

Worksheet for Members of Oregon's Air Toxics Science Advisory Committee – September 2026

This document is primarily a guide and worksheet for members of the Oregon Department of Environmental Quality's (DEQ's) Air Toxics Science Advisory Committee (ATSAC) in responding to questions generated by members of the Rules Advisory Committee (RAC) for DEQ's [Toxic Air Contaminant Review and Update Rulemaking](#).

Oregon Business and Industry (OBI) is represented on the RAC, and they retained a toxicology consulting firm, ToxStrategies, to provide a series of technical comments on the toxicity reference values (TRVs). DEQ and the Oregon Health Authority (OHA) submitted the TRVs to the RAC for consideration in January of 2026 after integrating feedback from ATSAC. OHA and DEQ have already resolved some of the comments that OBI initially submitted. This worksheet is intended to help ATSAC members focus on the subset of comments that remain.

Please save your own copy of this Word document and fill in your responses to each question. Then send your completed copy to David Farrer at david.g.farrer@oha.oregon.gov. OHA will compile responses from each ATSAC member.

Please provide your response by November 22, 2026. If you feel that you will need more time, please let us know at david.g.farrer@oha.oregon.gov.

Contents

Summary of timeline relevant to this request	3
Summary of outstanding comments.....	3
Arsenic.....	7
Arsenic acute TRV.....	7
OHA's derivation of the acute TRV for arsenic proposed by DEQ in January 2026	7
OBI/ToxStrategies proposed alternative acute TRV for arsenic	7
Questions related to the acute TRV for arsenic	7
Arsenic cancer TRV.....	8
OHA's derivation of the cancer TRV for arsenic proposed by DEQ in January 2026	8
OBI/ToxStrategies proposed alternative cancer TRV for arsenic	9
Questions related to the cancer TRV for arsenic	9
Silica, amorphous and other non-crystalline forms (respirable)	10
Questions related to the chronic noncancer TRV for amorphous silica	10
Hydrogen Chloride	11
Questions related to the chronic noncancer TRV for hydrogen chloride	11
Lead and compounds.....	12
Questions related to the acute TRV for lead	12
Naphthalene	12
Questions related to the acute TRV for naphthalene.....	13
Nickel and compounds & nickel oxide	13
Questions related to the acute TRV for nickel.....	14
Per- and Polyfluoroalkyl Substances (PFAS)	14
Questions related to chronic noncancer TRVs for PFAS	15
Phosgene	15
Phosgene acute TRV	15
OHA's derivation of the acute TRV for phosgene proposed by DEQ in January 2026 ...	15
Worksheet for ATSAC Members, September 2026	2

OBI/ToxStrategies proposed alternative acute TRV for phosgene.....	16
Additional notes from OHA	16
Questions related to the acute TRV for phosgene.....	17
Phosgene chronic noncancer TRV.....	18
OHA’s derivation of the chronic noncancer TRV for phosgene proposed by DEQ in January 2026	18
OBI/ToxStrategies proposed alternative chronic noncancer TRV for phosgene	18
Additional notes from OHA	18
Questions related to the chronic noncancer TRV for phosgene	18
References	19

Summary of timeline relevant to this request

October 2025 – OBI submitted [technical comments](#) on TRVs for 10 toxic air contaminants (TACs) drafted by ToxStrategies.

January 2026 – First RAC meeting in which DEQ and OHA presented proposed TRVs and supplemental support materials to RAC

March 2026 – OBI submitted [additional technical comments](#) drafted by ToxStrategies focused on one additional TAC not addressed in October 2025 comments (phosgene) and additional comments on lead and nickel (also addressed in October 2025 comments).

April 2026 – OHA published [responses to OBI’s October 2025 comments](#).

July 2026 – OBI submitted [more comments](#) supported by ToxStrategies. In addition to reiterating previous comments, this set of comments touched on arsenic for the first time.

