

Testimony of Lisa Daniels

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to the

Subcommittee on Environment

House Energy and Commerce Committee

**Perfluorinated Chemicals in the Environment: An Update on the Response to  
Contamination and Challenges Presented**

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## Executive Summary

Per- and Polyfluoroalkyl Substances (PFAS) have been a growing concern for the drinking water community for more than a decade. The solubility, mobility and bio-accumulative properties of PFAS continue to heighten concerns about potential adverse health effects. States, water systems, and the public need national leadership now to figure out this growing public health problem. ASDWA believes the question is not whether to regulate PFAS, but when and how, using sound science as required by the Safe Drinking Water Act (SDWA). ASDWA has identified three key areas for action:

1. ASDWA believes that PFAS must be addressed at the national level using a holistic approach and asks that Congress direct all appropriate federal agencies to develop a unified message regarding the PFAS risks, and as soon as possible, list PFAS compounds as hazardous substances under CERCLA, require PFAS reporting under the Toxic Release Inventory, and take other steps to control and limit PFAS contamination.
2. ASDWA asks that Congress provide additional funding to EPA and the states to address PFAS. At present, state primacy agencies are diverting resources from core drinking water programs (including inspections, technical assistance and training, permitting/plan approvals, and compliance/enforcement) to address PFAS. Without additional funding, both the core program and the additional work to address PFAS will suffer.
3. ASDWA asks that Congress recommend that EPA expand the PFAS focus beyond drinking water to encompass PFAS reductions across all programs and media. Our efforts should be coordinated across all contributing media.

## **Testimony**

Good Morning Chairman Shimkus, Ranking Member Tonko, and Members of the Subcommittee. Thank you for this opportunity to talk about how we can best address public health protection issues associated with Per- and Polyfluoroalkyl Substances (PFAS) found in drinking water.

My name is Lisa Daniels and I am the President of the Association of State Drinking Water Administrators (ASDWA), whose 57 members include the 50 state drinking water programs, five territorial programs, the District of Columbia and the Navajo Nation. Our members have primary oversight responsibility, known as primacy, for implementing the Federal Safe Drinking Water Act (SDWA). Our members and their staff are on the front lines every day, providing technical assistance, support, and oversight of drinking water systems, which is critical to ensuring safe drinking water and protecting public health. I am also the Director of the Bureau of Safe Drinking Water within the Pennsylvania Department of Environmental Protection.

Today, I will explain why ASDWA has concerns with PFAS and offer three principal recommendations on how to address PFAS to protect drinking water, and, in turn, protect public health.

**What are ASDWA's concerns with PFAS?** As background, PFAS compounds have been a growing concern for the drinking water community for more than a decade. PFAS compounds have been found in ground water in at least 38 states. The solubility, mobility and bio-accumulative properties of PFAS continue to heighten concerns about potential adverse health effects. It is believed that there are hundreds of compounds approved for use in the U.S., and thousands more being used worldwide and imported in goods. With more compounds being

approved for use every year, there are many unanswered questions. Where are these compounds being manufactured and used in commerce? What are their toxicity levels? How are they impacting the environment and public health? And much of this information has been confounded by federal agency silos and industry trade secrets.

In 2016, EPA finalized [lifetime health advisories \(HAs\) for two of the most common PFAS](#), perfluorooctanoic acid (PFOA) and perfluorooctanesulfonic acid (PFOS) at 70 parts per trillion (ppt) as well as a combined HA of 70 ppt for the sum of PFOA and PFOS. HAs are not the same as Maximum Contaminant Levels (MCLs); they are non-regulatory and are non-enforceable. To add to the confusion, the Agency for Toxic Substances and Disease Registry ([ATSDR](#)) has released a [draft toxicological profile that evaluates risk factors for PFOA and PFOS](#) across all media while EPA's advisories are specific to drinking water. The draft profile also proposes different toxicity values, i.e. different levels of concern than EPA's. Absent a clear Federal direction and consistent health risk numbers, this uncertainty has increased public concern and driven some state drinking water programs to establish their own PFAS action levels or guidelines. Such levels, for some states, are lower than EPA's HAs, while others are similar but contain caveats, and others use the same limits but add additional compounds beyond PFOA and PFOS. Other states have taken no independent action, lacking the authority to be more stringent than EPA standards. It's no wonder that the average American is left wondering whether their drinking water is safe.

