

RPTR BRYANT

EDTR HUMKE

THERE'S SOMETHING IN THE WATER: REFORMING OUR NATION'S DRINKING WATER  
STANDARDS

TUESDAY, JULY 28, 2020

House of Representatives,

Subcommittee on Environment and Climate Change,

Committee on Energy and Commerce,

Washington, D.C.

The subcommittee met, pursuant to call, at 11:05 a.m., via Webex, Hon. Paul Tonko [chairman of the subcommittee] presiding.

Present: Representatives Tonko, Clarke, Peters, Barragan, McEachin, Blunt Rochester, Soto, DeGette, Schakowsky, Matsui, McNerney, Ruiz, Dingell, Pallone (ex officio), Shimkus, Rodgers, McKinley, Johnson, Mullin, Carter, Duncan, and Walden (ex officio).

Also Present: Representative Walberg

Staff Present: Jeff Carroll, Staff Director; Jacqueline Cohen, Chief Environment Counsel; Adam Fischer, Policy Analyst; Waverly Gordon, Deputy Chief Counsel; Anthony

Gutierrez, Professional Staff Member; Rick Kessler, Senior Advisor and Staff Director, Energy and Environment; Brendan Larkin, Policy Coordinator; Elysa Montfort, Press Secretary; Joe Orlando, Staff Assistant; Tim Robinson, Chief Counsel; Nikki Roy, Policy Coordinator; Rebecca Tomilchik, Staff Assistant; Mike Bloomquist, Minority Staff Director; William Clutterbuck, Minority Staff Assistant; Jerry Couri, Minority Deputy Chief Counsel, Environment and Climate Change; Theresa Gambo, Minority Human Resources/Office Administrator; Tyler Greenberg, Minority Staff Assistant; Peter Kielty, Minority General Counsel; Ryan Long, Minority Deputy Staff Director; Mary Martin, Minority Chief Counsel, Energy and Environment and Climate Change; Brannon Rains, Minority Legislative Clerk; and Peter Spencer, Minority Senior Professional Staff Member, Environment and Climate Change.

Mr. Tonko. Good morning. The Subcommittee on Environment and Climate Change will now come to order.

Today the subcommittee is holding a hearing entitled: "There's Something in the Water: Reforming Our Nation's Drinking Water Standards."

Due to the COVID-19 public health emergency, today's hearing is being held remotely. All members and witnesses will be participating via videoconferencing. As part of our hearing, microphones will be set on mute, for purposes of eliminating inadvertent background noise. Members and witnesses, you will need to unmute your microphone each time you wish to speak.

Documents for the record can be sent to Adam Fischer at the email address we have provided to staff. All documents will be entered into the record at the conclusion of the hearing.

And I now recognize myself for 5 minutes with an opening statement.

The Safe Drinking Water Act is one of our Nation's most important environmental laws, and I am pleased that in recent years we have been able to enact meaningful bipartisan reforms to strengthen provisions on infrastructure and other forms of assistance. However, SDWA's remaining deficiencies are as apparent as ever, and Congress has not done a serious examination of how the law can better meet the needs of States, of utilities, and, most importantly, of the public.

Today's hearing is an opportunity to begin to review SDWA's standard-setting process. SDWA requires EPA to set standards for contaminants in the Nation's public water supply, but many would acknowledge the process established by the 1996 amendments has not worked.

The statute lays out a long and complicated process, from the contaminant

candidate list to unregulated contaminant monitoring rule to a regulatory determination and, finally, a rulemaking that, even if working properly, would take years to set a standard. At each step, there are several barriers that may prevent a standard from moving forward, some of which I expect to be discussed today, and this is hardly the only issue.

The revision process has also proven to be difficult. Since 1996, all regulatory determinations have been negative except for perchlorate, which EPA has now reversed. This means that there has not been a single new standard set in 24 years that wasn't explicitly required by Congress.

Perchlorate, a contaminant that was found in the water of millions of Americans, is a perfect example of the regulatory regime's problems. Despite knowing its dangers for decades, we are still a long way from a finalized national standard. And this could very much be the path for PFAS.

Drinking water systems serving millions of people have detected PFOA and PFOS at levels above EPA's health advisory levels, and many millions more have PFAS contaminations that fall below the advisory but are likely still a threat to human health.

EPA's limited progress on setting a PFAS standard exposes SDWA issues. For one, EPA has relied on nonenforceable health advisory levels. I think many people believe that if EPA has enough evidence to establish a health advisory, they should move to establish a standard. And while health advisories have flaws, EPA has not even been using this tool to its fullest.

EPA may not want to issue an advisory, perhaps for fear that there becomes an expectation that more will need to be done. I believe this is the case for GenX, where there does not seem to be an intention to issue an advisory.

Second, the lack of a PFAS standard demonstrates what happens in the absence of

Federal action. States have been forced to step up to protect their residents, but we are witnessing a wide range of State standards. This can create poor risk communication and a crisis of confidence by the public, who have diminished trust in their State's standards when it fails to align with a neighboring State.

Today, we hope to better understand why Federal standards have consistently failed to be developed. And while there may be disagreements amongst the various stakeholders about just how to best improve the existing process, I believe most of us agree that EPA should set standards in a reasonable timeframe.

And I believe that Congress can play a larger role in addressing systems, infrastructure, and affordability challenges and preventing contaminations from happening in the first place by putting a greater emphasis on source water protection.

Congress can also provide more resources to support the development of testing methods, innovative treatment technologies, and data collection that can ensure the standard-setting process is based on sound science.

But ultimately, we need national standards, standards that are protective of the health of all Americans, including the most vulnerable to risks: Pregnant women, infants, children and other susceptible populations. Today, standards are not guaranteed to be protective of human health.

So, while I certainly support Congress providing more resources and other reforms to improve our drinking water, I firmly believe fixing the standard-setting process is an important part of that effort. As we move forward and consider the needs of utilities and the Americans they serve, especially in light of COVID-related challenges, I hope that we can have a productive dialogue on just how to best ensure people have access to the safe water they need and deserve.

So, with that, I thank you again for joining us today. The chair now recognizes

Mr. Shimkus, ranking member of the Subcommittee on Environment and Climate Change,  
for 5 minutes for his opening statement. John, please.

