NEGATIVE IMPACT OF MEDIA

(Mr. SMITH of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SMITH of Texas. Mr. Speaker, a new survey by the Pew Research Center found that an astounding two-thirds of Americans say the news media has a negative impact on our Nation. What a comment on the media.

The survey asked participants whether a variety of institutions are having a positive or negative effect on the way things are going in this country today. The rating the media received was the lowest of all institutions.

Another public opinion poll by Gallup showed the media's credibility has reached a record low. This is not much of a surprise, given the media's constant barrage of personal attacks and negative news coverage. The American people deserve better than a biased media.

For the sake of our country, our democracy, and the credibility of the media itself, let's hope they report the news more fairly and objectively in the future.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore (Mr. MOONEY of West Virginia) laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
WASHINGTON, DC

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on July 18, 2017, at 9:19 a.m.:

Appointments: Women’s Suffrage Centennial Commission.

With best wishes, I am,

Sincerely,

KAREN L. HAAS.

PROVIDING FOR CONSIDERATION OF H.R. 806, OZONE STANDARDS IMPLEMENTATION ACT OF 2017

Mr. BURGESS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 451 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. Res. 451

Resolved, That at any time after adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 806) to facilitate efficient implementation of ground-level ozone standards, and for other purposes. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill as ordered are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committees on Energy and Commerce. After general debate the bill shall be considered for amendment under the five-minute rule. In lieu of the amendment in the nature of a substitute recommended by the Committee on Energy and Commerce now printed in the bill, it shall be in order to consider as an original bill for the purpose of amendment under the five-minute rule an amendment in the nature of a substitute consisting of the text of Rules Committee Print 115-28. That amendment in the nature of a substitute shall be considered as read. All points of order against that amendment in the nature of a substitute are waived. No amendment to that amendment in the nature of a substitute may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report, and shall be controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the nature of a substitute. All amendments may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report, and shall be controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the nature of a substitute. All amendments may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report, and shall be controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the nature of a substitute. All amendments may be offered only by a Member designated in the report.

The SPEAKER pro tempore. The gentleman from Texas is recognized for 1 hour.

Mr. BURGESS. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Colorado (Mr. POLIS), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENRAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks.

The SPEAKER pro tempore. The resolution on the request to the gentleman from Texas?

There was no objection.

Mr. BURGESS. Mr. Speaker, House Resolution 451 provides for a structured rule to conduct at the bill out level to address the Energy and Commerce Committee pertaining to the Environmental Protection Agency’s ozone standards. The rule provides for 1 hour of debate equally divided between the majority and the minority on the Energy and Commerce Committee. The rule further makes in order six Democratic amendments for consideration. Finally, the minority is afforded the customary motion to recommit.

Under the Clean Air Act’s National Ambient Air Quality Standards program, the EPA is tasked with setting standards and regulations for certain defined pollutants, including ground-level ozone, commonly known as smog. The Environmental Protection Agency has set these standards and adjusted when necessary in 1971, 1979, 1997, and 2008.

Since 1980, ozone levels have declined by 33 percent, according to the EPA, thanks in large part to diligent State oversight of industries and planning, along with weather patterns and outside temperatures, which all contribute to ozone levels.

The issue has been a particular issue in the north Texas area that I represent, where hot summer days and prevailing southerly breezes cause air quality issues that affect outdoor activities and may create health concerns.

In 2015, the EPA proposed changing the 2008 ozone standards that had not yet been fully implemented, despite nearly 700 national, State, and local organizations and stakeholders requesting that the EPA allow the 2008 standards to be adopted before setting the goalposts on these regulated parties. In fact, the EPA did not publish its implementation regulations for the 2008 standards until March of 2015, nearly 7 years after the standards had been issued, and then promptly that same year decided to change the rules entirely.

The EPA ignored the request from stakeholders and moved ahead with lowering the ozone standard, manipulating scientific findings in order to justify the move. In fact, nearly two-thirds of the so-called benefits that the EPA claimed would result from this new standard are not based on ozone reductions at all, but instead on reductions from an entirely different pollutant regulated under a different set of rules.

H.R. 806, the Ozone Standards Implementation Act of 2017, is an important step toward focusing the EPA’s efforts on science-based regulating of the environment and a rejection of the politically motivated actions of the previous 8 years.

The legislation phases in implementation of the 2008 and 2015 ozone standards, extending the date for final designation for the 2015 standard to 2025, aligning the permitting requirements of the Clean Air Act with the implementation schedule set by the EPA. This allows for a thoughtful and methodical implementation process to provide that the rules address the varied needs and nuances that exist in the States based upon industry and based upon weather patterns.
The measured approach contained in H.R. 806 will allow States to pursue cost-effective and practical implementation plans to enforce the EPA’s ozone standards. Further, it utilizes a process that will benefit from the States’ practical experiences at implementing previous laws.

Nothing in the legislation before the House today changes any existing air quality standards or regulations. Let me say that again. Nothing in the legislation before the House today changes any existing air quality standards or regulations.

This legislation is focused solely on providing States and businesses the proper tools, time, and flexibility to implement the EPA’s regulations most effectively. This is a goal we should all support.

