

Inflation Reduction Act offers significant benefits for public health

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In August President Joe Biden signed into law the Inflation Reduction Act, the most significant measure ever adopted by the U.S. Congress to combat climate change. While the Act's measures to mitigate climate



change have largely been the focus of attention, an analysis published today in the *New England Journal of Medicine* describes the significant benefits it offers to improve public health through the Act's tax credits and other financial incentives.

"This law offers the United States a novel roadmap for mitigating climate change and improving public health," Robert Glicksman, the J. B. and Maurice C. Shapiro professor of environmental law at George Washington University Law School, said. "At this juncture, the Inflation Reduction Act provides a more politically feasible foundation for efforts to abate climate change and reduce its public health effects than a capand-trade program or traditional regulatory approaches."

The analysis, "Protecting the Public Health with the Inflation Reduction Act–Provisions Affecting Climate Change and its Health Effects," was published Dec. 21 in the *New England Journal of Medicine*.

"Greenhouse gases—such as carbon dioxide and methane—are endangering <u>public health</u> and welfare," Glicksman said. Yet these <u>health</u> <u>risks</u> are not evenly distributed, hitting socially vulnerable populations—people with low household income and members of historically marginalized racial and <u>ethnic groups</u>—the hardest." The same is true for the <u>adverse health effects</u> of other forms of pollution, including conventional air pollutants, such as particulate matter, and carcinogenic chemical contaminants. The Act also targets these forms of air pollution in an effort to reduce the adverse health effects for which they are responsible.

Previous congressional efforts to mitigate climate change would have relied on a combination of mandatory emission limits on <u>greenhouse</u> <u>gases</u> and the use of a cap-and-trade program. Those efforts never attracted sufficient political support to be viable, and would almost certainly not have done so now. Congress therefore chose to try



something different in the Inflation Reduction Act. It relied instead on a combination of carrots, sticks, and direct federal investments to move the country's industries away from greenhouse gas-generating activities towards those that are less polluting and dangerous."

Glicksman said he believes using the Internal Revenue Code and federal infusions of money to shift the country to cleaner energy would likely be less vulnerable to legal challenge than more traditional forms of regulation. He pointed to the Supreme Court's decision this year in West Virginia v. EPA, which restricted the EPA's authority under the Clean Air Act to reduce GHG emissions from one of its largest source categories, electric generating plants.

"It's possible that not every mechanism in the Act will yield all of the desired outcomes, but in a few years it should be possible to begin measuring the impacts of the new law to see if it's doing what its sponsors hoped it would do," Glicksman said. "The Inflation Reduction Act represents an encouraging effort by Congress to mitigate the broad array of negative consequences that result from climate change without triggering the reflexive opposition that tends to be directed at regulatory mechanisms. This bill isn't just about slowing down the melting of ice to preserve Arctic ecosystems that are far away from most Americans' daily concerns. The Inflation Reduction Act will also help reduce the extent to which the American people will suffer the increasingly serious adverse health effects that stem from climate change and its consequences, such as worsening ozone pollution and the spread of viral and other communicable diseases."

More information: "Protecting the Public Health with the Inflation Reduction Act–Provisions Affecting Climate Change and its Health Effects," *New England Journal of Medicine* (2022).



Provided by George Washington University

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