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Panel Liaison - Air Resources Board
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Dear Ms. Miyasato;

On behalf of the Roof Coatings Manufacturers Association (RCMA) I would like to echo concerns expressed by the American Coatings Association (ACA) regarding the Office of Environmental Health Hazard Assessment (OEHHA) draft document, titled "p-Chloro-α,α,α-trifluorotoluene (p-Chlorobenzotrifluoride, (PCBTF) Cancer Inhalation Unit Risk Factor Technical Support Document for Cancer Potency Factors: Appendix B (October 2019). RCMA is a national trade association representing manufacturers of asphaltic and solar reflective roof coatings and the suppliers to the roof coatings industry and consists of more than 70 members who manufacture in almost every state in the country as well as suppliers to the industry.

As noted in an extensive review undertaken by ACA, working closely with consultants from Ramboll US Corporation, several exceptions are noted regarding the findings. The determination appears to rely on outdated policy that overestimates risk, used an improper assessment of mode of action supported by all available data, and findings were not reproducible due to the lack of transparency (lack of provision of all data used to produce the recommendation). It is also our opinion that the OEHHA response to the ACA comments placed too little emphasis on the findings of IARC. In November 2019 a working group of 13 scientists from 8 countries met at the International Agency for Research on Cancer (IARC) to finalize their review of several carcinogenicity studies, including PCBTF. Their assessment indicated that the evidence from studies of cancer in humans was "inadequate"[2]. This statement in and of itself should be enough to warrant re-evaluation of the current OEHHA proposal. Although there are animal data available, OEHHA is relying upon animal data from a species (i.e., mouse liver tumors) that has a high spontaneous background rate and susceptibility to liver tumors, and the dose-response curves OEHHA derived from this data appear to be outliers compared to the curves for the other endpoints for this and other species that have been tested

The potential existence of a threshold for effects should be welcome news to all stakeholders, including regulators and public health advocates. Typically, coatings use low levels of PCBTF, so any exposure to workers should be well below proposed thresholds -- which could possibly be at a level that is above most, if not all, levels of human exposure - then health protective measures can be clearly identified and communicated to users of the chemical, while also enabling the public to continue receiving the health benefits of reduced ground level ozone that is achieved through industry's use of this chemical as an "exempt" solvent in coatings. Results from available worker studies provide evidence of exposures for which higher than expected rates of the types of cancers observed in animals following exposure to PCBTF were ***not*** observed in the workers (Occidental Chemical Corporation 1992). This resulted despite PCBTF exposure having occurred in combination with more than 80 other chemicals and workers potentially having elevated levels of exposure compared to traditional consumers[1].

It is of importance to note that PCBTF is used as a more environmentally-friendly alternative than non-exempt solvents as it assists in reducing the public health effects of ground level ozone, and whose use is prevalent based on the industry's good faith efforts to promote environmental stewardship. Currently, there are no viable alternatives available to replace PCBTF where it is used as an exempt solvent. Hence, any regulatory action taken on this chemical must be based on an accurate, carefully calibrated and data-driven assessment of the potential risks to human health, if any. Over-regulating this chemical to avoid an uncertain hazard (i.e., potential health effects in humans) will only bring about the near-certain public health impacts of increased ground level ozone[3].

Thank you for your time and consideration of this request.

Sincerely,

George Fischer
RCMA Director of Regulatory Affairs

[1, 3] ACA PCBTF SRP Comments_021220201
[2] https://doi.org/10.1016/S1470-2045(19)30779-X