Summary of outstanding comments

Table 1 below is adapted from Table 1 in OBI/ToxStrategies’ [July 2026 technical memo](#). In this version, OHA has removed rows where ToxStrategies indicated “no further comments” in the “Status of Comments” column. OHA and DEQ consider those items resolved. OHA is

seeking ATSAC's feedback on the items remaining in Table 1 below. Note that the July 2026 technical memo also includes comments on the risk-based concentration (RBC) for arsenic, especially related to the multi-pathway adjustment factor that DEQ applies to TRVs to account for deposition and non-inhalation exposure pathways in the regulatory Cleaner Air Oregon program. Multi-pathway exposures and risk-based concentrations are outside the scope of ATSAC and so are not included in the table or questions below.

The questions begin below Table 1.

Table 1. TRVs and RBCs with remaining issues (10 rows)

Toxic Air Contaminant	2018 TRV ($\mu\text{g}/\text{m}^3$)	TRV category	DEQ's proposed TRV as of 1-12-26 ($\mu\text{g}/\text{m}^3$)	OHA's recommended response to previous (10/2025) OBI comments as of 4-30-26 (TRVs in $\mu\text{g}/\text{m}^3$)	OBI RAC comments 7-16-26
Arsenic	0.00023	Cancer	0.00023	No previous OBI comment or OHA response	Revise to 0.0067 in consult with ATSAC
Arsenic	0.2	Acute	0.2	No previous OBI comment or OHA response	Revise to 5.4 in consult with ATSAC
Silica, amorphous and other non-crystalline forms (respirable)	None	Chronic noncancer	6.6	6.6 Did not change applicability	Review science with ATSAC and withdraw TRV
Hydrogen chloride {hydrochloric acid}	20	Chronic noncancer	9	9	Revise to 30 in consult with ATSAC
Lead and compounds	0.15	Acute noncancer	0.15	0.15	Revise to 3.9 in consult with ATSAC
Naphthalene	200	Acute noncancer	0.3	0.3	Revise to 0.75 in consult with ATSAC

Toxic Air Contaminant	2018 TRV (µg/m³)	TRV category	DEQ's proposed TRV as of 1-12-26 (µg/m³)	OHA's recommended response to previous (10/2025) OBI comments as of 4-30-26 (TRVs in µg/m³)	OBI RAC comments 7-16-26
Nickel and compounds & Nickel oxide	0.2	Acute	0.1	0.1	Revise to 11 in consult with ATSAC and exclude metal alloys
PFAS	None	Chronic	Variable	Variable	Withdraw
Phosgene	4	Acute	0.17	Comments received in March – No OHA response to date – waiting on ATSAC feedback	Revise to 16 in consult with ATSAC
Phosgene	0.3	Chronic	0.3	Comments received in March – No OHA response to date – waiting on ATSAC feedback	Revise to 5.4 in consult with ATSAC

Arsenic

Arsenic acute TRV

OHA's derivation of the acute TRV for arsenic proposed by DEQ in January 2026

OHA adopted [CalEPA's 2014 1-hour reference exposure level \(REL\)](#) for arsenic as a proposed acute TRV ($0.2 \mu\text{g}/\text{m}^3$) without modification. The 1985 critical study that CalEPA selected exposed pregnant mice to inorganic arsenic via inhalation for 4 hours per day on gestation days 9-12. (1) OHA did not make an exposure time adjustment to this 1-hour REL because the critical effect was developmental. CalEPA and OHA both have policies to not apply exposure time adjustments in acute TRV derivation when the critical effect is developmental in nature as explained in "Exposure Time Adjustment Policies for Acute TRVs" in Chapter 2 of the [TRV Support Document](#).

Because OHA did not make any modifications to CalEPA's 1-hour REL for arsenic, see [CalEPA's summary](#) (2) for detailed derivation information.