The science is still evolving regarding PFAS exposure and health risk. Some studies document associations with adverse health effects, but not causality. Most studies have focused solely on PFOA and PFOS, which leaves a severe data gap for the other 3,500+ PFAS compounds. Animal studies that show that high PFAS exposure levels can result in changes in liver, thyroid,

or pancreatic functions do not always translate well to effects in humans. The bioaccumulative properties of many PFAS heightens the concerns about potential adverse health effects. Clearly, more research is needed to make informed regulatory decisions.

We all agree that PFAS must be addressed. ASDWA agrees that any potential SDWA regulatory determination must be based on sound science as required by the SDWA and should be made in a timely fashion. The question is not whether to regulate, but when and how. PFAS is not just a drinking water issue – all sources of exposure must be considered and PFAS must be addressed in other media as well. EPA is not the only Federal agency that needs to appropriately address PFAS. The Departments of Health and Human Services, Food and Drug Administration, and the Department of Defense also have roles to play. Therefore, states feel very strongly that PFAS must be addressed at the national level using a holistic approach.

Absent a coordinated Federal framework:

- Health Advisories (HAs) create challenges for both state primacy agencies and public water systems. HAs lack clarity on necessary actions that state primacy agencies and water systems should take when concentrations of the chemicals are above the HAs.
- The inconsistent public health message between EPA's HA levels and ATSDR's minimum risk levels when combined with individual state actions leaves the public wondering which information source is more credible and if their water is safe, or not.
- Without a regulatory determination based on sound science along with the information landscape, making public health decisions based on an increasing amount of scientific information has become increasingly complicated. Without Federal leadership, states

are left on their own to make the tough decisions on whether and/or how to address PFAS in drinking water.

For example, in my own state of Pennsylvania, our Environmental Cleanup Program is conducting site investigations, interim response actions, and/or oversight activities at 11 sites contaminated with PFAS. Several of these sites are impacting public water systems and all are impacting ground water and/or private wells. The impacted public water systems have taken appropriate action, including issuing public notice, and taking the impacted sources offline while treatment is being installed. Most of the sites are near Superfund sites where EPA and the responsible party have taken the lead. Two of the sites are state led. However, the adequacy of the state's actions is being called into question by the public due to differing numbers from EPA, ATSDR and other states. There have been several draft bills proposed in the Pennsylvania legislature and other calls for action in the absence of a national standard and/or national leadership on this issue. And, we are here to tell you that states cannot figure out this growing public health problem alone.

The science is still evolving regarding PFAS exposure and risks to human health. Most studies have focused solely on PFOA and PFOS, which leaves a huge data gap for other PFAS. Many studies have shown liver, kidney, immunological, and reproductive effects in laboratory animals, but animal studies do not always translate well to adverse health effects in humans. And while some studies have been able to show "associations" with adverse health effects, they have not necessarily documented "causality". The increasing number of PFAS is creating a host of data collection, analytical and technological issues, as regulators and researchers struggle to obtain enough robust information on health effects, analytical methods, and treatment efficacy. Clearly,

more research and data are needed to support consensus health-based toxicological values and risk determinations and inform regulatory decisions.

**What is ASDWA Doing about PFAS?** ASDWA has partnered with several organizations, including EPA, to chart a path forward for states and Federal agencies. In January 2018, [ASDWA sent a letter to then EPA Administrator Scott Pruitt and Dr. Brenda Fitzgerald](#), former Director of CDC and the ATSDR, asking that the two agencies work in partnership with ASDWA and state drinking water programs as well as with the Department of Defense to address growing public health concerns surrounding PFAS. That letter outlined seven recommendations for enhanced collaboration and development of a unified Federal message. Subsequently, in July 2018, [ASDWA submitted a second letter](#) in response to EPA's call for input to "aid in identifying solutions to address PFAS challenges in drinking water and at contaminated sites."

