

January 25, 2017

To: Idaho Senate Health and Welfare Committee

RE: Senate Bill #1009

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Dear Members of the Idaho Senate Health and Welfare Committee:

I am writing in regards to my concerns about air quality in Idaho. Air quality (both PM 2.5 and ozone levels) have clearly been associated with causing lung problems for both healthy patients and patients with medical conditions, particularly chronic lung diseases. I am not writing to debate that well established literature, but rather to discuss the impact of air quality of the patients I help care for.

As a pulmonologist and resident in Idaho, I have various roles in the care of patients with both acute and chronic lung diseases in the state: I am the Medical Director for St Luke's Pulmonary Clinics, a pulmonary representative on the Idaho CMS CAC (Clinical Advisory Committee), the co-chair of the St Luke's "Improve Care for COPD Patients" project, and a member of the Joint Operating Council for Pulmonary and Critical Care at St Luke's Regional Medical Center. I am a member of the American Association of Chest Physicians (ACCP), the American Lung Association, and I carry my board certification in Pulmonary Disease. Finally, during my formal medical training, I conducted research on the effects of ozone on Lung Function. Regardless of my background or expertise, I care for patients in Idaho, and thus feel obligated to stand up for citizens and patients alike regarding air quality issues. I have no conflicts of interest in this matter.

There is well established scientific and medical literature that clearly show direct cause and effect of air quality on both chronic lung disease and precipitating acute respiratory illnesses. We know that patient with such diseases as COPD, Asthma and pulmonary fibrosis suffer when air quality is poor. While we can't control the weather or the forest fires, we can control what we allow in our atmosphere. As pulmonologists, we see a clear uptake in both clinic visits, ER visits and hospitalizations at times of poor air quality. This can result in patients being admitted to the hospital, missing work due to burden of disease, and so this has both medical and societal costs. Of particular concern in Idaho is our COPD population. Of note, COPD is just not "a smoker's disease" anymore, as 25% of

patients over the age of 65 with COPD are never-smokers. This is a particular vulnerable patient population, and is a very common disorder, afflicting a substantial number of Idahoans. Current CDC data suggests that Idaho ranks in the lower quartiles for mortality from COPD, and this is disproportional to the incidence of COPD in Idaho. We need to do everything we can to ensure good air quality for our citizens of Idaho and must be stewards of our air quality for our citizens. Just as we wouldn't allow a private company to avoid OSHA standards for its employees, we cannot lower air quality standards at the expense of Idaho residents.

Lastly, I am pro-agriculture. My own immediate family is in the tree farming business, where we had to manage organic debris/crop residue, and I was raised in a farming community, where numerous neighbors and extended family ran large farms. I understand crop residue is an issue that the agriculture industry needs to manage, but that should not be at the expense of the health of our citizens.

I hope the committee strongly considers keeping more stringent air quality standards, to help promote the health and welfare of our communities in Idaho. I am sorry I could not attend in person today, but my clinical obligations prevented me being present to deliver my concerns, and I therefore authorize Mr. Jonathan Oppenheimer to deliver these comments.

Sincerely,

Dr Patrick D Weis, MD

Boise, ID