According to the EPA’s own analysis in 2015, the vast majority of U.S. counties will meet the 2015 standards by 2025, the same timeframe that the bill before us contemplates implementation.

H.R. 806 is important, however, because it gives States the flexibility to focus on the most pressing environmental issues in each individual State, rather than having the EPA dictate where resources must be used regardless of need.

The Energy and Commerce Committee has been reviewing the issue of finding the correct balance for ozone implementation over many years and has crafted legislation that reflects that measured approach.

In 2015, I wrote to the EPA’s Clean Air Scientific Advisory Committee expressing my concern over the EPA’s expedited implementation of the 2015 standards despite concerns on how the ozone rules could affect other pollutants, namely nitrogen oxide, which has been found to actually increase inversely when ozone levels decrease. This increase of nitrogen oxide is especially present in urban environments where many at-risk populations live.

Given the many implementation questions surrounding EPA’s political decision to move forward with the 2015 standards, H.R. 806 is a prudent and justified course that this government should be taking.

For these reasons, I encourage my colleagues to support today’s rule and the underlying bill, and I reserve the balance of my time.

Mr. POLIS, Mr. Speaker, I yield myself such time as I may consume, and I thank the gentleman from Texas for yielding me the customary 30 minutes.

Mr. Speaker, I rise in opposition to both this rule and the underlying bill. Instead of coming up with new thoughts or new ideas, here we have another recycled and careless bill that has been through this body before that takes away protections for our sick, for our children, for pregnant women, and for the elderly. It is the wrong way to go for our country.

This bill is called the Ozone Standards Implementation Act, but it actually a political stunt for a special interest. In this case the oil and gas industry. It will hurt our air, our environment, and, frankly, have a negative impact on the health of Americans. It will increase healthcare costs at a time when healthcare costs are already too high.

We see that, the way the House Republicans are trying to jam through the Affordable Care Act repeal, which I remind my friends passed here in the House. It is the Senate where they are finally realizing the error of their ways.

In Colorado, 500,000 people have benefited from the Affordable Care Act, and the number of people without insurance has been cut in half from 6.7 percent to 2.5 percent. Of course, it is not perfect, and I hope that now is an opportunity for Democrats and Republicans to work together, rather than Republicans seeking to go at it alone with a plan that less people with healthcare rather than more.

The Affordable Care Act made sure that no one can be denied coverage for a preexisting condition. That benefited over 750,000 people in Colorado, including people who were covered for asthma, the rates of which would both increase if this bill that we are discussing under this rule were to become law. Yes, that is right. More people would suffer from asthma and more people would suffer from cancer if this bill were to pass.

This reckless Republican healthcare bill even eliminated the Prevention and Public Health Fund at the end of fiscal year 2017, slashing funding for the Centers for Disease Control by 12 percent, siphoning out certain providers, like Planned Parenthood, from Medicaid, in part participating in the Medicaid program; preventing patients from receiving pre-ventative care services, like cancer screenings and STD testing and contraceptive services, in their provider of choice, often, in many cases, the only provider in town.

So it is no surprise that we have yet another bill that would increase healthcare costs before us, lead to more people having to go more for what they already have for healthcare and, and here we have a bill that is opposed by the American Lung Association, the American Thoracic Society. They are all very strongly opposed to this bill. It is why over 700 healthcare professionals signed a letter in opposition to H.R. 806 dated July 17, 2017, which I include in the RECORD.

JULY 17, 2017.

DEAR MEMBER OF CONGRESS: We, the undersigned physicians, nurses, environmental health professionals and other health professionals, urge you to protect our patients’ health and the air we all breathe. Please oppose any legislation or administrative actions that would block, weaken or delay work to implement and enforce strong federal and state air quality standards.

Our patients, families, and neighbors need healthy air to breathe, particularly those who are at greater risk of getting sick or dying from pollution, including children, older adults, and people with asthma, COPD, and heart disease.

Thanks to the Clean Air Act, the United States has made enormous progress in cleaning up ozone and particle pollution. The American Lung Association’s 2017 “State of the Air” report found that cities across the U.S. have made continued improvement in reducing these pollutants, with many reaching their lowest ozone levels yet. However, 125 million people live in areas where they are exposed to unhealthy levels of air pollution.

Clean Air Act protections must continue to be implemented and enforced to ensure that all Americans have healthy air to breathe. In addition, evidence shows that climate change will make it harder to clean up ozone and particle pollution. We must reduce the carbon, methane, and other pollutants that lead to warmer temperatures, and work to protect our communities against the many health impacts of climate change.

As health and medical professionals, we call upon you to protect the health of our patients and our communities by opposing measures that would block, weaken, or delay protections under the Clean Air Act, or other protections that reduce harmful air pollutants and protect the health impacts of climate change.