[The prepared statement of Mr. Tonko follows:]

\*\*\*\*\* COMMITTEE INSERT \*\*\*\*\*

Mr. Shimkus. Thank you, Mr. Chairman. It is great to be with you. And I guess I will see you all back in D.C. for me tonight, and you all the rest tomorrow.

Let me just start by saying, Mr. Chairman, you got my attention when you said a PFAS standard, and then you mentioned PFOS, P-F-O-S, and then you mentioned P-F-O-A. As I have been trying to remind people, there are 5,887 known PFAS chemicals. We can only test for 29 in drinking water.

I think it would be helpful if we would focus on the ones that we know are bad, the PFOA and PFOS, and not link them with the 5,887 other short-chain PFAS. I mean, that is going to be a continuing debate.

I think we can get to safety on the ones we know that are a concern, but that is part of this hearing anyway, because 35 years ago Congress decided that EPA was not regulating enough contaminants in drinking water. As a result, it amended the Safe Drinking Water Act to require the EPA to issue regulations for 83 specific contaminants within 3 years.

It also required EPA to issue regulations for at least 25 additional contaminants every 3 years thereafter, as well as filtration and disinfectant and underground injection rules. Ten years later, those changes had led to a huge backlog, as EPA struggled to satisfy the act's arbitrary goals.

This committee has repeatedly heard how the act's mandate imposed significant burdens at the local, State, and Federal levels and called into question whether the most significant public health risks were being addressed.

Former Clinton and Obama EPA official Bob Perciasepe testified that the mandate for 25 new rules every 3 years needs to be replaced with a scientifically defensible risk-based approach, conceding that this regulatory number game dilutes limited

resources on lower priority contaminants and, as a consequence, may hinder more rapid progress on high-priority contaminants.

States were also complaining that they were unable to effectively implement core elements of the program, much less the new and more stringent requirements of the act. Water systems complained that compliance costs may triple for new regulations with dubious scientific merit, including contaminant issues that were not in their State significantly affecting small water systems.

In 1996, Congress stepped in to stop the chaos the Safe Drinking Water Act was causing. Those reforms to the act are now the current statute. Like Mr. Perciasepe, Congress declared that quantity was not the true measure of whether EPA was doing its job, but, rather, the quality of the work it was doing.

Congress removed the quota and instead required EPA to prioritize contaminants it examined for regulation, based upon public health concerns. Congress then required EPA to decide whether those contaminants may have an adverse health effect, are substantially likely to occur in drinking water systems, and if regulation presented a meaningful opportunity for health risk reduction. If so, EPA must regulate. If not, the States could regulate or EPA could provide information to concerned persons on that contaminant.

Finally, Congress demanded the use of high-quality science and made the EPA set a protective level goal, but to allow for technical and economic feasibility considerations so long as there is an adequate safety margin in the final number.

This seemed like a reasonable way to protect public health, by prioritizing the biggest threats while ensuring that quality, science, and practicality played a role in the regulations that would be issued.

No one expected there would not yet be a single regulation that went from start

to finish under the regime instituted in the Safe Drinking Water Act in 1996. What they expected was thoughtful consideration and action where public health benefits were clear.

Since 1996, EPA has been regulating contaminants in drinking water. EPA has regulated arsenic, revised its total coliform rule, issued new rules on stage 2 disinfection byproducts, surface water treatment, and filter backwash, and is angling to finish the lead and copper rule this year. EPA has reviewed eight contaminants and decided they do not merit regulation and issued public health advisories on several contaminants.

These aren't small jobs. These are real actions that advance public health protection, and they should not be discounted. No system is perfect, but why would we give up an evidence-driven, science-based objective with practical systems, only to revert to a system driven by the notion that quantity makes quality.

It is always useful to examine laws to see if something can be done better, and there may well be a few improvements to be made here and there. However, before we get carried away in the rhetoric, let's consider the lessons of history so we don't go back and make the same mistakes twice.

I want to thank our witnesses for making the time to be with us.

And, Mr. Chairman, with that, I yield back my time.

[The prepared statement of Mr. Shimkus follows:]

\*\*\*\*\* COMMITTEE INSERT \*\*\*\*\*

Mr. Tonko. Thank you. The gentleman yields back.

The chair now recognizes Mr. Pallone, chairman of the full committee, for 5 minutes for his opening statement.

Chairman Pallone, please.

The Chairman. Thank you, Chairman Tonko.

Safe drinking water obviously is essential to our Nation's public health, and never has that been more clear than during this pandemic. And right now families are struggling to keep the water turned on so they can wash their hands to stay safe. And in too many communities, families are also worrying that contaminants in their water, including forever chemicals like PFAS, have weakened their immune systems and made them more susceptible to COVID-19, and this simply should not be happening.

Every American should be able to turn on their tap confident that the water coming out is safe and healthy. This should be true for all communities, including environmental justice communities. Where you live should not play a factor in whether or not your tap water is clean and safe. And that should be true for the most vulnerable among us too, including pregnant women, infants, children, the elderly and those with underlying conditions.

Unfortunately, there are fundamental weaknesses in both the design and implementation of the Safe Drinking Water Act that leave us all at risk. And the first fundamental problem is that the current water standard-setting process, which was developed in 1996 through changes to the law, simply does not work.

Right now, there are 90 drinking water standards in place, covering contaminants or groups of contaminants, and all but six of those standards were established before the 1996 changes. The six standards put in place since then were all established under

special statutory procedures. So in the last 24 years, the EPA has not been able to set a drinking water standard under the general process.

Another fundamental problem is that the Safe Drinking Water Act is not designed to produce health-based standards. Four years ago, this committee worked together in a strong bipartisan fashion to revise the Toxic Substances Control Act from a regulatory system based on cost-benefit analysis to one based on health protections. And I think we need to do it again now for the Safe Drinking Water Act.

And a third fundamental problem with the Safe Drinking Water Act is that it leaves far too much discretion to the EPA. The Trump EPA has used and, in my view, abused this discretion to move us in the wrong direction on drinking water safety. It has squandered the opportunity to strengthen our drinking water standard for lead. It has slow-walked efforts to set a standard for PFAS instead of using its authority to set interim standards, and it has abandoned the effort to set a standard for perchlorate after more than a decade of agency effort.

