



Comments on New Source Performance Standards for Greenhouse Gas Emissions from New, Modified, and Reconstructed Fossil Fuel-Fired Electric Generating Units; Emission Guidelines for Greenhouse Gas Emissions from Existing Fossil Fuel-Fired Electric Generating Units; and Repeal of the Affordable Clean Energy Rule

Docket ID No. EPA-HQ-OAR-2023-0072

August 7, 2023

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

We appreciate the opportunity to comment on the U.S. Environmental Protection Agency (EPA) [proposed power plant carbon pollution standards](#) rule to set greenhouse gas (GHG) limits for new gas-fired combustion turbines; existing coal, oil, and gas-fired steam generating units; and certain existing gas-fired combustion turbines. We strongly support the EPA using their authority in sections 111(b) and (d) of the Clean Air Act to set these new pollution standards that would require fossil fuel power plants to reduce their GHG emissions for the first time and recommend that the standards be as strong as possible to protect human health and prevent the worst climate change impacts from occurring.

Health care systems are on the front lines of climate change. As leaders of 21 U.S. health care systems with hospitals in 43 states, we know firsthand how the health impacts of climate change challenge our ability to deliver care and harm the health and livelihoods of our patients and communities, especially the most vulnerable.

The U.S. health care sector accounts for almost [\\$4 trillion, or 18%, of the U.S. economy](#) and is responsible for [8.5% of all U.S. greenhouse gas emissions](#), with hospitals generating over one-third of those emissions. In turn, this means health care providers are ironically contributing to the very diseases they are trying to treat. U.S. health systems are taking action to reduce their GHG emissions and make strong climate commitments. For instance, more than 102 health care organizations representing more than 800 hospitals have committed to the White House and Department of Health and Human Services (HHS) [Health Sector Climate Pledge](#) to reduce emissions and build resilience. As a result of these commitments, health systems like ours are actively advocating for federal policies to help us meet our climate goals.

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EPA's power plant carbon pollution standards proposal is a critical regulatory lever to reduce the nation's greenhouse gas emissions in half by 2030 and achieve 100 percent carbon pollution-free electricity by 2035. Decarbonizing the electricity grid is critical as emissions that originate from electricity generation are by far the [largest component of health care greenhouse gas emissions](#), making up roughly 35 percent of overall health care sector emissions across scopes 2 and 3.

Some health systems have significantly reduced their electricity emissions by installing solar panels at their facilities or purchasing clean renewable electricity, but for most health systems around the country these options are not viable. Electricity sector policies such as EPA's proposal to reduce greenhouse gas emissions from power plants can help health systems reduce their emissions directly through the purchase of electricity to power their facilities and operations (scope 2), and indirectly through the emissions from the electricity associated with their supply chain (scope 3). EPA's proposal would support health care decarbonization by significantly reducing the emissions associated with this electricity usage.

A strong limit on power plant carbon pollution would also protect those patients who are most vulnerable, including children, older adults, those with health conditions, and people with lower incomes and communities of color who feel the health harms of climate change soonest and most intensely. Furthermore, reducing carbon emissions also lowers the levels of other dangerous air pollutants such as particulate matter, sulfur dioxide, and nitrogen oxide. [The proposed rules](#) would result in up to \$85 billion in net climate and health benefits, while preventing 1,300 premature deaths and over 300,000 cases of asthma attacks by 2030. Thus, EPA's new proposed standard is an opportunity to live up to our critical climate commitments while simultaneously reducing air pollution in frontline communities.

As the costs of the climate crisis and the cost-effectiveness of clean energy have each become increasingly clear, so too has the need for a more rapid transition in the power sector towards reliable, decarbonized electricity. While the Inflation Reduction Act (IRA) and Infrastructure Investment and Jobs Act (IIJA) provide crucial investments in American innovation, manufacturing, and deployment of cost-reducing clean energy technologies, EPA's proposed power plant carbon pollution standards remain essential to addressing electricity sector emissions. Moreover, these standards are achievable and will provide the clarity and certainty that the economy needs to make good on our climate commitments.

In order to fully leverage the IRA and IIJA's cost-reducing investments and maximize these rules' public health and GHG emissions reductions benefits, we urge the EPA to consider the following recommendations to further strengthen its proposal as it works to quickly finalize the most effective standards possible:

- *Increase the number of gas plants covered by the rule.* EPA must expand the rule's scope for existing gas plants to fully address this major source of pollution. As proposed, less than 10% of existing gas plants would be required to limit their emissions. That is unacceptable and fails to live up to EPA's mission under the Clean Air Act to protect Americans from climate pollution. EPA should expand the rule to cover as many gas plants as possible, down to at least 100 megawatts.

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- *Move up compliance timelines so that power plants must reduce their emissions this decade.* EPA must accelerate all compliance timelines from 2035 to at least 2030 so that power plants begin to reduce their emissions within this decade. Climate change science demands it and the technologies are available now to halve U.S. carbon pollution by 2030. Waiting until 2035 for requirements to begin would undermine our effectiveness in addressing the climate crisis, thus violating EPA's mandate under the law to protect public health. The ability for some coal plants to stay online until 2039, largely without reducing their emissions, is also problematic; this retirement loophole should be eliminated or moved up to at least 2030. Furthermore, moving up compliance timelines will more fully leverage IRA and IIJA investments making available technologies even more cost-effective.
- *Ensuring active, accessible community engagement throughout implementation.* EPA in coordination with the White House must ensure that communities have sufficient opportunity for engagement in both the rule design and its implementation. Furthermore, they must ensure that any technologies used for compliance with the rule do not exacerbate long-standing environmental injustices. In particular, if utilities or states choose to deploy carbon capture or hydrogen as mitigation technologies to meet these standards, impacted communities must have full information and the opportunity to inform those compliance plans. We support EPA's requiring that states consult with affected communities as they develop their compliance plans for existing power plants under the rule.

We appreciate the EPA's proposing ambitious actions to address GHG emissions from fossil fuel-fired power plants and the opportunity to comment on these important rules. As health care systems, we are committed to reducing our GHG emissions to advance our mission to do no harm and protect the health of the American people in the face of climate change as well as to address the risks posed to our operations, supply chains, employees, and patients.

Strong power plant carbon pollution standards put our climate goals within reach. We urge the EPA to strengthen these standards to the maximum extent feasible and to finalize them by March 2024. We look forward to continuing to engage with EPA on this issue and work together to advance these standards and the many health and financial benefits they will bring. If you have questions about our comments, please contact Antonia Herzog at ahertzog@hcwh.org.

Respectfully,

The U.S. Health Care Climate Council

The [U.S. Health Care Climate Council](#) is a leadership body of 21 health systems committed to protecting our patients and employees from the health impacts of climate change and becoming anchors for resilient communities. Health Care Climate Council members implement innovative climate solutions, inspire and support others to act, and use our trusted voice and purchasing power to move policy and markets to drive the transformation to climate-smart health care. Climate Council members represent 600 hospitals and 10,000 health centers in 43 states with 1.3 million employees serving 81 million patients annually.