



Testimony of the Maine Public Health Association in Support of:

LD 129 - Resolve: To Protect Consumers of Public Drinking Water by Establishing Maximum Contaminant Levels for Certain Substances and Contaminants

LD 164 - An Act To Establish Maximum Contaminant Levels under the State's Drinking Water Rules for Certain Perfluoroalkyl and Polyfluoroalkyl Substances

Joint Standing Committee on Health and Human Services
Room 209, Cross State Office Building
Tuesday, February 9, 2021

Good morning, Senator Claxton, Representative Myer, 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 Maine Public Health Association. I am here today in support of LD 129, "Resolve: To Protect Consumers of Public Drinking Water by Establishing Maximum Contaminant Levels for Certain Substances and Contaminants" and LD 164, "An Act To Establish Maximum Contaminant Levels under the State's Drinking Water Rules for Certain Perfluoroalkyl and Polyfluoroalkyl Substances."

MPHA is the state's largest, oldest and most diverse association for public health professionals. 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 association, we advocate, act, and advise on critical public health challenges, assuring that all people in Maine lead healthful lives, regardless of their income or where they live.

LD 129 requires all community water systems and nontransient, noncommunity water systems to conduct monitoring of perfluoroalkyl and polyfluoroalkyl substances ("PFAS") and conduct treatment when regulated PFAS contaminants exceed 70 parts per trillion (ppt), which is the Maximum Contaminant Level (MCL) established by the U.S. Environmental Protection Agency. LD 164 establishes a lower MCL of 20 ppt; a level set by both Vermont and Massachusetts.

According to the U.S. EPA,ⁱ PFAS are found in food and food packaging; commercial household products; air, surface water, groundwater (including drinking water), and soil; and some living organisms (where PFAS have accumulated over time). PFAS do not break down and they can accumulate over time. A recent (2017) review of the research literature explored the relationship between PFAS exposure and children's health. The study identified six categories of adverse health effects associated with PFAS exposure: renal, thyroid, cardio-metabolic, immunity/infection/asthma, neurodevelopmental/attention, and puberty onset.ⁱⁱ

In addition to the concerning health effects, the disposal of PFAS is challenging. Factors specifically challenging for PFAS remediation include: Multiple ionic states; variable isomers; differing alkyl groups; past remediation effects; and common co-contaminants.ⁱⁱⁱ

LD 129's intent to regularly monitor and treat contaminated drinking water is an important public health effort. To date, Maine's agencies have had insufficient resources to address this problem, and we believe that will continue to be true; the financial burden, though, will fall onto Maine's communities. We ask the committee to consider including a funding source for this effort given the anticipated financial cost. We also ask the committee to consider adopting the lower, more protective, MCL of 20 ppt. Thank you.

ⁱ U.S. Environmental Protection Agency. 2018. Basic Information on PFAS. <https://www.epa.gov/pfas/basic-information-pfas>

ⁱⁱ Rappazzo, K. M., Coffman, E., & Hines, E. P. (2017). Exposure to Perfluorinated Alkyl Substances and Health Outcomes in Children: A Systematic Review of the Epidemiologic Literature. *International journal of environmental research and public health*, 14(7), 691.

ⁱⁱⁱ Interstate Technology Regulatory Council. March 2018. Remediation technologies and methods for per- and polyfluoroalkyl substances (PFAS).