As a starting point, EPA made a commitment for five actions during the Spring National Leadership Summit in Washington DC to:

- Develop an EPA National PFAS Management Plan by the end of the year
- Evaluate the need for an MCL for PFOA and PFOS
- Address the status of PFOA and PFOS as "hazardous substances" under their existing statutory authority such as CERCLA §102
- Develop groundwater cleanup recommendations for PFOA and PFOS by fall of this year.
- Issue toxicity values for GenX and PFBS by fall of this year.

While each of these technical actions represent a solid step forward, critical issues remain, and more work is needed.

**What Should Happen Next?** Ongoing PFAS research into health effects, analytical methods, occurrence, and treatment efficacy is essential. We must be mindful to base any decision for a regulatory approach or standard on sound scientific principles. EPA must also address PFAS in a holistic fashion. To accomplish this, more attention needs to be given to development of additional PFAS analytical methods for drinking water, wastewater, and other media which also requires greater lab capacity. We strongly believe that EPA must follow a deliberative and sound process to achieve a reasonable protective health level for PFAS.

**What does ASDWA Recommend?** ASDWA has identified three principal areas for action:

1. ASDWA asks that Congress direct all appropriate Federal agencies, at a minimum EPA, HHS/ATSDR, FDA and DOD, to work in concert to:
  - Develop a unified message for state regulators, water utilities, and the public regarding the risks from PFAS, current steps being taken at the national level to protect public health, and what the next steps will be.
  - Work with the states to identify sources of PFAS use and potential contamination and identify the steps that are/will be taken to control and limit PFAS contamination of the environment and the public's drinking water.
  - As soon as possible, list PFAS compounds as hazardous substances under CERCLA, require PFAS reporting under the Toxic Release Inventory for air and water, and take other steps to control and limit PFAS contamination of the environment and the public's drinking water.
2. ASDWA asks that Congress provide additional funding to EPA and the states to address PFAS as a public health concern. At present, state primacy agencies are having to divert



resources from core drinking water program implementation efforts (inspections, rule implementation and compliance, technical assistance and training, and supporting system infrastructure needs) to address all aspects of PFAS management – source identification, mitigation, research, and public messaging. In this era of flat funding, the additional demands on states' resources are impacting their core programs.

One of the primary Federal funding sources for state drinking water programs is the Public Water Supply Supervision Program (PWSS). Given all the ongoing Federal budget demands, PWSS funding has remained flat for the past decade. Inflation over the past decade has eroded this funding by approximately 18%, and this flat funding has gradually eroded the funding for states' core programs.

Complicating the funding issues are additional demands being made on state drinking water programs to address several non-regulatory issues, including PFAS. In addition to PFAS, states are taking additional actions on lead post-Flint, working to minimize contamination from algal toxins from harmful algal blooms (noting the algal toxin problem in Salem, Oregon over Memorial Day weekend), and working with partners in healthcare agencies and other organizations to address *Legionella* in building water systems. ASDWA has asked its members to estimate the resource demands from these non-regulatory activities and has found these activities demand an additional 5%-10% of their resources, which, when added to the loss of 18% from inflation, compounds the funding challenges that states face in meeting all the challenges facing drinking water now.

Without additional funding, both the core program and the additional work to address PFAS will suffer.

3. ASDWA asks that Congress recommend that EPA expand the PFAS focus beyond drinking water to encompass PFAS reductions across all programs and media as part of their public health protection mission. A single focus initiative will have only limited success. Our efforts should be coordinated across all contributing media.

**Conclusion:** ASDWA looks forward to continuing the PFAS dialog with both Congress and our Federal agency partners to develop a workable solution that respects the timelines and processes necessary for a sound decision in how best to solve the PFAS problem.