Yours sincerely,

Surya Bhatt, MD; Cindy Blackburn, RN; Ellen Buckner, PhD, RN, CNE, AE-C; Mark Dransfield, MD; Linda Gibson-Young, PhD, ARNP; Katherine Herndon, PharmD, BCPS; DeNay Kirkpatrick, DNP, Nurse Practitioner; Kathleen Lovie, MD; Michael Lyerly, MD; Marissa Natelson Love, MD; Jessica Nichols, RN, BSN; Gabriela Oates, MD; Mary Alexander Thomas, MD; Paula Warren, MD.

Owen Hanley, MD; Charles Holifield, RRT, Director, Cardiopulmonary Services; Sheila Hurst, Tobacco Treatment Specialist; Elaine Phillips, FNP; Melinda Rathkopf, MD; Jill Valerius, MD, ABHIM, IFMCP, ATC.

Michelle Dorsey, MD; Mark Mabry, RN; Marsha Presley, PhD.

Marsha Scullark, MPS.

Jennifer Abraham, MD; Felix Aguilar, MD, MPH; Ellen Alken, MD, MPH; Mark Andrade, RCP, RRT, AE-C; Devon Arias, MD; Ayovl Depuy, Prof. of Preventive Medicine; Ardel Ayala, RRT; Julia Barnes, MPH, Community Engagement Manager; Laura Barrera, RRT; John Basile, RRT; Bruce Bekerak, MD; Eugene Belogorsky, MD; Simone Bennett, MD; Amir Berjis, MD; Robert Bernstein, MD; Robert Blount, MD; Coletta Boone, RCF; Amy Brendel, MD; Lisa Caione, RCP.

Donna Carr, MD; Cherise Charleswell, MPH; Ju-Chivan Chen, MD, MPH, ScD; Sharon Chinthrajah, MD; David T. Cooke, MD; Nelson Dament, MD, COPN, CORN-S, CAE; John Davis, RN, FNP-BC; Sara Delaney, RN, MSN, MPH; Athonny DeReggi, MD; Maria Diaz, RN, BSN; Ralph DiLibero, MD; Jacquelyn Duerr, MPH; Marsha Epstein, MD; Enza Esposito Nguyen, RN, MSN, ANP-BC; Shohreh Farzan, PhD; Bennett Feinberg, MD; Amber Fitzsimmons, PT; Catherine Foran, MD, MPH; Vanessa Garcia, RN, PHN; Frank Gilliland, MD.

Robert M Gould, MD; Jim Grizzell, MBA, MA, MCHES(R); ACM-EP; Kevin Hamilton, MD; Marsha Hansberry, RN, BSN, FACP; Catherine Harrison, RN, MPH; Marie Hoemke, RN, PHN, MPA; Mary Horton, MD; Mary
Braid, MPH Candidate; Margaret Collins, MS; Kavitha Das, BDS, MPH, MS; Richard Dayton, REHS, Public Health Sanitarian; Susan Difabio, RRT, CFPT; Liz D’Imperio, RRT; Monica D’Onofrio, MSN, MPH; Lawrence Galinink, MD; Carolyn Galinink, Social Worker; Noah Greenspan, DPT, CCS, EMT-B; Patricia Happe, DO; Kristan Harvey, MD; Meherunnissa Jobaida, Outreach Specialist.

Julie Kleber, RN; Stacie Lampkin, PharmD; Nicole Leikowitz, MPH; Kathryn Leonard, PhD; Shari Leonard, BSN, RN, CCRN, MBA; Emily Marte, BS; MPH Candidate; Mary Matrani, FNP; Peggy McCarthy, MPH, CHES; Cristyna Milici, PA-C; Maureen Miller, MS, MPH; Whilden Moe, MPA; Acklema Mohammad, Cancer Prevention Specialist; Emilio Movante, MPH, MSUP; Christina Obinrama, MPH, CPH, Milagros Pizarro, RN.

Elvira Rella, MS; Louis Rodriguez, MD; E. Schachtier, MD; Emily Senay, MD; MPH; Perry Sheffield, MD; Linda Shookster, MD; John Smithhardt, MPH, CHES; Gladys Torres-Ortiz, PhD, Clinical Psychologist; Ashley Ukumoro, health plan Site Director; Adrienne Wald, EdD, MA, RN; Karen Warman, MA; Lucy Weinstein, MD, MPH; Lauren Zajac, MD; MPH, Robert Zielinski, MD.

NORTH CAROLINA

Melanie Alvarado, RN, MSN; John Brice, MPH, MEd; Kayla Byrd, RT (R); James Donohue, MD; Beverly Foster, PhD, MN, MPH; Jeff Goldstein, President & CEO, health foundation; Laura Kellogg, RN, AE-C; Bricia King, DDS, MDP; David Foden, MD; Laura Fridermore, MD; Cheryl Stroud, DVM, PhD; David Taylor, MD.

NORTH DAKOTA

Deborah Lawson, RN; Marylyn Warne, MPH.

OHIO

Peggy Berry, PhD, RN, COHN-S; Rosemary Chaudry, PhD, MPH, RN; Elizabeth Cutlip, RP; Erell, RT; Laura Distelhorst, CPN, RN; Joe Els, BS, MS, MBA; Susan Gaffney, RRT, RPFT, FAARC; Michael Galinkin, MD; Carolyn Galinkin, So-PH; Candace Galinkin, MD; Carolyn Galinkin, So-PH Candidate; Margaret Collins, CEO, health foundation; Laura Kellogg, RN, AE-C; Bricia King, DDS, MDP; David Foden, MD; Laura Fridermore, MD; Cheryl Stroud, DVM, PhD; David Taylor, MD.

