



September 14, 2026

New Mexico Environment Department
Harold Runnels Building
1190 St. Francis Dr. Suite N4050
Santa Fe, NM 87505

RE: PFAS Protection Act Exemptions

I am writing on behalf of the Asthma and Allergy Foundation of America (AAFA), the leading patient organization advocating for people with asthma and allergies and the oldest asthma and allergy patient group in the world. AAFA's mission is to save lives and reduce the burden of disease for people with asthma and allergies through support, advocacy, education and research.

We understand that a legislative report under House Joint Memorial 3 (HJM3) aims to examine concerns related to exemptions in the PFAS Protection Act. We write to urge the New Mexico Environment Department (NMED) to maintain the FDA-regulated product exemption, and the fluoropolymer exemption when creating this report.

The PFAS Protection Act intends to reduce the use of per- and polyfluorinated substances (PFAS) in products sold in New Mexico. While AAFA supports phasing out consumer products with added PFAS, we recognize that exemptions are necessary to ensure that inhaled respiratory medicines continue to be available in New Mexico for patients living with asthma and chronic obstructive pulmonary disease (COPD).

Many inhaled respiratory medicines are delivered via pressurized metered dose inhalers (pMDIs), a device that uses a propellant to deliver medicine to the lungs. PFAS are utilized as a propellant in some pMDIs, acting as a protective layer within the canister's construction. Although this PFAS used in respiratory medicines is similar in structure to other PFAS, it differs in it being non-persistent, non-bio accumulative and non-toxic.



pMDIs are an important therapeutic option for the millions of patients in the US, and specifically the nearly 300,000 New Mexicans living with asthma or COPD.¹²³ These inhaled medicines reduce COPD exacerbations and asthma attacks, which are potentially life-threatening events. They deliver essential, life-saving medicines for millions of people living with respiratory diseases, including vulnerable populations such as children and the older adults. Alternatives like dry powder inhalers (DPIs) can be challenging to use for children, older adults who may lack dexterity, or those with severe asthma who cannot breathe deeply enough to get the medicine into their lungs.

Restriction of PFAS propellants risks removing certain pMDIs from the market with no suitable replacements. It is vital for patient safety and good management of respiratory conditions that patients have access to their inhalers on both a daily basis and in an emergency. Transitioning to another type of inhaler risks conditions deteriorating and a heightened risk of exacerbations, emergency admissions and mortality rates. It poses an increased burden on healthcare systems, particularly the primary care provider.

AAFA does support the development of effective, PFAS-free inhalers, but until suitable alternatives exist, pMDIs must remain available to patients with respiratory illness. I am hopeful that NMED will take this into consideration when reviewing the exemptions and writing the legislative report required under HJM3.

Sincerely,

Kenneth Mendez
President and Chief Executive Officer
Asthma and Allergy Foundation of America

¹ American Lung Association. (2025, June 20). *Asthma trends brief: Data tables*. <https://www.lung.org/research/trends-in-lung-disease/asthma-trends-brief/data-tables/asthma-current-state>

² New Mexico Department of Health. (2018, October 23). *Chronic obstructive pulmonary disease (COPD) prevalence*. New Mexico's Indicator-Based Information System (NM-IBIS). <https://ibis.doh.nm.gov/indicator/summary/COPDPprev.html>

³ U.S. Census Bureau. (2025). *QuickFacts: New Mexico*. <https://www.census.gov/quickfacts/fact/table/NM/PST045225>