So for nearly a quarter century, we have depended on the protections of drinking water standards put in place before the 1996 amendments, as well as State standards and voluntary efforts by water utilities who want to do the right thing, but these efforts can only get us so far. We have to strengthen the Safe Drinking Water Act to ensure that everyone has access to drinking water that is safe and healthy.

And this important hearing continues the work of the subcommittee to explore how the Safe Drinking Water Act should be reformed.

I want to thank Chairman Tonko for his leadership in this effort and also today's witnesses.

And I yield back. I don't know how much time is left, but I yield it to Ms. Dingell.

[The prepared statement of The Chairman follows:]

\*\*\*\*\* COMMITTEE INSERT \*\*\*\*\*

Mrs. Dingell. Thank you, Chairman Pallone, for yielding. And thank you, Chairman Tonko, for holding this important hearing today.

As we know, we have needed reforms for a long time to this law so that we are protecting future generations. Access to clean and safe drinking water is a fundamental human right, and this has become even clearer in the middle of the COVID-19 pandemic.

At its core, the Safe Drinking Water Act was designed to ensure everyone is afforded that human right. But over recent years, it has become evident that the standard-setting process isn't working, and this includes for mitigating new, harmful, emerging contaminants like PFAS. We know that PFAS is a forever chemical. We know it causes damage, and when it goes in your body, it doesn't come out.

It is time we improve the standard-setting process to one that works efficiently and in a timely manner and that is health-based and covers vulnerable populations.

Thank you, Mr. Chair, and I yield back.

[The prepared statement of Mrs. Dingell follows:]

\*\*\*\*\* COMMITTEE INSERT \*\*\*\*\*

The Chairman. And I yield back, Mr. Tonko.

Mr. Tonko. The gentlelady yields back. To Mr. Pallone.

Mr. Pallone yields back.

The chair now recognizes Mr. Walden, ranking member of the full committee, for 5 minutes for his opening statement, please. Mr. Walden.

Mr. Walden. Thank you, Mr. Chairman.

Almost 2 years ago, Congress capped off for the first time in 25 years the comprehensive reauthorization of the Safe Drinking Water Act. Driven by this committee, the act had overwhelming bipartisan support and focused on improving utility compliance, aiding State efforts to help drinking water systems, bringing innovation and resilience to the drinking water sector, bettering management of utility assets and greatly improving poor performing water systems. The legislation continues to make a difference today, and I am glad that we can be part of that, Mr. Chairman.

Today's hearing, though, is focused on perhaps a more contentious aspect of the Safe Drinking Water Act, efforts to make substantial changes to the regulatory process for contaminants under the Safe Drinking Water Act.

In my experience, any significant change to a core environmental law requires overwhelming bipartisan support. Knowing this issue is quite important to you and to members in your caucus, I wanted to lay out some areas of importance to me and my fellow Republican Members.

First, we believe objective science should guide decisions. The Safe Drinking Water Act currently requires that science be at the forefront of decision-making processes, and we believe this must remain the case to protect public health. Facts and science matter.

Second, we are concerned about efforts to eliminate risk from the act. Specifically, some have called for the removal of the current statutory criteria focused on, quote, "meaningful health risk reduction," close quote, or that the contaminant's occurrence be, quote "at a frequency and at levels of public concern," close quote.

This would almost certainly result in community water systems spending significant resources on the reduction of contaminants that may not present a significant threat to public health. It also would require EPA to promulgate regulations that there would be little or no meaningful public health benefit from.

Issuing numerous drinking water regulations for contaminants that don't occur at levels of health concern will actually divert limited resources from more important actions to assure safe drinking water, like lead service line removals. We must ensure that finite public resources are focused on those contaminants for which public health risks are real and can be reduced.

Additionally, we must be mindful of the burden reforms would have on States, particularly because they would need to keep up with their responsibilities as the primary enforcers of Federal regulations. The States are already stretched thin. It is not smart to overregulate them to the point they are forced to return operations of their drinking water programs to the Federal Government because of underfunded mandates ill-conceived reforms would place on them.

Third, we are concerned about waking the ghosts of the 1986 amendments by placing EPA on an accelerated treadmill of regulatory decision-making quotas and increasing the rolling 3-year cycle of regulatory determinations. They are apprehensive about the impact this would have on the scientific community's ability to provide the health effects research and high-quality peer-review risk assessments needed to establish regulatory goals for the increased number of contaminants that the EPA would be

required to regulate.

Again, Mr. Chairman, Republicans believe science and facts matter. We understand that some people would like to see the Federal Government act more frequently to regulate. However, the quality of the work is much more important than the quantity of the pages in the Federal Register.

Fourth, we believe the cost and benefit provision should remain part of the Safe Drinking Water Act. One unfortunate impact of its removal is that it could require EPA to establish stringent regulatory standards based only on feasibility of large water systems.

That could leave small water systems with no affordable options and force States into a burdensome administrative process. So its smaller systems could potentially use technology that less effectively removes the contaminant. This is an especially punitive no-win sanction on rural and small communities and State governments.

Mr. Chairman, I do appreciate your ambition in tackling this topic. I wonder whether some of the concerns you have are better remedied with implementation improvements rather than statutory overhauls, and I hope our witnesses can help us better understand that and other questions.

So I appreciate their willingness to testify and I welcome our witnesses.

And I yield back the balance of my time.

[The prepared statement of Mr. Walden follows:]

\*\*\*\*\* COMMITTEE INSERT \*\*\*\*\*

Mr. Tonko. Thank you, Mr. Walden. The gentleman yields back.

The chair would like to remind members that, pursuant to committee rules, all members' written opening statements shall be made part of the record.

I now will introduce the witnesses for today's hearing. We begin with Ms. Mae Wu, senior director of Health and Food, Healthy People and Thriving Communities Program with the Natural Resources Defense Council.

Next, we have Ms. Shellie Chard, director of the Water Quality Division and Oklahoma Department of Environmental Quality, on behalf of the Association of State Drinking Water Administrators.

And then we have Ms. Diane VanDe Hei, chief executive officer, Association of Metropolitan Water Agencies.

I now recognize Ms. Wu for 5 minutes to provide an opening statement.

