



**Testimony of Maine Public Health Association In Support of:
LD 1006: An Act to Ensure Access to Safe Drinking Water from Household Wells in Rural Areas by
Expanding Testing**

Joint Standing Committee on Health and Human Services
Room 220, Cross State Office Building
Friday, April 28, 2023

Good morning, Senator Baldacci, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services. My name is Rebecca Boulos. I am a resident of South Portland and executive director of the Maine Public Health Association. MPHA is in support of LD 1006: “An Act to Ensure Access to Safe Drinking Water from Household Wells in Rural Areas by Expanding Testing.”

MPHA is the state’s oldest, largest, and most diverse association for public health professionals. We represent more than 700 individual members and 60 organizations across the state. The mission of MPHA is to improve and sustain the health and well-being of all people in Maine through health promotion, disease prevention, and the advancement of health equity. As a statewide nonprofit association, we advocate, act, and advise on critical public health challenges, aiming to improve the policies, systems, and environments that underlie health inequities – but which also have potential to improve health outcomes for all people in Maine. We are not tied to a national agenda, which means we are responsive to the needs of Maine’s communities, and we take that responsibility seriously.

LD 1006 has several components. First, it would require extension of the state’s Health and Environmental Testing Laboratory program’s coverage of arsenic and other contaminants in private residential water supplies to include perfluoroalkyl and polyfluoroalkyl substances (PFAS). Secondly, it would require that no fee be assessed to low-income individuals who have their private residential water supply tested. Finally, it would require educational outreach programs to be formulated for both the existence of this free testing program as well as water contamination mitigation system grants available from the Maine State Housing Authority (MSHA) for private water systems that are found to have contamination levels exceeding state standards.

MPHA supports both the intentions and potential outcomes of this bill. Clean drinking water is fundamental for good health, and access to contaminant-free water should not depend on income.

PFAS exposure from drinking contaminated water may reduce antibody responses to vaccines^{1,2} and infectious disease resistance.³ PFAS exposure can also alter metabolism⁴ and fertility,⁵ reduce fetal growth, and increase the risk of being overweight or obese.⁶ PFAS exposure has also been associated with several chronic health problems, including increased cholesterol levels, liver dysfunction, and increased risk of testicular and kidney cancers.⁷

LD 1006 provides strategies to financially cover both well water testing *and* water treatment systems for low-income Maine residents whose drinking water is PFAS-contaminated. The inclusion of both testing and mitigation ensures that low-income residents can identify health-harming contamination in their drinking water,

and access resources to mitigate that exposure, reducing likelihood of disease onset. Oftentimes, there are resources for testing, but not for mitigation, which can be costly depending on the water contaminant. With only cost-prohibitive mitigation available, it may sometimes be difficult to justify testing. However, with the addition of the educational outreach about grants available through the MSHA, this bill outlines strategies that provide *both* free testing and grant-funded mitigation systems to low-income households, eliminating this concern and affording beneficiaries tangible and health-promoting outcomes from test results.

This bill is especially pertinent to our state as over 50% of Maine homes utilize a private well water source.⁸ Private well users are more likely to live in rural areas and to have lower household incomes comparative to the general population.⁹ It has been demonstrated that disparities in exposure to contaminated well water in Maine primarily stem from differences in socioeconomic statuses and a lack of financial resources to conduct tests or purchase water treatment systems.¹⁰ The enactment of the programs described within this bill would aid in the removal of this financial barrier, greatly contributing to a reduction in disparities seen in contaminant exposure from private well water.

Given the greater risk and burden of disease among vulnerable Mainers – including persons of low-income, those living in rural areas, and those with less access to health care – this bill is important for ensuring the financial resources necessary to test for PFAS contamination are available, accessible, and affordable to those who need it most. Furthermore, this legislation will increase awareness of the availability of grants for water treatment systems through the MSHA Well Water Abatement Program, ultimately increasing the access to safe drinking water for people in Maine, regardless of their income.

MPHA supports legislation that improves health equity and reduces health disparities among underserved populations. We believe this bill has potential to improve public health, and we are in support. We respectfully request you to vote LD 1006 “Ought to Pass.” Thank you for your consideration.

¹Grandjean P, Heilmann C, Weihe P, et al. 2017. Estimated exposures to perfluorinated compounds in infancy predict attenuated vaccine antibody concentrations at age 5-years. *J Immunotoxicol*,14(1):188-195.

²Looker C, Luster MI, Calafat AM, et al. 2014. Influenza vaccine response in adults exposed to perfluorooctanoate and perfluorooctanesulfonate. *Toxicol Sci.*,138(1):76-88.

³National Toxicology Program. 2016. Monograph on immunotoxicity associated with exposure to perfluorooctanoic acid (PFOA) and perfluorooctane sulfonate (PFOS). Research Triangle Park, NC: National Toxicology Program.

⁴Liu G, Dhana K, Furtado JD, Rood J, Zong G, Liang L, Qi L, Bray GA, DeJonge L, Coull B, Grandjean P, Sun Q. 2018. Perfluoroalkyl substances and changes in body weight and resting metabolic rate in response to weight-loss diets: A prospective study. *PLoS Med*,15(2):e1002502.

⁵Bach CC, Vested A, Jorgensen K, Bonde JP, Henriksen TB, Toft G. 2016. Perfluoroalkyl and polyfluoroalkyl substances and measures of human fertility: A systematic review. *Crit Rev Toxicol*,46(9):735-55.

⁶Braun J. 2017. Early-life exposure to EDCs: Role in childhood obesity and neurodevelopment. *Nat Rev Endocrinol*,13(3):161–173.

⁷Agency for Toxic Substances and Disease Registry. 2022. What are the health effects of PFAS?

⁸Maine Center for Disease Control and Prevention. 2021. Tracking Private Well Water. *Maine Environmental Public Health Tracking (EPHT) Network*.

⁹Malecki KMC, Schultz AA, Severtson DJ, Anderson HA, & VanDerslice JA. 2017. Private-well stewardship among a general population based sample of private well-owners. *Science of the Total Environment*, 601, 1533-1543.

¹⁰Flanagan SV, Spayd SE, Procopio NA, Marvinney RG, Smith AE, Chillrud SN, Braman S & Zheng Y. 2016. Arsenic in private well water part 3 of 3: Socioeconomic vulnerability to exposure in Maine and New Jersey. *Science of the Total Environment*, 562, 1019-1030.