OREGON

Effe Craven, MPH; Marny Dunlap, MD; Marla Emanuel, OTR, MPH; Mark Pogemiller, MD, FAAP.

PERU

Jorge L. Nina Espinoza, MPH.

RHODE ISLAND

Wanda N. Bastista, CRT, MD; Angela Butler, COPH Health Advocate RRT-CFPT; CFP; Michelle Cao, MD; Michelle Cheung, MD; CVDOE; Christine Eisenhower, PharmD; James Ginda, MA, RRT, FAARC; Linda Hogan, RRT; Linda Mendonca, MSN, RN, APHN-BC; Donna Needham, RN, AE-C; Elizabeth O’ Connor, RRT; Katherine Orr, PharmD, Clinical Professor; Sandi Tomasi, RN; Donna Tringue, RRT, AE-C, CFPT; Sylvia Weber, Clinical Nurse Specialist.

SOUTH CAROLINA

Tierney Gallagher, MA, health system Executive Projects Director; Tiffany Mack, MPH, CHES.

SOUTH DAKOTA

Michelle Archibald, RRT; Ashley Brown, RRT; Sandy Brown, RRT; Basil Kurup, MA, CPFT; Marie Petol, CRRT; Michelle Schlesien, Respiratory Therapist; Rhonda Skolaski, Respiratory Therapist; Brenda

TENNESSEE

Richard Crume, Environmental Engineer, QEP, CHCM.

TEXAS

Judy Alvarado, RN, Lynda Anderson, BSN, RN; Lauren Badgett, MPH, RD, LD; Wendy Barga, RRT-NPS, CPFT; Jean Breender, PhD, RN; Pat Brooks, MD, MS; Gloria Brown McNeil, RN, MSN, BSN, MD; Carla Campbell, MD, MS; Adelita Cantu, PhD, RN; Catherine Cooksey, MPH, Editor, public health journal; Daniel Deane, MD; Betty Douzar, RN, Assistant Professor; Robert Greene, PhD, MD; Aleda Houghton, MPH; MD; Elizabeth Jeter, MS, MPH; Catherine Johnson, MPH Candidate; Cindy Kilborn, MPH; Wei-Chen Lee, PhD; Debra McCullough, DNP; CFP; Carla Mecone, DrPH, RA; Colete Monforton, DrPH, MPH; Rhea Olegario, MPH, CHES; Sheredea Owens, DDS; Mindy Price, MPH; Herman Reyes, MD; Darlene Rhodes, MS, Gerontology; Ruth Stewart, MS, RN; James Swan, PhD, Professor of Applied Gerontology; Garrett Whitney, MA.

UTAH

Kwynn Gonzalez-Pons, MPH, CFH.

WASHINGTON

Alex Crimmin, Health Education Coordinator; Brian Flynn, ScD; Heidi Gortakowski, MPH; David Kaminsky, MD; Benjamin Littenberg, MD; Theodore Marcy, MD, MPH, Emeritus of Medicine; Richard Valentimetti, MD.

VERMONT

Samantha Ahdoot, MD; Michael Androsoff, RN, PhD; Matthew Burke, MD, FAAPP; Agnes Backes, PhD, FAAP; GailBush, BS, RRT-NPS, CFPT; Renee Eaton, MS, MA, ATC; Janet Eddy, MD; Gary Ewart, MHS; Robert Laek, MHA; Gail Mates, Public Health Spokesperson; Sarah Parnary Jawaid, PharmD; Edward Paulson, MD, Prof;essor Emeritus; Leon Vinci, DHA, MPH, DAAS; Homan Wai, MD, FAAP.
Mr. POLIS. In part, it says: “We, the undersigned physicians, nurses ..., oppose any legislation to weaken or delay work to enforce strong safeguards for healthy air.”

They are from nearly every State.

Mr. Speaker. And looking at this, I see red states, and I see blue states, Louisiana, Missouri, Montana, Mississippi, and that is because this is science we are talking about here.

This bill will increase healthcare costs. That is the economic side. The human side is it will lead to suffering and even death. That is why it is important this bill now by stopping this rule from passing.

Not only will this bill harm millions of Americans, but, in addition, they have offered it under a way to limit amendments and ideas that Republicans and Democrats had offered. This rule does allow several amendments, one of which is mine, and we will discuss that later, but it doesn’t allow for amendments from Democrats and Republicans. They only made in order 6 of the 11 amendments, including germane amendments that were submitted to be debated.

For instance, why wasn’t Mr. CooPer’s amendment, which clarified that State implementation plans can incorporate local land use policies, allowed any debate on the floor?

All Members with amendments should be given the opportunity to bring them to the full House and get a fair up-down vote on the merits of their amendment. That is how we craft better legislation, and that is how we fix bills, Mr. Speaker.

