



# WASHINGTON PHYSICIANS FOR SOCIAL RESPONSIBILITY

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To: Jeff Killip, Executive Director and Secretary, Washington UTC  
From: Washington Physicians for Social Responsibility  
Subject: Docket U-240281, General comments on Cost Test, in the Rulemaking required to implement ESHB 1589

Executive Director Killip,

Washington Physicians for Social Responsibility is a statewide advocacy organization of health professionals from. **We are writing to emphasize the need for the Washington Utilities and Transportation Commission (UTC) to fully integrate public health impacts into its cost test framework under ESHB 1589.** The current approach risks failing to account for the well-documented health harms of gas combustion, particularly for Washington's most vulnerable residents.

## Health Impacts of Continued Natural Gas Use

As the January 5, 2024 Health Impact Review of ESHB 1589 by the Washington State Board of Health states, *"Natural gas distribution and use contribute to poor indoor and outdoor air quality and contribute to a myriad of negative health outcomes."*

These harms must be explicitly accounted for in cost-benefit analyses. Burning methane in homes generates nitrogen dioxide (NO<sub>2</sub>), fine particulate matter (PM<sub>2.5</sub>), and other pollutants that increase rates of:

- Asthma and respiratory diseases, particularly in children.
- Cardiovascular disease and stroke, with increased risks for older adults.
- Adverse birth outcomes, including preterm births and low birth weight.

These health burdens disproportionately affect low-income communities and communities of color, exacerbating existing inequities. A cost test must explicitly quantify these health costs.

## Ensuring Health Equity in Cost Test Frameworks

The Straw Proposal's cost test guidance does not provide a clear mechanism to incorporate health impacts. UTC must:

1. Require that health impacts be quantified rather than considered as qualitative factors.
2. Use public health data to assess medical costs associated with fossil fuel-related illnesses.
3. Reject the assumption that current pollution levels are an acceptable baseline. The cost test should reflect zero additional harm as the standard.
4. Ensure alignment with Washington's greenhouse gas reduction and health equity mandates under RCW 70A.45.020 and RCW 19.405.140.

### **Concerns with RNG and Hydrogen as Decarbonization Pathways**

Renewable natural gas (RNG) and hydrogen blending have been proposed as alternatives to fossil gas. However, these fuels do not eliminate the health risks associated with combustion:

- RNG combustion still produces harmful air pollutants (NO<sub>2</sub> and PM<sub>2.5</sub>).
- Hydrogen blending can increase NO<sub>2</sub> emissions, worsening respiratory health.
- Delays in full electrification mean continued exposure to pollutants, prolonging health harms.

UTC should ensure that any cost-effectiveness evaluation fully accounts for the continued health risks associated with fuel-based heating and cooking and does not treat RNG or hydrogen as equivalent to electrification.

### **Health and Resilience Considerations**

Current reliability and resilience metrics focus only on grid operations, without considering the health and safety of customers. For vulnerable households, resilience means:

- The ability to safely endure power outages without exposure to indoor air pollution.
- Lower chronic disease burdens that reduce vulnerability during climate-related disasters.
- Avoidable healthcare costs associated with fossil fuel pollution.

UTC should expand its definition of resilience to include public health and community safety outcomes, not just utility service reliability.

To ensure that Washington's energy transition prioritizes health and equity, UTC should:

- Require the explicit measurement of health impacts in all cost-benefit analyses.
- Prioritize electrification over combustion-based alternatives like RNG and hydrogen.
- Ensure that cost-effectiveness calculations account for the ongoing public health burden of fossil gas.

A transition away from methane gas is a public health imperative. Thank you for your consideration. We appreciate UTC's work on this issue and urge the Commission to ensure that public health remains central to its decision-making.

Regards,  
Washington Physicians for Social Responsibility  
Climate and Health Task Force