**STATEMENTS OF MAE WU, SENIOR DIRECTOR, HEALTH AND FOOD, HEALTHY PEOPLE AND THRIVING COMMUNITIES PROGRAM NATURAL RESOURCES DEFENSE COUNCIL (NRDC); SHELLIE CHARD. DIRECTOR, WATER QUALITY DIVISION, OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY, ON BEHALF OF ASSOCIATION OF STATE DRINKING WATER ADMINISTRATORS (ASDWA); AND DIANE VANDE HEI, CHIEF EXECUTIVE OFFICER, ASSOCIATION OF METROPOLITAN WATER AGENCIES (AMWA)**

**STATEMENT OF MAE WU**

Ms. Wu. Thank you, Chairman Tonko.

Good morning, chairman, Ranking Member Shimkus, and members of the subcommittee.

My name is Mae Wu. I am the senior director for Health and Food at the Natural Resources Defense Council, and thank you for this opportunity.

I still remember vividly my friend Gary, which isn't his real name, returning home from the hospital after his colon had ripped open and he almost died. He had ulcerative colitis and had his colon removed. And I saw a guy who used to bike 8 miles a day barely be able to walk around the block. He had dropped 50 pounds in 6 weeks. He can't eat fresh vegetables. He can't be away from a toilet now for more than a few hours at a time. He can't go camping with his 5-year-old daughter. He is missing dance recitals. And he and his wife have to recalibrate what their future will look like.

I bring up Gary's story to highlight the cost of disease beyond the final total on the medical bill. EPA can exploit its inability to quantify these intangibles to set weaker drinking water standards. This and other problems in the Safe Drinking Water Act have left EPA unable and perhaps unwilling to set health protective standards despite science

that demands otherwise.

The 1996 amendments created a new process to regulate contaminants, but it is broken. Take perchlorate, for example. By the 1990s, science showed that perchlorate exposure to pregnant women could significantly interfere with developing brains of fetuses and infants, with significant lifetime consequences, and it was found contaminating the drinking water of millions of Americans.

In 2011, EPA finally announced that it would regulate it, which triggered important statutory deadlines. But those deadlines came and went with no perchlorate standard. And now the Trump administration is trying to defy a court order requiring EPA to act on the 2011 finding. And I should note that NRDC has challenged that delay in court and is now challenging this most recent action.

History may soon repeat itself. EPA recently made a preliminary decision to regulate PFOA and PFOS, and a massive study shows a link between PFOA-contaminated water and ulcerative colitis, kidney and testicular cancer, and other harmful effects. And it is found in the drinking water of millions of Americans. But without important changes to the Safe Drinking Water Act, we may not see PFOA and PFOS standards that protect the most vulnerable populations.

So here are five things that could fix the statute: First, fix the legal standard. EPA should regulate a contaminant when, one, it may have an adverse effect on human health; and, two, it occurs in water at levels of public health concern. The third element in the current law requiring the administrator to find that there is a, quote, meaningful opportunity to reduce risk is unnecessary when the first two are already in place.

Second, we should stop allowing EPA to cherry-pick contaminants not to regulate. Over the past 17 years, EPA has made final decisions about 25 unregulated contaminants and decided not to regulate 24 of them. The 25th is perchlorate, which remains

unregulated.

The statute should push EPA to act. For example, finding a contaminant in the water of a lot of people at levels above a scientifically derived value should automatically trigger a regulation. And EPA should be required to regulate certain high-hazard contaminants that have language that is unregulated for far too long.

Third, to get rid of the extra cost-benefit analysis. EPA is required to set drinking water standards based on feasibility, meaning using the best technology available and taking cost into consideration. But then EPA can make the standard weaker than is feasible if it finds the benefits do not justify the costs.

The problem is that while costs of regulation are fairly straightforward to quantify, the benefits are often undercounted. For perchlorate, EPA didn't consider many benefits, like reduced likelihood of ADHD and autism in children or people's willingness to pay for better water or calculate the co-benefits of reducing other contaminants when treating for perchlorate.

When it is developing the PFOA and PFOS regulation, will EPA quantify the intangible impacts of disease like Gary's when calculating the benefits of a regulation? If not, it could end up ineffectively weak.

Fourth, standards need to be as stringent as feasible and not just consider but protect pregnant women, infants, children, and other vulnerable populations.

And finally, EPA needs to move beyond the whack-a-mole approach toward a class-based approach. PFOA and PFOS are but two of more than 7,000 chemicals in that class. And while U.S. manufacturers recently phased out PFOA and PFOS production, their replacements are showing similar adverse health and environmental effects. Going one by one or even two by two will leave drinking water contaminated with toxic forever chemicals for hundreds of years.

EPA needs to take a class-based approach to regulating drinking water. Thank you.

[The prepared statement of Ms. Wu follows:]

\*\*\*\*\* COMMITTEE INSERT \*\*\*\*\*

Mr. Tonko. Thank you, Ms. Wu.

And now we will move to Ms. Chard. You are recognized for 5 minutes for your opening statement, please. Please unmute if you haven't.

#### **STATEMENT OF SHELLIE CHARD**

Ms. Chard. Sir, I am having a little connectivity issue this morning. I apologize.

Mr. Tonko. We can hear you.

Ms. Chard. Good morning, Subcommittee Chairman Tonko and Ranking Member Shimkus, members of the subcommittee.

Thank you for this opportunity to speak with you on how we can best address the protection of public health through collaborative partnerships among the States, Tribes, territories, and the Federal Government in implementing the Safe Drinking Water Act.

My name is Shellie Chard. I am the president of the Association of State Drinking Water Administrators, whose members include the 50 State drinking water programs, five territorial programs, the District of Columbia, and the Navaho Nation.

ASDWA members have primary responsibility for implementing the Safe Drinking Water Act. Our members and our staff provide technical assistance, support and oversight of drinking water programs, which is critical to ensuring safe drinking water.

I am also the water quality director for Oklahoma DEQ, where I oversee drinking water, wastewater, and operators' training and certification programs. Today I will discuss ASDWA'S perspective on Safe Drinking Water Act, Section 1412, and the drinking water standard-setting process.

