

**SB948 - Public Utilities – Electric School Bus Pilot Program**

**Date: March 22, 2022**

**Committee: Senate Finance Committee**

**Position: Favorable**

**Christine D. Berg, M.D.**

**Oncologist**

I urge a favorable report from the **Senate Finance Committee** on **SB948 – Electric School Bus Pilot Program**

**SB948** already favorably passed in the House, creates an Electric School Bus Pilot program in each utility service area by which school districts will be eligible to purchase zero-emission buses rather than diesel buses. It is important to expand this opportunity to school districts outside of Montgomery County, Frederick County, Howard County and Prince George's County that already own or plan to own electric school buses. Importantly, an evaluation of the environmental and health benefits of the pilot program will be done.

As an oncologist with special expertise in lung cancer risk and lung cancer screening, I would like to draw the attention of this committee to the adverse health effects of diesel school buses, particularly in school children. There has been progress over the years with improvements in diesel fuel composition, changes in engines, emissions controls, and anti-idling legislation. However, there are still 7,200 diesel school buses in operation in Maryland transporting 650,000 children with various levels of adoption of these advances.

Diesel school buses emit particulates, nitrous oxides, and other harmful compounds. These compounds are inhaled and can go deeply into the airways. [Diesel exhaust contributes to asthma in children](#) Asthma is a leading cause of chronic illness in children and contributes to absenteeism of the children and also of their caretakers who must help them during acute exacerbations. Nearly one in 10 children in Maryland suffers from asthma with a higher rate in minority children. Maryland Department of Health pre-pandemic data is revealing.<sup>1</sup>

- *In Maryland, 7.6% of children have asthma (2018).*
- *In 2018, there were 29,534 asthma-related emergency department visits in Maryland (age-adjusted rate of 52.4 per 10,000 residents). Among children under 5, the emergency department visit rate was 119.4 per 10,000 residents.*
- *In 2018, there were 3,113 asthma-related hospitalizations in Maryland, totalling \$27.7 billion in healthcare costs.*

Also, as can be seen in Tables 1 and 2 (from the same source) in the attachment, younger children and minorities are more at risk. Of note, there is convincing evidence that [cleaner buses improve respiratory function and lower absenteeism](#).

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1. <https://health.maryland.gov/phpa/OEhfp/eh/Pages/asthma.aspx#:~:text=In%20Maryland%2C%207.6%25%20of%20children,was%20119.4%20per%2010%2C000%20residents>  
Accessed February 8, 2022.

Addressing particulates and nitrous oxides is important, however, measures to address carbon dioxide emissions which this Electric School Bus pilot program will do is critical. If we do not limit these emissions sharply our climate change problems will worsen. School age children hopefully have long lives ahead for which we are preparing them with their education. We need to do our best to ensure that the future that they are being prepared for will be environmentally stable and one in which human health can be optimized.

A recent study, [published last month in The Lancet](#), of 10,000 people ages 16 to 25 shows an alarming rate of pessimism about the future. As was mentioned in a New York Times report about the study, forty-five percent of respondents said worry about climate negatively affected their daily life. Three-quarters said they believed "the future is frightening." This is a very worrisome assessment of the thoughts of the young. All adults, including members of this committee, owe it to this generation of school children and future school generations of children to provide a livable planet and ease this fear.

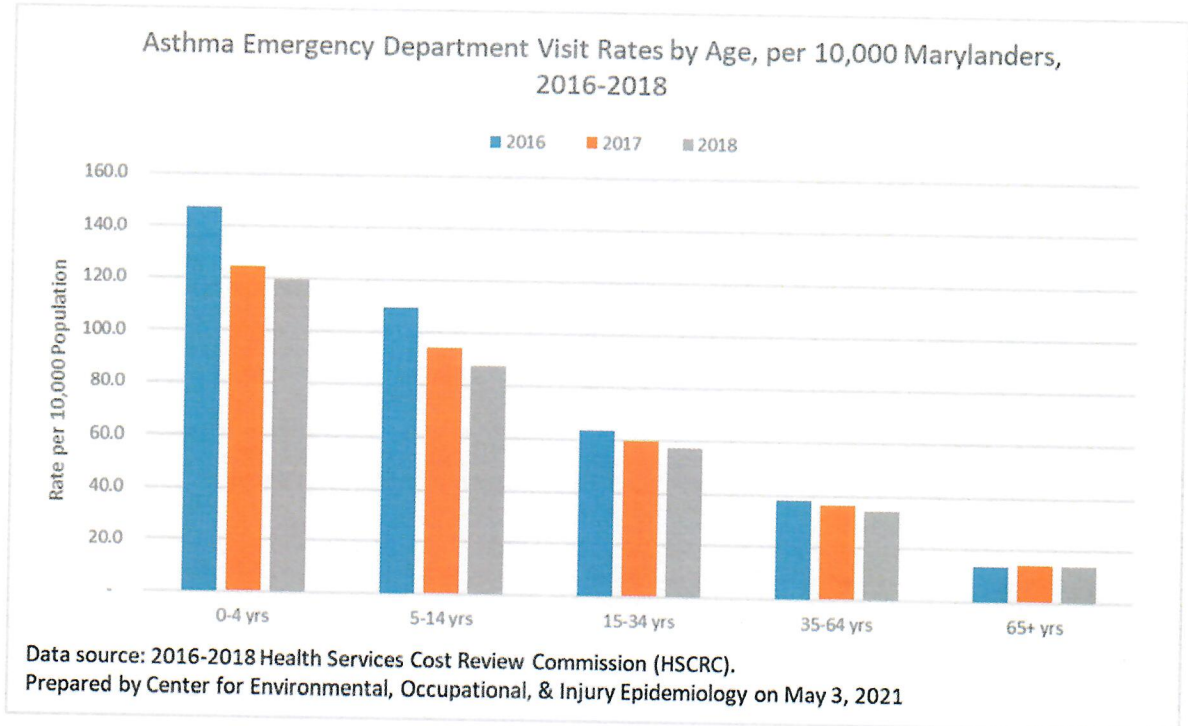
Thank you for your consideration of **SB948**. I urge a favorable vote on this legislation from the **Senate Finance Committee**.