I assure you, this bill needs to be fixed, because all it does is it repackages a bunch of bills that make our air dirtier and our health worse and healthcare more costly, all bills that we have seen here over the last several years, bringing them all together in sort of a Frankenstein bill where you assemble all these horrible body parts from different bills, each of which is bad, creating a huge monster that will kill people and increase healthcare costs for every American.

Instead of trying to weaken the Clean Air Act, putting Americans’ health at risk, which is what this bill does, we should be talking about the way to close loopholes that exist in our Clean Air Act; to make our air cleaner, not dirtier; reduce asthma and cancer, not increase asthma and cancer.

Then, I am proud to say that the Clean Air Act is one that is the strength of America in protecting our air, period.

I am proud to say that between 1980 and 2014, emissions of six air pollutants controlled by the Clean Air Act have dropped 63 percent. We should be proud of that. While those six toxic pollutants dropped 63 percent, our gross domestic product increased 147 percent, vehicle miles traveled increased 97 percent, energy consumption increased 26 percent, our population grew by 41 percent. That shows over the last several decades how we can have clean air, a healthy population, and a strong economy—not one at the expense of the other.

These emission standards have already generated dramatic public health benefits. A recent peer-reviewed study estimates that the Clean Air Act will save more than 230,000 lives, prevent millions of cases of respiratory problems in 2020 alone. It also enhances our national productivity by preventing 17 million lost workdays. These public health benefits translate into $2 trillion in monetized benefits to the economy.

If this bill were to be scored by that metric, this bill would cost $2 trillion by eviscerating the protections we have but instead of maintaining and strengthening these important life-saving laws, instead, they are delaying the implementation of the ozone National Ambient Air Quality Standards set by scientists, an update that is long overdue and has economic benefits of $4.5 billion annually in 2025 alone. This bill would suspend that, which are particularly important for the pregnant, for the elderly, for those who suffer from asthma.

Million Americans suffer from asthma, and many of them are children. For many, the condition lasts a lifetime and sometimes can be life-threatening. In 2014, about 4,000 people died due to an asthma attack. The connection between air quality and asthma is extremely well documented and incontrovertible, and it shouldn’t be understated.

Clean air is an integral part of quality of life, and we shouldn’t be tearing down the safeguards that simply allow kids or the elderly to go outside, kids to play outside on a playground in a neighborhood, without worrying about respiratory problems or asthma.

Another problematic provision of this Frankenstein bill is that it changes the criteria for establishing a NAAQS from one that is based solely on protecting public health to one that includes consideration of technology.

Now, that is the core of the Clean Air Act and necessary to protect public health. The NAAQS determine what level of air pollution is “safe” to breathe. That is just a matter of fact. What is safe is safe, what is not safe is unsafe. Scientists need to determine that. This change would allow polluters to override scientists and is dangerous to a democracy that making this diagnosis based on how much a test cost.

I don’t want my doctor telling me I don’t have condition X or Y because I might have a high cost to treat. I don’t think anybody else does, either. We deserve, safe air. We think anybody else does, either. We deserve, safe air.

Mr. Speaker, I reserve the balance of my time.
the likely increases in ozone levels during the cooler months of the year when NOx emissions are reduced. This March testimony reported that such a full year-round analysis of the ozone reductions in urban Philadelphia resulted in increases in total ozone exposures.

The EPA’s analysis itself notes that winter-time ozone levels were significant in 11 out of the 15 areas” evaluated when nationwide NOx emissions were cut “almost in half,” but fails to address how increases in wintertime ozone levels from further NOx reductions will affect the proposed health benefits of meeting a lower ozone standard. Potential changes in wintertime ozone levels also pose problems for any assessment of mortality risks from long-term exposure to ozone.

In light of these shortcomings in analysis, we ask that you recommend that EPA conduct a full year-round analysis of the effect of further NOx emission reductions on the epidemiologically-based, short-term mortality and morbidity health benefits from meeting a lower ozone standard. This should be done in a manner that clearly distinguishes between exposure changes projected for urban, sub-urban, and rural portions of each of the Urban Study Areas. In addition, EPA should provide a discussion of the limitations of projecting future mortality risks from ozone. I appreciate that the epidemiological study used did not account for potential differences in wintertime ozone levels.

Finally, I understand that transcripts of your public proceedings may not always be preserved for future public access and review. If this is the case, I ask that you ensure that CASAC preserve a full transcript or recording of the telephone conference and related public deliberations for future public access and review. Thank you for your attention to this request.

Sincerely,

Michael C. Burgess, M.D.

Mr. Burgess. Mr. Speaker, I re-serve the balance of my time.

Mr. Polis. Mr. Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. Connolly).

Mr. Connolly. Mr. Speaker, I thank my dear friend from Colorado for his leadership on this important issue. Mr. Speaker, I rise in strong opposition to this dirty air legislation. The House majority is, once again, substituting political ideology for sound science. Make no mistake: this is social Darwinism, at its worst, and a blueprint to make America sick again.

The intent of the Clean Air Act and its amendments couldn’t be clearer: public health and science should drive any public policy. And, safe, breathable air must be our paramount goal.