Over time, there has been a shift away from the methodical process of developing

regulations based on the best available peer-reviewed science and in collaboration with the States to an approach based more on litigation and the highly publicized events. This shift has contributed to the fragmentation of regulatory development and is not fulfilling the needs of regulators, the regulated community, or the public.

We would like to highlight six key points today: First, EPA must set standards in a reasonable timeframe and using sound science and collaboration with the States. The timeline to develop a new standard must be reasonable. The process must strike a balance between being too long that we lose confidence in the process and being too short where EPA fails to properly engage the States or to consider best available science and cost of regulations, which are both essential to the standard-setting process.

Second, we believe that EPA must consider the availability of and help develop appropriate testing methods, laboratory capacity, treatment technologies and Federal and State data systems. While establishing maximum contaminant levels is the goal of the Safe Drinking Water Act standard-setting process, it is useless unless there are appropriate analytical test methods and laboratory capacity to conduct the analysis as well as affordable, effective treatment technologies.

Finally, data systems must exist for both EPA and the States in order to properly track and report compliance. EPA must consider the differences in water system characteristics, based on geography, population served, affordability and source water.

In order to ensure compliance with Federal standards, it is important to consider the site-specific characteristics of the water system. One size does not fit all in terms of water sources, population, geographic separation, local economic conditions and other factors that should be appropriately considered.

Fourth, EPA must be clear in its regulatory framework. It is critically important that the standards set and the compliance determination specified in the rulemaking be

clear and understandable for regulators, the regulated community, and the public. The differences in immediate health impact versus potential long-term impacts have been distorted over time. Health advisories are not an appropriate long-term solution for contaminants and should not be used as de facto standards.

Fifth, EPA must consider the need for workforce training and assist the water sector in achieving a sustainable workforce. As new standards are established, public water supply operators and laboratory staff must understand the various technologies and testing that is required.

As experienced operators retire, it will be vital to the protection of public health that new operators are recruited and are trained to implement Safe Drinking Water Act requirements.

Finally, EPA must consider the need for funding and Congress must assist EPA and the States to have increased funding. Safe drinking water programs have received an increase of 4 percent funding in 2020. However, the total funding gap for State drinking water programs has increased by \$197 million since 2011.

Without adequate funding for EPA to fulfill their obligations and for States to meet their responsibilities, protection of public health through drinking water programs is much more challenging.

In conclusion, ASDWA applauds Congress for hosting this hearing to gain insight on potential policy changes to strengthen the Safe Drinking Water Act. We believe that there are opportunities to optimize and improve existing standard-setting and implementation of new standards. It is the implementation of the standard that protects public health, not the standard itself.

With the global pandemic continuing, all citizens need access to safe drinking water for handwashing, personal hygiene, and for drinking.

ASDWA looks forward to continuing this dialogue with you and with EPA, and we are happy to answer any questions. Thank you.

[The prepared statement of Ms. Chard follows:]

\*\*\*\*\* COMMITTEE INSERT \*\*\*\*\*

Mr. Tonko. Thank you, Ms. Chard. Thank you very much.

And finally, we will hear from Ms. VanDe Hei. You are recognized, please, for 5 minutes.

#### **STATEMENT OF DIANE VANDE HEI**

Ms. VanDe Hei. Chairman Tonko, Ranking Member Shimkus, and members of the subcommittee, the Association of Metropolitan Water Agencies, or AMWA, appreciates the opportunity to offer our thoughts today on the best approach to regulating drinking water contaminants under Section 1412 of the Safe Drinking Water Act.

I am Diane VanDe Hei, AMWA's chief executive officer. AMWA is an organization representing the Nation's largest publicly owned drinking water systems, and our members collectively serve more than 155 million people.

As municipal public entities, our owners are our ratepayers. We report to no investors and collect no profits. Any expenses incurred by publicly owned drinking water systems are ultimately paid for by the community, the residents of a given community through their water rates or other municipal investments. This is why our members strive to be careful with each ratepayer dollar. We appreciate the subcommittee for undertaking the hearing virtually, in light of the COVID-19 -- in light of COVID-19.

It is also important to remember that professionals who operate community water systems nationwide do not have the luxury of telework. They remain on duty in the field operating pumps, making emergency repairs, and monitoring water quality.

But the economic fallout of the pandemic will still hit water systems and their customers hard, even as many water systems have halted water service shutoffs for nonpayment during the public health emergency.

As Congress continues its response to COVID-19, emergency revenue assistance for community water systems and funding to prevent low-income households from falling behind on their water bills must be part of the equation.

On the topic of today's hearing, AMWA has submitted an extensive statement for the record, but we have a simple message. Everyone agrees that Federal drinking water standards should call for safe, clean water that is free of contaminants that pose public health threats.

But we also must remember that treating water to high standards requires significant investments in chemicals, equipment, and professional staff. All of these carry a cost which is ultimately borne by the ratepayers. It is, therefore, appropriate that any law that guides the standard-setting process must consider both cost and public health benefits.

AMWA was proud to participate in the development of the 1996 SDWA amendments, which wisely took the local cost of regulatory compliance into account.

This was a critical improvement over the previous 1986 iteration of the act, which had directed EPA to promulgate dozens of new regulations within a set timeframe.

This meant that success was measured by the number of new regulations enacted, thus forcing the agency to attempt to set standards for many contaminants, regardless of whether they were likely to be found in the Nation's water supplies at levels of concern.

Communities were then forced to divert resources towards screening for this growing list of substances, rather than focusing their investment on specific substances that may pose a greater risk to public health.

These additional compliance costs were paid for by the members of the public, some of whom were, just like today, already struggling with their affordability challenges.

The 1996 amendments, as many have said today, implemented a three-part test for EPA to follow in determining whether a new regulation is warranted: Whether the contaminant may harm public health, whether there is a substantial likelihood that the contaminant will occur in public water supplies at a frequency and at levels of public health concern, and whether a regulation presents a meaningful opportunity for health risk reduction among individuals served by the public water system.

My written statement provides more details, but AMWA believes that each of these criteria are critical to focusing attention and limited resources on contaminants that pose the biggest threat.

When EPA does move forward with a new drinking water regulation, the 1996 amendments require transparency and focus on the valid scientific data to guide the results. EPA must also consider the effects of the contaminant on the general population as well as vulnerable subpopulations who may be at greater risk. Ultimately, all these factors are transparently weighed and used to justify a new regulation.

