



United States Affiliate of International Physicians for the Prevention of Nuclear War

September 25, 2017

Andrew J. McKeon  
Executive Director  
RGGI, Inc.  
90 Church Street  
New York, NY 10007

Dear Mr. McKeon,

As health professionals who recognize the adverse health impacts of climate change and the need to mitigate those impacts now, we support the governors' decision to strengthen the Regional Greenhouse Gas Initiative (RGGI) by committing to further cut carbon pollution.

The governors of the nine participating states--Maine, New Hampshire, Vermont, New York, Massachusetts, Connecticut, Rhode Island, Delaware and Maryland-- have committed to make the following changes to RGGI:

- Extend the pollution cap to 2030, with a 30% reduction in carbon emissions from 2020 levels (a 3% annual decline);
- Additional downward adjustment of the cap in 2021-2025 by the amount of excess allowances sold and banked between 2014 and 2020; and
- Create an Emissions Containment Reserve (a new tool) that will automatically lower RGGI's cap, by up to 10 percent a year, whenever allowance prices fall below expected levels.

These changes will reduce climate pollution by over 132 million tons by 2030 and make RGGI a more health-protective program, helping the states meet the commitments they have made to climate protection have made.

In addition, states should be using RGGI as a tool to protect all communities, especially those most vulnerable to the impacts of climate change and air pollution. To make RGGI a more equitable program, we urge states to conduct analyses that look at how close polluting facilities are located to communities (proximity) and to sensitive facilities like schools, and what other facilities are releasing pollution in those areas (cumulative pollution levels).

To increase health protections for vulnerable communities such as low-income and communities of color, we further recommend modeling that looks at other kinds of power plant pollution, including SOx, NOx, and fine particulates, that contribute to serious health problems like asthma, cardiovascular disease, premature death and neurological damage. Modeling should also analyze the health benefits of abolishing exemptions for biomass and for facilities whose individual units are under RGGI's 25 MW size threshold but whose total size exceeds 25 MW. In addition, RGGI states should track and evaluate potential impacts of the program on emissions in communities where there have historically been disparate effects from power plants.

Lastly, we urge RGGI states to more heavily invest the money made under the program in disadvantaged and vulnerable communities. This can be done by investing, for example, in community solar and in energy efficiency programs for low-income populations.

We look forward to working with RGGI states to implement their program review proposal and ensuring greater support for communities overburdened by pollution and the impacts of climate change.

Sincerely,

Physicians for Social Responsibility-National

Greater Boston Physicians for Social Responsibility

Physicians for Social Responsibility-Maine

Physicians for Social Responsibility-New York