Under the Clean Air Act, the EPA is required to review the public health impacts of carbon monoxide, lead, ozone, particulate matter, and sulphur dioxide and sulphate under national standards. The bill before us would roll that back and delay new standards for a decade. We cannot wait another decade, nor should we.

We know the health impacts of increased smog: greater incidence of asthma and other respiratory illnesses in children, and, in some cases, premature death. In Fairfax County, where I live, 23,023 children could be at risk of another asthma attack due to poor air quality, and 136,327 adults over the age of 65 are at risk for a medical emergency.

I come from local government, where we actually had to put into place regional programs to reduce smog. This is part of the blueprint to make America sick again.

The SPEAKER pro tempore. The gentleman from Colorado has expired.

Mr. Burgess. Mr. Speaker, I include in the Record a letter that was sent by Representative Joe Barton, who was then the ranking member on the Energy and Commerce Committee, and myself, as Ranking Members of the Oversight and Investigations Subcommittee, June 11, 2010, asking for the economic data that the EPA was supposed to provide regarding their proposed rule changes back in 2010.
careful and critical examination of their conclusions and findings. Further, we have significant concerns about the potentially hundreds of billions of dollars or more in compliance costs that would be triggered by the finding, the over 6 million entities that may ultimately be subject to complex new permitting requirements, potential enforcement actions, and citizen suits and other third-party litigation. EPA itself has acknowledged that the

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ary source permitting requirements trigger-

ged by the endangerment finding are to-

tally unworkable, and that it would be ad-

minISTRATively impossible for EPA and states to

ad-

horn new requirements, or for employers and businesses to comply.

We write today regarding another set of multi-billion dollar regulations proposed by the Obama Administration which also appear to be extraordinarily expensive and unworkable.

Specifically, in January 2010, EPA proposed new National Ambient Air Quality Standards (NAAQS) for ground-level ozone, the main component of smog. NAAQS ozone standards have been revised a number of times over the past several decades, including in 1997 when EPA set an 8-hour “primary” ozone standard, as well as an identi-

cal “secondary” standard, to a level of 0.08 parts per million (ppm), or effectively 0.084 ppm, in January 1997.

EPA chose not to revise that standard in 2008 to a level of 0.75 ppm. In January 2010 this Administration took the unprecedented step of setting aside the 2008 standard and instead established its own alternative standards based on the prior administrative record and a “provisional assessment,” and without conducting a full review of the cur-
ently available scientific and technical in-

formation. EPA is now proposing a new pri-

mary ozone standard within the range of 0.060-0.70 ppm, as well as a distinct cumu-

lative, seasonal secondary standard within the range of 7-15 ppm-hours. EPA has also proposed an accelerated implementation schedule.

We are very concerned about the proposed standards, not only because there appear to be questions about the development of the proposed standards, but also because EPA estimates that the costs would range from $19 billion to $90 billion annually, or nearly a trillion dollars over ten years. Moreover, it appears that EPA’s own ozone levels estimates, that most counties in the country could violate the standards, particularly if EPA chooses to set the standard at the lower end of that range. Further, even if EPA’s estimates appear many areas of the country, including rural and remote areas, could never be in at-

tainment because the standards are so low that they may exceed natural background ozone levels, or ozone levels due to foreign emissions from Asian or other sources.

We understand EPA plans to finalize the proposed standards by August 31, 2010. Before EPA finalizes such standards, we be-

lieve your agency should provide the Con-

gress with fuller information about the EPA’s methodological and technical reasons for the proposed standards, the counties or munici-

palties expected to be in violation, whether the new standards can realistically be imple-

mented by areas that have higher ozone lev-

e
eries due to natural background ozone levels or foreign emissions, and the potential restric-

tions that the new standards will place on future economic growth and development for non-attainment areas.

We request your responses to the following questions within two weeks of the date of this letter:

1. Under Sections 108 and 109 of the Clean Air Act (CAA), EPA is authorized to set NAAQS for criteria pollutants, including ozone, and the Act sets out specific procedures for revising those standards.

   a. In proposing the new standards, why isn’t EPA conducting a full analysis of all available data, including more recent data?

   b. In proposing the standards, why isn’t EPA following procedures set forth in Section 109 of the CAA?

2. Under the Clinton Administration’s 1997 ozone standards:

   a. What types of measures have been re-

   quired by state and local governments to

   come into compliance with those standards?

   b. What are the costs for Com-

   pliance with the 1997 standards and how do

   those compare with estimated costs for the

   proposed new standards?

   c. What are the benefits, if any, that EPA endorses related to the potential impacts on employ-

    ment of the 1997 standards?

3. What were EPA’s projections with re-

   gard to attainment of the 1997 standards, and accordingly how many counties in the United States have still not been able to achieve or even monitor?

   a. What are the primary reasons for the in-

   ability of these counties to come into com-

   pliance?

4. Under the Obama Administration’s pro-

   posed ozone standards, we understand that EPA projects, based on 2006-2008 data, that of the 675 counties currently monitor ozone levels, 515 counties (76%) would violate a 0.070 ppm standard, and 650 counties (96%) would violate a 0.080 ppm standard.

   a. Please identify the counties that would violate a 0.070 ppm standard, and the expected time needed for attainment.

   b. Please identify the additional 135 coun-

   ties that would violate a 0.080 ppm standard, and the expected time needed for attainment.