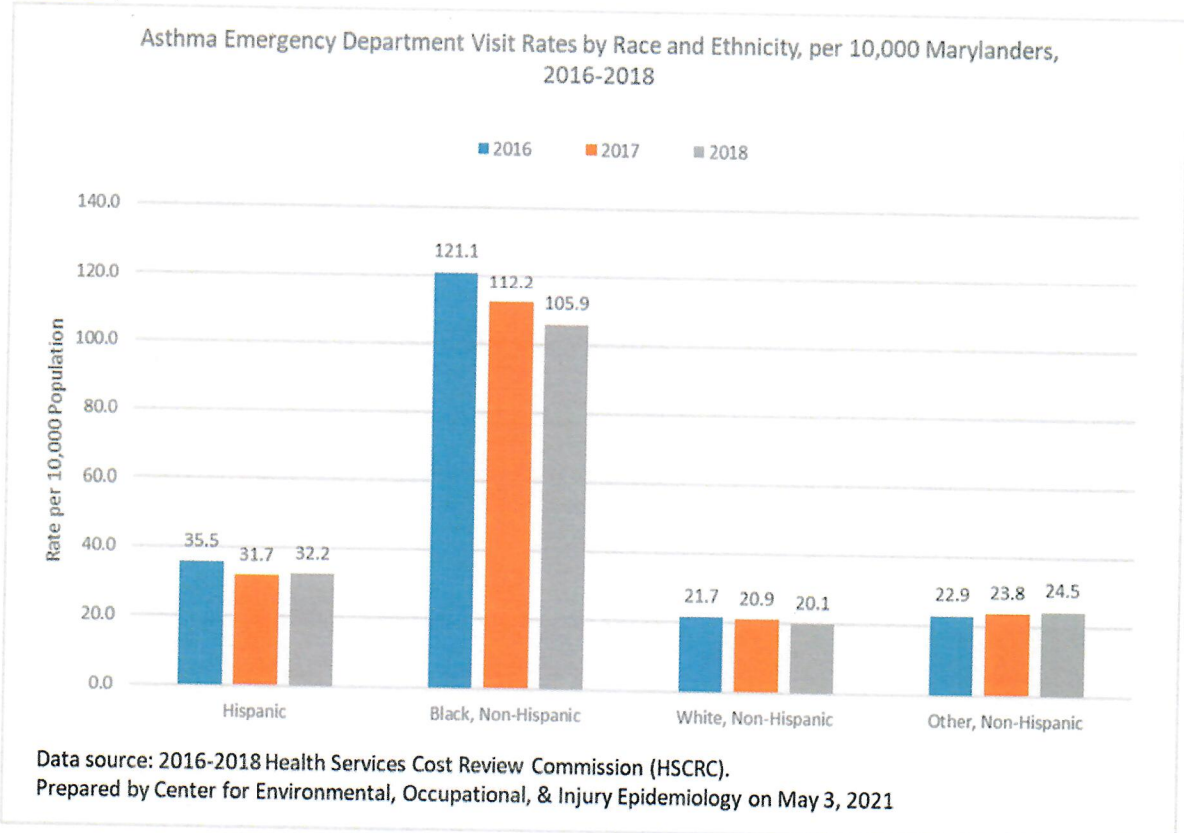
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- 2.
3. Attachment:
4. Table 1:



- 5.
- 6.
7. Table 2:



- 8.