This is difficult work, and there can be legitimate differences of opinion on how stringent a regulation should be, but that is why it is important for the act to clearly outline the factors EPA must consider and require the ultimate decision to be made with input from the public.

In our view, the best regulatory approach balances science-based public health protection and water service affordability priorities. AMWA believes that the 1996 amendments do this well and should remain the basis for their Safe Drinking Water Act regulatory framework.

Thank you for the opportunity to testify today. I will be happy to answer any

questions you may have. Thank you very much.

[The prepared statement of Ms. VanDe Hei follows:]

\*\*\*\*\* COMMITTEE INSERT \*\*\*\*\*

Mr. Tonko. You are most welcome and thank you, Ms. VanDe Hei.

And to all of our witnesses, thank you for bringing your experience and your expertise to the table and enabling us to move forward with the best public policy.

We will now move to member questions, and I will start by recognizing myself for 5 minutes.

Americans should be able to turn on the tap in any community across our country with confidence that the water coming out is safe and the water is healthy.

That is what the Safe Drinking Water Act should ensure. But Hoosick Falls near my congressional district is just one of too many communities across our country that have learned the hard way that our drinking water law is not working.

Communities impacted by lead, by PFOS, by chromium, by cyanotoxins and more are turning to State laws, local bond measures, and voluntary efforts by water systems to make the water safe. The Federal Government has not done enough to help these partners or to guarantee safe drinking water for all.

So, Ms. Chard, how are States leading the way in addressing drinking water safety?

Ms. Chard. Sir, that is a very important point. We expect and should have safe drinking water available to all of our citizens. And States do have various authorities. We are seeing some States that are setting very specific regulatory limits.

Congress envisioned this could be a possibility, not only in the Safe Drinking Water Act but also the Clean Water Act, in giving States some autonomy to set limits above and beyond what EPA may choose to do.

We are seeing States that, based on their local issues, their local concerns, they are taking money that would go to technical assistance or some other work and spending

that on those standard-setting processes.

We see addressing, you mentioned cyanotoxins. Harmful algal blooms are a particular big deal. It impacts not only drinking water but also recreation. We see States working across programs much more so than sometimes we see at the Federal level. So employing some Clean Water Act tools to help protect our drinking water source water.

So it is very much a State-specific approach. And we also see communities may go above and beyond even what their State requires where they have the resources, the need, and identify approaches.

We also see the use of innovative technologies or old technologies used in new ways in order to address some of those emerging contaminants of concern.

Mr. Tonko. Okay. I appreciate that. I just wanted to get to some of our other questions here.

Ms. VanDe Hei, what are water utilities doing to address PFOS even without a Federal standard?

Please unmute.

Ms. VanDe Hei. I think I am unmuted.

Mr. Tonko. Okay. We can hear you.

Ms. VanDe Hei. Okay. PFOS to me, even when EPA came out with its health advisory, was a surprise. It was not out in the open. I learned about it from someone in California, so it was a surprise.

But today, you have water systems, including Cape Fear, including Ann Arbor, and I am sure there are others, who are treating the water for PFOS, primarily using granular activated carbon. That is the one I am most familiar with.

So it is water systems who have it. And the public fear that it has ignited has

forced them to go ahead with treatment without a standard in place. And the treatment that is needed for PFOA or PFOS is not cheap. It is not cheap. It is granular activated carbon, for the most part. It needs to be found. It needs to be developed as a treatment technique. It needs to be regenerated. When it is of no use then it needs to be disposed of. And that becomes a real question about, well, how is it disposed and what are the innate challenges with that.

Mr. Tonko. Thank you.

And, Ms. Wu, should our public health and the safety of our drinking water depend on voluntary efforts by water utilities and State-by-State standards?

Ms. Wu. No. I mean, we want to make sure that everybody is protected, not just those people that happen to be lucky enough to live in States that want to take the right action or, you know, living with the right water systems that want to take the right action.

Mr. Tonko. Exactly. Now, do you believe that SDWA needs to be reformed? And, if so, what are the most important steps Congress must take to strengthen SDWA and ensure that safe drinking water is there for all?

Ms. Wu. Yes, I mean, absolutely. I think it is quite broken and there are things that we should do, including fixing that legal standard, making sure that we don't have to do an extra layer of cost-benefit analysis, the feasibility requirement already includes taking cost into consideration, that we should make sure that it is protecting the most vulnerable populations and that the, you know, science is important.

So we also have to make sure that we don't have outsized, industrial, you know, interference in developing that science, that really it is looking at public health and how do we protect people as best we can.

Mr. Tonko. Thank you.

I agree that the Safe Drinking Water Act needs to be reformed, that the time to act is now. I certainly thank the witnesses for their testimony and look forward to continuing to work with you as we move forward to reform the Safe Drinking Water Act.

With that, the chair recognizes Mr. Shimkus, subcommittee ranking member, for 5 minutes to ask questions, please.

Mr. Shimkus. Yeah. Thank you, Mr. Chairman.

Let me go to Ms. VanDe Hei. And let's just stay on PFAS, P-F-A-S, the class of chemicals. Ms. Wu said 7,000. EPA says 5,887. There are only 29 that we can detect in water.

How would a local water utility test for all 5,887 and what would that cost be, or could they even do it?

Ms. VanDe Hei. Ranking Member Shimkus, I do not believe the capability is there at this time for every water system to test for 5,000 forever chemicals, as they have become known, to test for.

They need those techniques. They need the testing methods. They need EPA in particular to make the determination on which of those contaminants present the most significant threat to public health. And it is those contaminants that water systems will comply with.

Mr. Shimkus. Let me follow up too, because another debate we will have probably is on the problem with Flint. And Flint was a problem of cost. Flint was a problem because they took over their own water system and then they tried to cut corners and they didn't treat properly per the rules and regulations. Is that correct?

Ms. VanDe Hei. That is correct.

Mr. Shimkus. So, to keep cost out of this debate is ridiculous, because it does cost money to meet these standards, and when you try to cheap out, you hurt the very

people that you are supposed to locally protect.

And, again, there are, again, EPA, 5,887. Who is to say that that one chemical formulation of PFAS that goes into a heart stent is not a life-saving element for that person who needs it? Or who is to say that that one PFAS formulation that goes into a coron occluder (ph) that plugs the heart of a newborn child?