OBI/ToxStrategies proposed alternative acute TRV for arsenic

[OBI and ToxStrategies request](#) that OHA and DEQ in consultation with ATSAC adopt the [Texas Commission on Environmental Quality's \(TCEQ's\) 24-hour air monitoring comparison value \(AMCV\) published in 2012](#) as the acute TRV for arsenic. This 24-hour AMCV is $5.4 \mu\text{g}/\text{m}^3$. (3)

TCEQ's 24-hour AMCV is based on a [1999 study](#) in which female rats were exposed to arsenic trioxide in air for 6 hours per day for 14 days prior to mating and continuing until gestation day 19 (33 days total). (4)

ToxStrategies points out various technical weaknesses in the critical study underlying CalEPA's 1-hour REL and technical strengths of the critical study underlying TCEQ's 24-hour AMCV.

Questions related to the acute TRV for arsenic

Question 1. Did you read the technical arguments presented by ToxStrategies related to the acute TRV for arsenic in Appendix A of their [July 2026 technical memorandum](#)?

Your response:

Question 2. OHA outlined its general policy for selecting acute TRVs in the section titled “Step 5: Select TRVs for proposal based on Oregon-specific process and policies” in Chapter 2 of the [TRV Support Document](#). See especially the subsection titled “General process for selection of acute TRVs.” Is this policy scientifically defensible? Why or why not?

Your response:

Question 3. Are the scientific merits of the 24-hour AMCV for arsenic that TCEQ derived and the arguments presented by ToxStrategies in Appendix A of their July 2026 memo compelling enough to deviate from OHA’s policy referenced in question 2 and select it over the CalEPA 1-hour REL currently proposed? Why or why not?

Your response:

Question 4. What additional thoughts or information can you share?

Your response:

Question 5. How much time did you spend researching and preparing your response to questions related to the acute TRV for arsenic?

Your response:

Arsenic cancer TRV

OHA’s derivation of the cancer TRV for arsenic proposed by DEQ in January 2026

OHA adopted [EPA’s 1995 inhalation unit risk \(IUR\)](#) for arsenic ($0.0043 (\mu\text{g}/\text{m}^3)^{-1}$) for proposal without modification. (5) This IUR results in a 1 in 1 million risk cancer TRV of $0.00023 \mu\text{g}/\text{m}^3$. [CalEPA also has an IUR for arsenic](#) ($0.0033 (\mu\text{g}/\text{m}^3)^{-1}$), which was published 5 years earlier (1990) than the EPA value. (6) OHA selected the EPA value over CalEPA’s because it:

- Was published more recently, and
- Was based on more studies.

Because OHA proposed the EPA IUR without modification, see [EPA’s summary](#) for additional details about its derivation. (5)

OBI/ToxStrategies proposed alternative cancer TRV for arsenic

OBI and ToxStrategies request that OHA and DEQ, in consultation with ATSAC, revise the cancer TRV for arsenic by adopting [TCEQ's IUR](#) of $0.00015 (\mu\text{g}/\text{m}^3)^{-1}$, which would result in 1 in 1 million risk cancer TRV of $0.0067 \mu\text{g}/\text{m}^3$. (3) OBI and ToxStrategies claim that TCEQ's IUR is better supported than EPA or CalEPA's IURs. See Attachment A of the July 2026 [ToxStrategies memo](#) for details.

OBI and ToxStrategies point out that EPA stated in its 1995 Toxicity Assessment that its $0.0043 (\mu\text{g}/\text{m}^3)^{-1}$ IUR should not be used for air concentrations greater than $2 \mu\text{g}/\text{m}^3$. They point out further that $2 \mu\text{g}/\text{m}^3$ is at the upper end of ambient background concentrations cited in [EPA's 2025 toxicity assessment](#) (**NOTE:** the 2025 EPA arsenic assessment did not include an update to the IUR).

Questions related to the cancer TRV for arsenic

Question 1. Did you read the technical arguments presented by ToxStrategies related to the cancer TRV for arsenic in Appendix A of their July 2026 technical memorandum?

Your response:

Question 2. OHA outlined its general policy for selecting chronic TRVs in the section titled “Step 5: Select TRVs for proposal based on Oregon-specific process and policies” in Chapter 2 of the [TRV Support Document](#). See especially the subsection titled “General process for selection of cancer and noncancer chronic TRVs.” Is this policy scientifically defensible? Why or why not?