5. According to the attached map from EPA’s Clean Air Status Trends Network (CASTNET) 2008 Annual Report, it appears many areas of the country that do not cur-

ently have ozone monitors would also be more likely to violate the standards, in-

cluding in very rural and remote areas.

   a. How many counties don’t currently have ozone monitors?

   b. Based on CASTNET data and any other data EPA may have regarding ozone levels in non-monitored counties, how many addi-

   tional counties could be in violation of EPA’s proposed ozone standards if a monitor were present?

6. According to the EPA Fact Sheet for the Obama Administration’s proposed ozone standards, the implementation costs range from $19 to $90 billion annually while EPA projects the value of the health benefits would range from $13 to $100 billion per year.

   a. How many of the new health-based studies are EPA relying on in the development of its health benefits estimates? What are the major un-

   certainties in those studies that could affect the estimates?

   b. How many of the health-based studies included in the criteria document for the proposed ozone standards were based on statistically significant evidence compared to those studies that were not?

   c. How many of the new health-based stud-

   ies included the provisional assessment for the proposed ozone standards were based on statistically significant evidence compared to those studies that were not?

   d. Can EPA provide a means of evidence that the value of the health benefits will out-

   weigh the implementation costs?
different and darker picture. It cuts job training programs by 39 percent. It would lead to massive job losses with its cuts. In this body, we talk a little about jobs, but we are 7 months into the 115th Congress and have failed to pass any major jobs bill.

Mr. Speaker, I am happy to say that I have an amendment in my hand that will generate thousands of American jobs.

When we defeat the previous question, I will offer an amendment to the rule to bring up Representative DeFazio’s bipartisan bill, H.R. 2510, the Water Quality Protection and Job Creation Act. The bill will create thousands of new American jobs through increased investment in our Nation’s wastewater infrastructure.

Mr. Speaker, I ask unanimous consent to insert the text of my amendment in the RECORD, along with extraneous material, immediately prior to the vote on the previous question.

The Speaker pro tempore (Mr. Issa). Is there objection to the request of the gentleman from Colorado?

There was no objection.

Mr. POLIS. Mr. Speaker, I yield 4 minutes to the gentleman from Oregon (Mr. DeFazio), the distinguished ranking member of the Transportation and Infrastructure Committee.

Mr. DEFAZIO. Mr. Speaker, I thank the gentleman for yielding and for his initiative here to actually create some jobs.

Mr. Speaker, the premise of the legislation before us today is that if we allow more pollution—particularly ozone pollution, which is very detrimental to the health of asthmatics; I mean, bad for the health of everyday Americans, but particularly to the 25 million asthmatics, seniors, and others—the premise is that by polluting the air more with ozone, we will create jobs.

Now, actually, I have got to agree with the Republicans on this. They will create more jobs by polluting the air. Pulmonary specialists will be very busy. And then, oh, the inhaler manufacturers. There has been some great press about the inhaler manufacturers in the last year, where they are quadrupling and sextupling the price to price gouge people. Well, they are going to have a heyday. In fact, I believe they have endorsed this legislation.

And then we are going to have a whole new group of people working on the streets in America. It is going to be a whole new entrepreneurial class. There are actually people in Beijing doing this now. The air is so polluted in Beijing that on many days they say: Don’t go outside. But, I mean, you have to go outside sometimes, you have to go to the grocery store, or you have to go to work. They now have a very large industry of street vendors, who sell oxygen; and you find about to collate on the street in Beijing, someone will sell you a good whip of oxygen for whatever they charge for it. We are going to bring that industry to America. So this bill does have phenomenal potential to create a whole new bunch of jobs with oxygen street vendors and then, of course, the pulmonary specialists, the inhaler manufacturers, and others.

Mr. Speaker, as a candidate, I said that he would triple the amount of money that would be spent on clean water State revolving funds; he would triple it. Now, interestingly enough, the Congressional Budget Office came out with an analysis yesterday of the President’s proposed budget over the next 10 years, which theoretically is going to increase investment and infrastructure. And they said: Actually, not so much. Actually, in fact, his cuts basically would lead to a reduction in investment in clean water and a reduction in investment in ground transportation.

So, instead of tripling the investment and putting many people to work, the President, actually, is going to cut investment in this proposed budget. Now, I know he didn’t write the budget. You know, he has got this rightwing guy running the CBO—Mulvaney, founder of the Freedom Caucus. But Trump is somewhat responsible for the budget that has his name on it, even if he didn’t write it, even if he didn’t know what was in it, and even if he doesn’t know that it contradicts promises he made as a candidate, which he is not going to deliver as President.

But, that said, I want to help the President out here. So, this bill simply delivers on the President’s promise to triple the amount of investment to $25 billion.

Now, do we need it? Heck, yeah, we need it. According to the American Society of Civil Engineers’ 2017 infrastructure report card, America’s wastewater treatment systems got a grade of D-plus—not too good. And there is a backlog of more than $1 trillion in clean water infrastructure.

