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4/22/2025

Senator Ingwersen, Chair
Representative Meyer, Chair
Members, Joint Standing Committee on Health and Human Services
100 State House Station
Augusta, ME 04333-0100

Re: LD 500 –*An Act to Ensure Access to Safe Drinking Water from Household Wells in Rural Areas by Expanding Testing*

Senator Ingwersen, Representative Meyer and members of the Joint Standing Committee on Health and Human Services, thank you for the opportunity to provide information in opposition to *LD* 500, *An Act to Ensure Access to Safe Drinking Water from Household Wells in Rural Areas by Expanding Testing*.

LD 500 expands the Department of Health and Human Services' uniform testing recommendation for private wells by adding free testing for perfluoroalkyl and polyfluoroalkyl substances (PFAS). The bill requires a program to provide free testing for household well water of low-income residents through contracts with qualified laboratories and specifies that funding for this initiative will be drawn from the Health and Environmental Testing Laboratory's (HETL) dedicated revenue account. The Department is required to conduct educational outreach to make low-income residents aware of the availability of free testing of well water and eligibility for grants from the Maine State Housing Authority to pay for water treatment systems. The bill clarifies that low-income homeowners served by well water that exceeds State standards for PFAS, and other contaminants are eligible for the grants.

The Maine Legislature has previously enacted a mandate for the Department to provide free arsenic testing for low-income families (PL 2021 Chapter 483 Sec. BB-1). An amount of $52,840 was earmarked for each of the 2021/22 and 2022/23 budget years with the allocation from the Maine Jobs Recovery Program (MJRP). The Department has been using these funds to initiate a pilot program to provide free comprehensive well water test kits (including arsenic testing) to families enrolled in Maine's Women, Infant, Child (WIC) Nutrition Program and who are also enrolled in MaineCare. WIC counselors identify clients relying on private well water and inform them of the opportunity to obtain a free water test. To date, the Department has distributed 1656 test kits to low-income families with 341 returned to the HETL for testing. In 2024, 400 test kits were distributed and 128 were returned to HETL for testing. The Department estimates current MJRP funding will support an additional 700 comprehensive water test kits by December 2026; however, this testing does not include PFAS.

Attempting to implement the provisions of this bill without the additional human resources necessary to reach out to private well owners and educate them on the importance of testing their drinking water and provide assistance once laboratory results are available would fall short of the bill's intent. Please note that previous legislation establishing free arsenic testing in well water for low-income Mainers did not allocate staffing resources to implement the program or conduct follow-up to encourage the return of testing kits. As a result, participation has been limited. To improve and maintain this current testing initiative for low-income families, two full-time positions would be needed within the Maine CDC's Division of Environmental and Community Health: a Public Health Educator III (PHE-III) to provide

outreach and education and manage the targeted low-income testing initiatives, and an Environmental Specialist III (ES-III) to establish and maintain a contractual program for free testing of PFAS in well water of low-income families. In addition, in order to process the expected increase in comprehensive water tests for analytes other than PFAS at the HETL, a lab position (Chemist I) would be needed.

Funding needs for the increased analyses at the HETL for the 15 recommended parameters, as well as for the contracting of the PFAS analyses, would be significant. This cost is dependent on the definition of low income and how many will avail themselves of this testing, as well as whether multiple samples are allowed per household. In order to provide a cost estimate, it was assumed that the program would be limited to families with a household income of less than $15,000 per year and who own a home with a well (estimated to be about 22,000 households).

To estimate the high-end expense, one assumption could be that 50 percent of these households would avail themselves of this testing opportunity over the next 10 years, or approximately 1,100 tests per year. Based upon information provided by the HETL, analysis of the 15 parameters found in 22 MRSA Section 2660-T as referenced in this bill would currently cost $145 per sample. Accounting for minor periodic increases in the testing fees and some equipment replacement, the estimated cost over the next 10 years is approximately $2 million, or $200,000 per year. PFAS testing, currently estimated at $285-$450 per sample, could range from $313,500 - $495,000 per year. However, the exact costs are expected to rise over time. Alternatively, a lower-end estimate could be based on current testing rates for low-income homes under our WIC initiative, where approximately 400 test kits were sent out last year, with a return rate of 128. With additional educational resources, if the return rate increased to 400 kits annually, the estimated cost is $114,000 - $180,000 per year or $1,140,000 - $1,800,000 over the next 10 years for PFAS testing.

Maine CDC agrees with the intent of this bill; however, if this bill passes, it will have a fiscal impact on the State. The laboratory's dedicated revenue account does not have the funds to cover the cost of the testing required in this bill. Another option is to continue the targeted testing that the DEP has been conducting to identify PFAS in private wells within high-risk areas for contamination. This approach would support ongoing assessments of impacted wells, allow for data trend analysis, and improve estimates of PFAS occurrence in wells that are unlikely to be affected by a known or likely PFAS source. Another option may be to assess the reliability of a lower cost, commercially available water test for PFAS (currently being evaluated by other states, like the Colorado Department of Health and Environment) and the availability of low-cost treatment options.

In conclusion, Maine CDC is opposed to this bill. If LD 500 passes as written, significant human and financial resources will be required to implement the additional testing requests for HETL and to fund PFAS testing through contracted laboratories, as outlined in this bill.

Please feel free to contact me if you have any questions during your deliberation of this bill.

Sincerely,

Puthiery Va
Director
Maine Center for Disease Control
Maine Department of Health and Human Services