Your response:

Question 3. Are the scientific merits of the IUR for arsenic that TCEQ derived and the arguments presented by ToxStrategies in Appendix A of their July 2026 memo compelling enough to deviate from OHA's policy referenced in question 2 and select it over the EPA IRIS IUR currently proposed? Why or why not?

Your response:

Question 4. What additional thoughts or information can you share?

Your response:

Question 5. How much time did you spend researching and preparing your response to questions related to the cancer TRV for arsenic?

Your response:

Silica, amorphous and other non-crystalline forms (respirable)

OBI/ToxStrategies originally commented on DEQ's proposed chronic noncancer TRV for amorphous silica in their [October 2025 technical memo](#). OHA responded to their initial comments in the [April 2026 memo](#). In their [July 2026 memo](#) OBI/ToxStrategies responded to OHA's response, reiterating many of the same points made in their original October 2025 memo.

Questions related to the chronic noncancer TRV for amorphous silica

Question 1. Have you read OBI/ToxStrategies comments on the chronic noncancer TRV for amorphous silica in their [October 2025](#) and [July 2026](#) technical memos as well as [OHA's response to OBI/ToxStrategies from April 2026](#)?

Your response:

Question 2. Do you agree with OHA's recommendations related to the chronic noncancer TRV for amorphous silica as described in the [April 2026 memo](#)? Why or why not?

Your response:

Question 3. Did you review ATSDR's reasoning for not developing an MRL for amorphous silica in their [toxicological profile](#) as OBI/ToxStrategies requested in their July 2026 memo? Would you recommend any changes to OHA's April 2026 recommendations based on your review? Why or why not?

Your response:

Question 4. What additional recommendations, comments, or information would you like to share with OHA and DEQ related to the proposed chronic noncancer TRV for amorphous silica?

Your response:

Question 5. How much time did you spend researching and preparing your responses to questions related the chronic noncancer TRV for amorphous silica?

Your response:

Hydrogen Chloride

OBI/ToxStrategies originally commented on both DEQ's proposed acute **and** chronic noncancer TRVs for hydrogen chloride in their [October 2025 technical memo](#). OHA responded to their initial comments in the [April 2026 memo](#). OBI/ToxStrategies had no further comments on OHA's recommendations for the proposed acute TRV for hydrogen chloride, and OHA considers the acute TRV for hydrogen chloride resolved. However, OBI/ToxStrategies submitted additional comments on the proposed **chronic noncancer** TRV in their [July 2026 memo](#).

Questions related to the chronic noncancer TRV for hydrogen chloride

Question 1. Have you read OBI/ToxStrategies comments on the chronic noncancer TRV for hydrogen chloride in their [October 2025](#) and [July 2026](#) technical memos as well as [OHA's response to OBI/ToxStrategies from April 2026](#)?

Your response:

Question 2. Do you agree with OHA's recommendations related to the chronic noncancer TRV for hydrogen chloride as described in the April 2026 memo? Why or why not?

Your response:

Question 3. Were there additional comments in OBI/ToxStrategies' July 2026 memo on the chronic noncancer TRV for hydrogen chloride with sufficient scientific merit that OHA and DEQ should reconsider their response from April 2026? Why or why not?

Your response:

Question 4. What additional recommendations, comments, or information would you like to share with OHA and DEQ related to the proposed chronic noncancer TRV for hydrogen chloride?

Your response:

Question 5. How much time did you spend researching and preparing your responses to questions related the chronic noncancer TRV for hydrogen chloride?

Your response:

Lead and compounds

OBI/ToxStrategies originally commented on DEQ's proposed acute TRV for lead in their [October 2025 technical memo](#). They provided additional comments on lead in their [March 2026 memo](#). OHA responded to their October comments in the [April 2026 memo](#), but this April memo did not address additional comments from the OBI/ToxStrategies March 2026 memo. OBI/ToxStrategies submitted additional comments on the proposed acute TRV for lead in their [July 2026 memo](#).