It is critical that if we are going to spend money to make sure our water is safe, we use science and we don't use emotion. Would you agree?

Ms. VanDe Hei. I totally agree.

Mr. Shimkus. And in the 1986 amendments to the Safe Drinking Water Act, you know, Congress was frustrated, so it said, do this amount and then every certain number of years do this amount. And what was the effect of that?

Ms. VanDe Hei. The effect of that was that water systems were left with standards of contaminants that rarely occurred in their water supply, but that doesn't mean that they did not have to monitor for, test for, report on. They had to put resources into those contaminants.

I have to tell you something, Congressman. I went back into the archives at EPA today, trying to find an EPA press release that I had found years ago. I could not find it because the archives are no longer being maintained.

But in the archives at EPA -- and you can find today -- the headline on one of them from May 19, 1992, and the headline is, EPA press release: "EPA sets standards for 23 contaminants."

How did they do that with taking science into account, taking occurrence into account, taking those things that really drove the development of the Safe Drinking Water Act of 1996? Those things did not exist. EPA was able to develop a multitude of standards which I don't believe cost them a lot in the long run, but that lived with water

systems that did have to pay the cost for things that didn't occur in their water.

Mr. Shimkus. Yeah, let me finish up with this. Ms. VanDe Hei and Ms. Chard, would your organizations support Federal legislation that would likely result in EPA being forced to regulate numerous contaminants that are present in low concentrations, irrespective of whether such regulation offers meaningful public health protection?

Ms. VanDe Hei?

Ms. VanDe Hei. We would not.

Mr. Shimkus. Ms. Chard?

Ms. Chard. We would not.

Mr. Shimkus. All right. Thank you very much.

With that, Mr. Chairman, 18 seconds, I will yield back. I could ask another question, but I would be taking time.

Mr. Tonko. Thank you for yielding back.

The chair now recognizes Mr. Pallone, full committee chair, for 5 minutes to ask questions, please. Mr. Chair.

The Chairman. Thank you, Chairman Tonko.

I think it would surprise a lot of people to learn that our landmark law on safe drinking water is designed to set standards based on cost-benefit analysis instead of health protection, because the structure of the statute requires the EPA to set a maximum contaminant level goal based on health risk, but a goal is not a standard. And instead, the statute directs EPA to set standards that are weaker than the goal, based on cost-benefit analysis.

So I wanted to ask Ms. Wu: Right now the statute double counts, in my opinion, cost considerations. First, it limits standards of what is feasible, a term that, by definition, means that there is some amount of cost taken into consideration, but then

the statute layers on top of feasibility this cost-benefit analysis, which further weakens protections, based on price calculation.

So, you know, I guess my question, Ms. Wu, do you think that our drinking water standards should be set based on health risks? I mean, should we get rid of this cost-benefit analysis? Should we still keep the feasible standard? What is your opinion so that we get to this health risk goal and not put so much emphasis on cost consideration?

Ms. Wu. Yes, I agree. The feasibility part of the standard does require that costs be taken into consideration already. So really, the cost-benefit analysis, like you said, is an extra added layer. And there are so many problems with how you do cost-benefit analysis, especially the fact that you can often undercount the benefits.

So the benefits with it often are outweighed by the costs when you do that analysis. So then it just gives EPA that much more reason to further weaken the standards. So really just focusing on feasibility, which already account for costs, is enough.

The Chairman. Okay. Then let me go to another question I wanted to ask. Maybe I will ask everybody this one.

There is an important concern under the Safe Drinking Water Act, in my opinion, with regard to the protection of vulnerable populations, which includes infants, children, pregnant women and the elderly. So can I ask the witnesses maybe just yes or no. Let me just ask yes or no if the witnesses agree that infants, children, pregnant women and other vulnerable populations should be able to safely drink their tap water?

Ms. Wu, yes or no?

Ms. Wu. Yes, absolutely.

The Chairman. Ms. VanDe Hei?

Ms. VanDe Hei. Yes, sir.

The Chairman. And finally, Ms. Chard, yes or no?

Ms. Chard. Yes.

The Chairman. Okay. Then let me ask, let me go back to Ms. Wu along the same lines, but if you could elaborate. In your view, does the Safe Drinking Water Act currently protect vulnerable populations and, if not, what more needs to be done, in your opinion?

Ms. Wu. Right now, I don't think it does. And what needs to happen is beyond just saying that the EPA should consider vulnerable populations when it is looking at doing the standards, they should be more explicit, that EPA actually needs to set regulations that actually protect vulnerable populations.

I think that explicit level needs to be added to it, because EPA hasn't been doing a good job about accounting for and then protecting those populations.

The Chairman. And then I know 4 years ago this committee came together and agreed that chemical substances are not safe if they aren't safe for vulnerable populations. And so I am hoping that we can all agree that the same be true for our drinking water, because, you know, we can't really say that our drinking water is safe unless it is safe for all.

Ms. Wu, are you familiar with what we did with the chemical substances with regard to vulnerable populations? Are you familiar with what we did with that?

Ms. Wu?

Ms. Wu. Unfortunately, I am not as familiar with the TSCA as I am with the Safe Drinking Water Act.

The Chairman. Well, I know Mr. Shimkus and Mr. Tonko are familiar with TSCA. And I would say that we should try to use the same example, but that is for another day.

Thank you very much.

Thank you, Chairman Tonko.

Mr. Tonko. You are welcome. And the gentleman yields back.

And I understand, Mr. Shimkus, that Mr. Walden had to step out.

Mr. Shimkus. Correct.

Mr. Tonko. I believe we will go next to --

Mr. Shimkus. McMorris Rogers.

Mr. Tonko. Representative Rogers. Representative Rogers, you are represented for 5 minutes, please, for questions.

Please unmute.

Mrs. Rodgers. There I go.

Mr. Tonko. How are you?

Mrs. Rodgers. Okay. It took me a little bit there. Sorry.

Mr. Tonko. That is okay.

Mrs. Rodgers. Thank you, Mr. Chairman.

