

Testimony of Lani Graham, MD, MPH  
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**IN SUPPORT OF LD 1388**

An Act to Require Testing of Public Drinking Water Supplies for Toxic Perfluoroalkyl and Polyfluoroalkyl Substances and To Establish Maximum Contaminant Levels

Presented by Representative William Pluecker

**Before the Health and Human Services Committee: April 13, 2021**

Good morning, Senator Claxton, Representative Meyer, and Members of the Committee. My name is Lani Graham. I am a family practice physician and former Chief Public Health officer for Maine. Currently I serve on the Public Health Committee for the Maine Medical Association (MMA). And in 2019 I represented the Maine Public Health Association (MPHA) working with other stakeholders on a PFAS (per- and polyfluoroalkyl substances) Task Force. I am here representing the MMA in favor of LD 1388.

By now committee members are likely thoroughly conversant with the numerous serious adverse health effects linked to this family of chemicals, which is the reason we find ourselves needing to take action. Rather than repeating those, health effects, I will focus instead on the advantages of this bill has over other PFAS drinking water bills presented here.

I did testify before you about two other PFAS drinking water bills. One of those bills supported an aggressive testing program, but offered little to address the need for a Maximum Contaminant Level (MCL) that was comprehensive, safe and clear. The other bill offered nothing in the testing arena, but did propose an MCL that was in line with neighboring states. LD 1388 combines the best of those previous bills. In the absence of federal leadership it makes sense for Maine to follow other states by setting Maine's MCL at 20 nanograms per liter for the six specific members of the large PFAS family. In joining these neighboring states, Maine has established an MCL that is well reasoned toxicologically and does not place Maine people in the frightening position of possibly drinking water labeled as "fine" in Maine, but toxic in Massachusetts or Vermont. The level of 20 nanograms per liter, while

lower than the current federal advisory of 70 nanograms per liter, is not as low as some MCL's that have been set in other states. Finally, LD 1388 allows Maine to set a lower standard for any of these family members as more information becomes available.

I am particularly pleased that LD 1388 has included perfluorodecanoic acid or PFDA in the final regulated list as Massachusetts did. As mentioned in previous testimony, this compound has been associated with increasing cholesterol levels, and decreased antibody response to vaccines.

In addition to clarifying the MCL, LD 1388 has also established the importance of testing all community and non-community public water supplies. This issue was discussed at length by the PFAS Task Force. Testing is expensive and it was pointed out that very few water systems were expected to be contaminated. The Task Force was surprised and discouraged to learn that some school systems actually refused drinking water testing for PFAS even when it was made available for free. This hesitancy no doubt was linked to fears about public outcry and remediation expenses. However, ultimately the majority of the Task Force agreed that it was best to take the safest approach and assure testing of these drinking water supplies. Clean public drinking water is the very essence of public health.

I hope you will support LD 1388 unanimously.

Thank you for your attention, I would be pleased to answer any questions you might have.