Questions related to the acute TRV for lead

Question 1. Have you read OBI/ToxStrategies comments on the acute TRV for lead in their [October 2025](#), [March 2026](#), and [July 2026](#) technical memos as well as [OHA's response to OBI/ToxStrategies from April 2026](#)?

Your response:

Question 2. Do you agree with OHA's recommendations related to the acute TRV for lead as described in the April 2026 memo? Why or why not?

Your response:

Question 3. Were there additional comments in OBI/ToxStrategies' March or July 2026 memos on the acute TRV for lead with sufficient scientific merit that OHA and DEQ should reconsider their response from April 2026? Why or why not?

Your response:

Question 4. What additional recommendations, comments, or information would you like to share with OHA and DEQ related to the proposed acute TRV for lead?

Your response:

Question 5. How much time did you spend researching and preparing your responses to questions related the acute TRV for lead?

Your response:

Naphthalene

OBI/ToxStrategies originally commented on DEQ's proposed acute TRV for naphthalene in their [October 2025 technical memo](#). OHA responded to their comments in the [April 2026](#)

[memo](#). OBI/ToxStrategies submitted additional comments on the proposed acute TRV for naphthalene in their [July 2026 memo](#).

Questions related to the acute TRV for naphthalene

Question 1. Have you read OBI/ToxStrategies comments on the acute TRV for naphthalene in their [October 2025](#) and [July 2026](#) technical memos as well as [OHA's response to OBI/ToxStrategies from April 2026](#)?

Your response:

Question 2. Do you agree with OHA's recommendations related to the acute TRV for naphthalene as described in the April 2026 memo? Why or why not?

Your response:

Question 3. Were there additional comments in OBI/ToxStrategies' July 2026 memo on the acute TRV for naphthalene with sufficient scientific merit that OHA and DEQ should reconsider their response from April 2026? Why or why not?

Your response:

Question 4. What additional recommendations, comments, or information would you like to share with OHA and DEQ related to the proposed acute TRV for naphthalene?

Your response:

Question 5. How much time did you spend researching and preparing your responses to questions related the acute TRV for naphthalene?

Your response:

Nickel and compounds & nickel oxide

OBI/ToxStrategies originally commented on DEQ's proposed acute TRV for nickel in their [October 2025 technical memo](#). They provided additional comments on nickel in their [March 2026 memo](#). OHA responded to their October comments in the [April 2026 memo](#), but this April memo did not address additional comments from the OBI/ToxStrategies March 2026 memo. OBI/ToxStrategies submitted additional comments on the proposed acute TRV for nickel in their [July 2026 memo](#).

Questions related to the acute TRV for nickel

Question 1. Have you read OBI/ToxStrategies comments on the acute TRV for nickel in their [October 2025](#), [March 2026](#), and [July 2026](#) technical memos as well as [OHA's response to OBI/ToxStrategies from April 2026](#)?

Your response:

Question 2. Do you agree with OHA's recommendations related to the acute TRV for nickel as described in the April 2026 memo? Why or why not?

Your response:

Question 3. Were there additional comments in OBI/ToxStrategies' March or July 2026 memos on the acute TRV for nickel with sufficient scientific merit that OHA and DEQ should reconsider their response from April 2026? Why or why not?

Your response:

Question 4. What additional recommendations, comments, or information would you like to share with OHA and DEQ related to the proposed acute TRV for nickel?

Your response:

Question 5. How much time did you spend researching and preparing your responses to questions related the acute TRV for nickel?

Your response:

Per- and Polyfluoroalkyl Substances (PFAS)

OBI/ToxStrategies originally commented on both DEQ's proposed acute **and** chronic noncancer TRVs for PFAS in their [October 2025 technical memo](#). OHA responded to their comments in the [April 2026 memo](#). OBI/ToxStrategies submitted no further comments on acute TRVs for PFAS, and DEQ and OHA consider comments on acute TRVs for PFAS resolved. However, OBI/ToxStrategies submitted additional comments on proposed chronic noncancer TRVs for PFAS in their [July 2026 memo](#).

