April 27, 2026

State of Rhode Island General Assembly
House Finance Committee
State House, 82 Smith Street
Providence, Rhode Island 02903

Subject: Support for House Bill H7582: Ensuring Clean Indoor Air in RI Schools

Dear Chairman Abney, First Vice Chair Slater, Second Vice Chair Marszalkowski, and Members of the House Finance Committee,

My name is Dr. Georgia Lagoudas and I'm writing in my personal capacity in support of H7582. I am currently a Senior Fellow working at Brown University School of Public Health and the Brown Pandemic Center, focused on clean indoor air to improve health. I previously helped launch a clean indoor air initiative at the White House during the COVID-19 response, to improve indoor air quality and reduce disease spread.

During my time at the White House, a major focus was supporting schools in making indoor air quality improvements—from identifying funding mechanisms to connecting them with technical assistance. While there is important work to be done at the federal level, much of the implementation in schools ultimately happens at the state and local level. H7582 represents an important opportunity for Rhode Island to make cleaner indoor air a reality in schools. The companion bill (S.2873, sponsored by Senator DiPalma) passed the Senate floor unanimously last month, with bipartisan support.

From a fiscal standpoint, the bill targets underlying cost pressures related to school facility conditions and health-related absenteeism. Poor indoor air quality drives up costs across the board: students with asthma and respiratory conditions miss school days and end up in emergency rooms; teachers exposed to poor air quality take more sick days, straining substitute budgets; and deferred HVAC maintenance — often invisible until it becomes a crisis — leads to more expensive repairs down the line. Improvements in ventilation and air quality have also been associated with reductions in student absenteeism on the order of 10–20% in school-based studies. House bill 7582 addresses all of this by taking actions to support filtration, inspections, and guidance, catching problems early and keeping students and teachers in school where they belong.

House bill H7582 includes three core components: (1) directing the Department of Health to establish recommended indoor air quality standards for schools; (2) incorporating indoor air quality into ongoing school building inspections and assessments; and (3) upgrading air filtration where feasible.

This bill also has important implications for student and staff health. Improvements in ventilation and filtration have been shown to reduce airborne infection risk by roughly 40–80% in well-ventilated indoor environments, helping limit the spread of respiratory illnesses such as COVID-19 and influenza. There is also growing evidence that better indoor air quality supports cognitive function and academic performance, with studies linking improved ventilation to gains in standardized test scores by 3–5%.

At present, however, there are no widely adopted, health-based guidelines for indoor air quality. While outdoor air pollutants have clear standards (like for particulate matter, set by the EPA), indoor air—where students and teachers spend the majority of their time—remains largely unmeasured and without clear guidelines. This bill takes an important step toward establishing clear benchmarks and improving transparency.

While building codes specify technical parameters such as ventilation rates, these are not easily measured in real time. In contrast, low-cost sensors can provide practical, real-time indicators of indoor air quality, including carbon dioxide and particulate matter. H7582 directs the Department of Health to establish recommended thresholds for key indicators such as PM2.5, PM10, carbon dioxide, temperature, humidity, ventilation, and filtration, helping to translate technical standards into actionable guidance. It will give us an important goal post and help with the air quality building inspections called for in this bill, providing additional transparency.

Two metrics called for in the bill include particulate matter 2.5 and carbon dioxide, which are important markers for air quality. Particulate matter 2.5 is a measure of particles that are 2.5 microns or smaller; these are the tiny particles that are emitted from things like cars, gas stoves, power plants, wildfires, and other sources. Their small size means that when you breathe them into your lungs, they go deep into the small cavities of your lungs and cause aggravation of the air pathways. This can lead to chronic bronchitis or trigger asthma attacks. The small particles can also enter your bloodstream and cause stress and inflammation that leads to heart disease, stroke, and poorer cognition. We can remove PM2.5 through filtration - moving air through filters in the HVAC system or with portable air cleaners.

Carbon dioxide (CO_2) is a measure of how much re-breathed air there is in the room. Higher CO_2 means there isn't enough ventilation; as people gather in a room, CO_2 goes up and can cause drowsiness, headaches, and poor concentration. Student test scores fall and productivity suffers. Increasing ventilation will lower CO_2 and improve the health of students and staff.

Setting recommended indoor air quality metrics will turn the invisible into something visible. Rhode Island has the opportunity to be a leader in prioritizing student and educator health through smart, science-backed policy. I respectfully urge this committee to support H7582. Thank you for your time and consideration.

Best,
Georgia Lagoudas, PhD