or coughing after inhaling the powder which can deter them from using the device effectively. We also agree with EPA's assessment that FDA approval for new substances and devices can take years. While we support collaboration to reach a future where inhalers do not contribute to climate change, it is imperative that patients currently relying on MDIs remain able to access the devices without barriers as substitutes are appropriately researched and tested.

Please finalize a rule that renews the eligibility of entities using regulated substances for propellants in MDIs to receive application-specific allowances for the five-year period of calendar years 2026 through 2030. In addition, we strongly encourage the agency to be cognizant of messaging around the greenhouse gas emissions from MDIs. Statements, guidance or online materials should not unintentionally dissuade people with asthma, COPD and other lung diseases from using inhalers that have been prescribed to them. While addressing the climate crisis is urgent, individuals should not forgo necessary use of their MDIs in hopes of avoiding emissions of HFCs.

Thank you.

Sincerely,

Harold P. Wimmer President and CEO

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¹EPA-HQ-OAR-2021-0044: Phasedown of Hydrofluorocarbons: Establishing the Allowance Allocation and Trading Program Under the American Innovation and Manufacturing (AIM) Act. Comments from Health Organizations, July 6, 2021 https://www.lung.org/getmedia/42a30bbb-7d15-40f1-953a-dc775c47aeb2/HFC Phasedown Comments-Health-Orgs.pdf