Questions related to chronic noncancer TRVs for PFAS

Question 1. Have you read OBI/ToxStrategies comments on the chronic noncancer TRVs for PFAS in their [October 2025](#) and [July 2026](#) technical memos as well as [OHA's response to OBI/ToxStrategies from April 2026](#)?

Your response:

Question 2. Do you agree with OHA's recommendations related to chronic noncancer TRVs for PFAS as described in the April 2026 memo? Why or why not?

Your response:

Question 3. Were there additional comments in OBI/ToxStrategies' July 2026 memo on chronic noncancer TRVs for PFAS with sufficient scientific merit that OHA and DEQ should reconsider their response from April 2026? Why or why not?

Your response:

Question 4. What additional recommendations, comments, or information would you like to share with OHA and DEQ related to proposed chronic noncancer TRVs for PFAS?

Your response:

Question 5. How much time did you spend researching and preparing your responses to questions related chronic noncancer TRVs for PFAS?

Your response:

Phosgene

OBI/ToxStrategies first commented on phosgene in their [March 2026 technical memo](#), and OHA has not published any response to these comments. OBI/ToxStrategies included some brief follow-up comments in their [July 2026 memo](#). They commented on both the acute and chronic noncancer TRVs for phosgene.

Phosgene acute TRV

OHA's derivation of the acute TRV for phosgene proposed by DEQ in January 2026

OHA derived DEQ's proposed acute TRV of $0.17 \mu\text{g}/\text{m}^3$ based on [CalEPA's 2008 1-hour reference exposure level \(REL\)](#) of $4 \mu\text{g}/\text{m}^3$. This value is based on a study by Diller et al. in Worksheet for ATSAC Members, September 2026

1985 in which rats were exposed to phosgene at concentration ranging from 0.1 to 5 parts per million (ppm) or 405 to 20,250 $\mu\text{g}/\text{m}^3$ for time periods ranging from 10 to 500 minutes.

(7) Rats exposed to 405 $\mu\text{g}/\text{m}^3$, the lowest concentration, for 4 hours showed histological changes in the lung, whereas no effects were seen at the same concentration after only 1 hour. Therefore, the no observable adverse effect level (NOAEL) and lowest observable adverse effect level (LOAEL) were both 405 $\mu\text{g}/\text{m}^3$ and differed only by exposure time.

This critical study selected by CalEPA shows that exposure time is an important factor in the toxicity of phosgene. Therefore, OHA applied Haber's "Law" to the CalEPA's NOAEL of 405 $\mu\text{g}/\text{m}^3$ for 1 hour of exposure to adjust this value to DEQ's target acute exposure time of 24 hours resulting in a time-adjusted point of departure (POD_{ADJ}) of 16.875 $\mu\text{g}/\text{m}^3$.

OHA then applied the same uncertainty factors as CalEPA:

- Interspecies uncertainty factor – 10
- Intraspecies uncertainty factor – 10
- Total uncertainty factor – 100

To arrive at the proposed acute TRV of 0.16875 $\mu\text{g}/\text{m}^3$ rounded to **0.17 $\mu\text{g}/\text{m}^3$** .

OBI/ToxStrategies proposed alternative acute TRV for phosgene

[ToxStrategies claims](#) that more recent work by Pauluhn et al. (8) shows that earlier studies, like the one CalEPA used for their 1-hour REL, were focused on non-adverse, adaptive responses and that rats are a poor model for phosgene toxicity in humans.

ToxStrategies used data from a 2021 publication by Pauluhn et al. to derive a 24-hour point of departure (POD) of 320 $\mu\text{g}/\text{m}^3$. They then applied a dosimetric adjustment factor from rats and dogs to humans of 1.5 to calculate a human equivalent concentration (POD_{HEC}) of 470 $\mu\text{g}/\text{m}^3$. ToxStrategies then applied a total uncertainty factor of 30 composed of:

- A 3-fold uncertainty factor for animal to human extrapolation
- A 10-fold uncertainty factor for human-to-human variation

To calculate an acute TRV of **16 $\mu\text{g}/\text{m}^3$** .

