TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

March 4, 2015

EPA Docket Center
Environmental Protection Agency
Mail Code: 28221T
1200 Pennsylvania Avenue NW
Washington, DC 20460

Attn: Docket No. EPA-HQ-OAR-2010-0108

Re TCEQ Comments on the Proposed Rule for the National Ambient Air Quality Standards for Lead

Dear Sir or Madam:

The Texas Commission on Environmental Quality (TCEQ) appreciates the opportunity to respond to the United States Environmental Protection Agency's (EPA) Proposed Rule published in the January 5, 2015 issue of the *Federal Register* entitled "National Ambient Air Quality Standards for Lead; Proposed Rule."

Enclosed please find the TCEQ's comments relating to the rulemaking referenced above. If there are any questions concerning the TCEQ's comments, please contact Dr. Michael Honeycutt, Ph.D., Division Director, Toxicology Division, at 512-239-1793 or via email at michael.honeycutt@tceq.texas.gov. We look forward to working with EPA throughout this process.

Sincerely,

Richard A. Hyde, P.E.
Executive Director

Enclosure

Texas Commission on Environmental Quality (TCEQ) Comments on the National Ambient Air Quality Standards for Lead; Proposed Rule

EPA Docket Number EPA-HQ-OAR-2010-0108

Background

On January 5, 2015, the United States Environmental Protection Agency (EPA) published in the Federal Register (80 FR 2) the Proposed Rule for the National Ambient Air Quality Standards for Lead.

The Clean Air Act mandates that the EPA establish and update National Ambient Air Quality Standards (NAAQS) for certain air pollutants, including lead, that are neither more or less stringent than necessary to protect public health and welfare. In the current Proposed Rule, the EPA concludes that the primary and secondary standards for lead established in 2008, in combination with the specified choice of indicator, averaging time and form, still provide the requisite protection of human health and welfare, with an adequate margin of safety. Therefore, the EPA recommends that the current standards be retained.

Comments on Proposed Standards

I. Overview.

A. The Texas Commission on Environmental Quality (TCEQ) supports retaining the current primary and secondary standards for lead established in 2008, in combination with the specified choice of indicator, averaging time and form.

B. The TCEQ's review of the data confirms that the current standards provide the requisite protection of human health and welfare, with an adequate margin of safety.

II. General Comments

A. Lead continues to be one of the more challenging NAAQS substances due to several aspects highlighted in the EPA's Proposed Rule.

These challenges include historically high levels of lead in the environment, studies that rely on measurements of blood lead levels rather than exposure concentrations, and a lack of data from groups exposed to concentrations that are common today. The data gaps that existed when the 2008 NAAQS lead standards were established are still present today, and the TCEQ agrees that the newly available information has not substantially altered the previous understanding of the at-risk populations, concentration-response relationships, or effects from exposures lower than what was previously examined.

B. It is important to note that lead air concentrations and blood levels have significantly decreased following its removal from gasoline.

The EPA notes that blood lead levels in children 1 to 5 years have decreased from 2.23 ug/DL in 1999-2000 to 1.17 ug/dL in 2009-2010 according to the National Health and

Nutrition Examination Surveys (NHANES). It is also noted that the number of countries still using leaded gasoline dropped from over 20 to just 6 from 2007 to 2011.

C. TCEQ agrees that it is an important consideration that "well below one tenth of one percent of the full population of children aged 5 years or younger in the U.S. today live in areas with air lead concentrations near or above the current standard, with the current monitoring data indicating the size of this population to be approximately one hundredth of a percent of the full population of children aged 5 or younger".

Because of differences in exposure pathways, physiology, and historical uses, blood lead levels tend to decrease with age, so school age children are expected to have a lower level than children younger than 5 years of age. It is impossible to predict what blood lead levels these children had at a younger age, so it is difficult to say that these low levels had a detrimental effect.

D. The EPA recognizes the "general consensus that the developing nervous system in children is among the most sensitive health endpoints associated with lead exposure, if not the most sensitive", and the TCEQ agrees.

Although several other negative impacts have been linked to lead exposure in both children and adults, neurocognitive effects in young children appears to be the most sensitive endpoint.

E. Several recent studies have looked at school age children and compared their current blood lead levels as low as 2 ug/dL with scholastic performance.

TCEQ agrees with the EPA's conclusion that "it is likely that the blood lead levels of this study group at earlier ages were higher and the available information does not provide a basis to judge whether the blood lead levels in this study represent lower exposure levels than those experienced by the younger study groups."

F. TCEQ understands that although "ideally air-related exposures to lead would be reduced to the point that no IQ impact in children would occur", it is not the EPA's task to reduce risk levels to zero, but rather to "establish standards that are neither more nor less stringent than necessary."

The TCEQ agrees with the final decision that "the limited amount of new information available in this review has not appreciably altered the scientific conclusions reached in the last review", and that "a level for the primary lead standard of 0.15 ug/m3, in combination with the specified choice of indicator, averaging time, and form, is requisite to protect public health, including the health of sensitive groups, with an adequate margin of safety".