The Federal Government needs to become an honest partner with our cities, counties, and others, who have needs to invest in their wastewater systems. We did it before when we cleaned up our rivers back in the sixties, seventies, and eighties with the Clean Air Act, and we need to do it again. We need the Federal partnership. We need this investment.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. POLIS. Mr. Speaker, I yield the gentleman an additional 1 minute.

Mr. DEFAZIO. And the other good thing is, if we were to spend that money, according to the National Utility Contractors Association, every billion dollars—just $1 billion—invested in our Nation’s water infrastructure creates, or sustains, 27,000 jobs. So do the math. The President can do math. He is a brilliant accountant. That would be 540,000 jobs if we delivered on the President’s promise to make significant new investments with Federal partnership in clean water in America.

So, we can put together health, cleaning up the environment, and jobs. As opposed to the Republican bill, which deteriorates health, deteriorates the environment and protections, and won’t create any jobs.

The PRESIDENT pro tempore. Mr. Speaker, I will conclude as we proceed to this absurdity of saying, by deteriorating health, we will create jobs.

Mr. Burgess. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, it is ironic that the gentleman would reference the cost of asthma inhalers. It was, after all, two Congresses ago where the Environmental Protection Agency actually outlawed the manufacture and sale of over-the-counter asthma inhalers and took them away from those of us who suffer from that disease. And, indeed, lost—well, lost an over-the-counter epinephrine inhaler for the treatment of asthma as a rescue inhaler, we have, indeed, seen the cost of prescription inhalers quadruple over that time frame.

Just one quick quote here: “The Clean Water State Revolving Fund is a perfect example of the type of program that should be reauthorized because it creates jobs while benefiting the environment, and is an efficient return on taxpayer investment.”

That is from the Oregon Water Resources Congress.

Mr. Speaker, I will conclude as we proceed to this absurdity of saying, by deteriorating health, we will create jobs.

Mr. Burgess. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, it is ironic that the gentleman would reference the cost of asthma inhalers. It was, after all, two Congresses ago where the Environmental Protection Agency actually outlawed the manufacture and sale of over-the-counter asthma inhalers and took them away from those of us who suffer from that disease. And, indeed, lost—well, lost an over-the-counter epinephrine inhaler for the treatment of asthma as a rescue inhaler, we have, indeed, seen the cost of prescription inhalers quadruple over that time frame.

So, in many ways, as an asthmatic patient, I hold the EPA directly responsible for my inability to get an inexpensive over-the-counter rescue inhaler. And for many asthma patients, who may find themselves caught short, that means a trip to the emergency room and, probably, a $1,200 or $1,500 event that otherwise could have been solved by a Primatene inhaler that sold two for $16.

Mr. Speaker, I reserve the balance of my time.

Mr. POLIS. Mr. Speaker, I yield myself such time as I may consume.

Well, I know my friend actually has a bill on the topic of the asthma inhaler, if I can tell all. If it can tell all becomes law, we will need all the asthma inhalers we can get, so I think your bill will have to go through.

I would like to inquire of the gentleman why your asthma inhaler bill isn’t included in this package, since we will need all the asthma inhalers if the rest of the bill goes through?

Mr. Burgess. Will the gentleman yield?

Mr. POLIS. I yield to the gentleman from Texas.

Mr. Burgess. The reason is because the manufacture of over-the-counter epinephrine inhalers has been prohibited by the EPA and the Food and Drug Administration.

Mr. POLIS. Did the gentleman consider offering that as an amendment to this bill, your other bill, to allow the sale of those asthma inhalers?

Mr. Burgess. Will the gentleman yield?

Mr. POLIS. I yield to the gentleman from Texas.
Mr. BURGESS. Number one, it is not germane, and it is more complicated now because the Food and Drug Administration has gotten involved in the process. I wish it were straightforward. It is something I continue to work on.

Mr. POLIS. Mr. Speaker, reclaiming my time, I refer to the gentleman from New York, Mr. Fitzpatrick.

Mr. Speaker, today’s rule provides for the consideration of the whole House on the state of the Union for consideration of the underlying bill, and I yield back the balance of my time, and I yield back the balance of my time, and I yield back the balance of my time.

Instead of continuing this kind of work that raises healthcare costs, and increases asthma and cancer, we should be focusing on issues that create jobs we want. We don’t want the air to be so bad that there is somebody selling oxygen canisters on the street.

OLSON, for his work on this legislation, standards.

During our last amendment process, we identified 40% of the rule as subject to germaneness. It is something I continue to work on.

The vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Republican majority’s agenda and allows those with alternative views the opportunity to offer an alternative plan.

Mr. BURGESS. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered. The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules other than a recognition of the yeas and nays, or on which the vote incurs objection under clause 6 of rule XX.

The House will resume proceedings on postponed questions at a later time.

FEDERAL POWER ACT AMENDMENT

Mr. UPTON. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2786) to amend the Federal Power Act with respect to the criteria and procedures for the permitting of new or expanded hydropower facilities.