Additional notes from OHA

There are no instances in this TRV update process where DEQ or OHA have selected a critical study other than one already selected by either an authoritative source or by a scientific agency in another state such as Texas or Minnesota. This is because critical study

selection requires a systematic review process to ensure that the study selected is consistent with the larger body of scientific evidence in the field and the overall weight of scientific evidence. Most of the supporting citations offered by ToxStrategies come from the same author or that author's laboratory. An important part of the scientific process is reproducibility across laboratories and consensus among experts in the relevant field.

OHA does not claim that Pauluhn is not an expert in their field, but without a systematic literature review, it is impossible to verify how these findings fit in the context of the larger body of scientific evidence since CalEPA's 1-hour REL was established.

This is why OHA relies on authoritative sources that have the resources to do systematic/comprehensive literature reviews to identify the most appropriate critical study to use as the source of the POD for TRV derivation.

In time, OHA hopes that one of DEQ's authoritative sources will review phosgene, and when they do, they will most likely include Pauluhn's work in their systematic review and evaluate it for its potential to serve as a critical study in the full context of scientific work in the field.

Questions related to the acute TRV for phosgene

Question 1. Did you read the technical arguments presented by ToxStrategies related to the acute TRV for phosgene in their [March 2026](#) and [July 2026](#) technical memos?

Your response:

Question 2. Do you agree with OHA's policy to only use critical studies that have already been identified by one of DEQ's authoritative sources or another state agency as a critical study? Why or why not?

Your response:

Question 3. Are the scientific merits of the acute TRV for phosgene proposed by OBI/ToxStrategies based on Pauluhn, et al. 2021 sufficient to deviate from OHA's policy to only use critical studies that another authoritative source or another state agency has selected? Why or why not?

Your response:

Question 4. What additional thoughts or information can you share about the acute TRV for phosgene?

Your response:

Question 5. How much time did you spend researching and preparing your response to questions related to the acute TRV for phosgene?

Your response:

Phosgene chronic noncancer TRV

OHA's derivation of the chronic noncancer TRV for phosgene proposed by DEQ in January 2026

OHA adopted DEQ's proposed chronic noncancer TRV for phosgene ($0.3 \mu\text{g}/\text{m}^3$) directly from [EPA's 2006 reference concentration \(RfC\)](#) without modification. EPA selected Kodavanti et al. 1997 (9) as their critical study. Since OHA adopted this value directly without modification, see [EPA's summary](#) for derivation details.

OBI/ToxStrategies proposed alternative chronic noncancer TRV for phosgene

[ToxStrategies proposes](#) that OHA and DEQ use the same Pauluhn et al. 2021 (8) study to derive an alternate POD_{HEC} for a chronic noncancer TRV for phosgene, based on the same arguments as those presented for acute TRV. ToxStrategies proposes $5 \mu\text{g}/\text{m}^3$ as the alternate chronic noncancer TRV for phosgene based on this study.

Additional notes from OHA

OHA would apply the same notes to the chronic noncancer TRV for phosgene as for the acute TRV for phosgene above.

Questions related to the chronic noncancer TRV for phosgene

Question 1. Did you read the technical arguments presented by ToxStrategies related to the chronic noncancer TRV for phosgene in their [March 2026](#) and [July 2026](#) technical memos?

Your response:

Question 2. Do you agree with OHA's policy to only use critical studies that have already been identified by one of DEQ's authoritative sources or another state agency as a critical study? Why or why not?

Your response:

Question 3. Are the scientific merits of the chronic noncancer TRV for phosgene proposed by OBI/ToxStrategies based on Pauluhn, et al. 2021 sufficient to deviate from OHA's policy

to only use critical studies that another authoritative source or another state agency has selected? Why or why not?

Your response:

Question 4. What additional thoughts or information can you share about the chronic noncancer TRV for phosgene?

Your response:

Question 5. How much time did you spend researching and preparing your response to questions related to the chronic noncancer TRV for phosgene?

Your response:

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