We all agree on the importance of ensuring safe and reliable drinking water for our communities. It is not a partisan issue and we should be working together on bipartisan solutions. For example, last year I worked with Congresswoman Blunt Rochester on the Safe Drinking Water Assistance Act of 2019, which was included in fiscal year 2020 NDAA and will help communities mitigate the risk posed by emerging contaminants such as PFAS.

In addition to working across the aisle, it is also critical that we work within the realm of the best available science. In 2016, the Obama EPA imposed unattainable water quality standards on Washington State under the Clean Water Act. These regulations were not based on science, but aspirational goals. Despite hundreds of

millions of dollars spent by cities and businesses in eastern Washington, these standards were not attainable by any kind of technology, and there is no evidence that they were even necessary for public health.

Thankfully, the current EPA revised these standards earlier this year. And while we are discussing the Safe Drinking Water Act here, I think the same lessons apply. As water testing methods improve, we are able to detect substances in our drinking water on a much more granular level, in parts per trillion or even quadrillion.

However, our ability to test a more granular presence of a substance does not mean we should impose burdensome standards that have no evidence of improving public health and are, frankly, not attainable.

Ms. VanDe Hei, I am concerned that people may be focusing too much on contaminant detection in order to regulate rather than establishing a safe level at which adverse health effects are expected. Is it true that there are many contaminants that may be present in drinking water but at levels below concentrations that have risk of adverse health effects?

Ms. Wu. Congresswoman, I think that is exactly right. I think we tend to confuse the ability to detect with an impact on public health. Chemists make their living lowering the detection level, and we have seen that over time, over time, over time. We used to measure in parts per million, parts per billion, parts per trillion, and it won't be long where we will be able to detect even lower than that.

But it is not safe to assume that as we detect lower and lower that that influences public health protection. That is where the science needs to come in.

And I believe, and I hear people talk about, oh, this can be detected at such and such a level and so you should treat to that, where in many cases we cannot. And we shouldn't follow that road.

Mrs. Rodgers. Thank you.

Just as a followup, there is an argument that the lack of EPA regulations is because of the focus on meaningful health risk reduction and contaminant occurrence frequency at levels of public health concern rather than the mere presence of any level of contaminant.

Would you be concerned if regulations without these criteria forced water systems to spend significant amounts of funding to reduce contaminants when there will be little or no public health benefit?

Ms. VanDe Hei. I would be very concerned. I think that that is a discussion that we should all have, but a meaningful benefit I think is essential to making sure that we are prioritizing those contaminants that are of greatest risk to public health.

When you add something like may or something a little less meaningful, I don't understand why may is better than meaningful when I know when something is meaningful. And yes, that is interpretable, but so is may.

So I think the current standard-setting structure is good, but I would also like to say that we are open to discussion with this committee, any member of the committee, about the statute.

[12:05 p.m.]

Mrs. Rodgers. Well, what impact would there be on a municipality or a utility's ability to possibly address other public health threats too, just in the time remaining?

Ms. VanDe Hei. Well, every time they are spending resources on contaminants that are not of public health concern, you are still spending resources. So you need to take the funds that you do have and spend it on those things. Because, you know, the definition of vulnerable subpopulations has grown since it was first put into the statute. We now look broader at vulnerable populations. We see that in COVID-19. There are many more people who are vulnerable to disease, to be infected that are vulnerable populations.

And so we need to be able to consider what the impact of that has on our ability to have the resources to do these things in a manner that we want to. We want everybody to have quality -- high-quality drinking water, but that needs resources in order to do that.

Mrs. Rodgers. Super. Thank you very much.

I yield back.

Mr. Tonko. The gentlelady yields back.

We now move to the vice chair of the full committee, Representative Clarke, for 5 minutes for questions, please.

Ms. Clarke. Thank you very much, Mr. Chairman and to our ranking member, for holding today's hearing on the Safe Drinking Water Act. And thank you to our three witnesses for joining us and offering your testimony.

Our Nation's drinking water standards are in need of serious reform. And as we examine this topic, I believe it is critical that we ensure the most vulnerable among us are being protected both now and in the future.

Just 2 weeks ago, a group of organizations comprised of the National Partnership for Women & Families, In Our Own Voice, the National Asian Pacific American Women's Forum, and the Sierra Club released a report titled, "Clean Water and Reproductive Justice," detailing how the lack of access to clean drinking water across our Nation is particularly severe for women of color and their reproductive health.

Mr. Chairman, I would like to submit this report for the record.

The report notes --

Mr. Tonko. Without objection.

Ms. Clarke. The report notes -- Mr. Chairman?

Mr. Tonko. Yes. I said without objection. Thank you.

[The information follows:]

\*\*\*\*\* COMMITTEE INSERT \*\*\*\*\*

Ms. Clarke. Thank you, thank you.

The report states that, quote, the impact of lack of access to clean water is significant from disrupting people's daily lives to forcing untenable choices between paying for water or rent, to causing a wide range of health problems. One serious consequence of contaminated drinking water is harm to reproductive health, a cost that is borne disproportionately by women of color and their families, end of quote.

Ms. Wu, do you think that drinking water standards should be safe for women of color?

Ms. Wu. Yes, they should be.

Ms. Clarke. Do you think that our current drinking water standards sufficiently protect women of color?

Ms. Wu. I don't think they do, even the existing ones, but I also think that there are a lot that are missing that could protect women of color.

Ms. Clarke. Do you think that our current drinking water standards sufficiently regulate contaminants that impact reproductive health?

Ms. Wu. No, I don't think they do.

Ms. Clarke. Clearly, this is an issue that urgently needs to be addressed. In fact, in 2019, a collaborative of leading reproductive justice organizations known as Intersection of Our Lives released a groundbreaking nationwide poll which found that 62 percent of women of color consider clean drinking water to be an extremely important issue for Congress to swiftly act upon, right along with healthcare and racial discrimination.

Ms. Wu, can you discuss what actions Congress should take to assure that safe drinking water regulations protect vulnerable populations such as women of color and

their families?

Ms. Wu. So the Safe Drinking Water Act needs to be more explicit, that when it is setting the standards for drinking water contaminants, that these standards actually protect vulnerable populations, not that they have to consider them, but that they are actually protected. That is what is important to make sure we have.

Ms. Clarke. Lastly, I think it is also important to recognize this issue in the context of the COVID-19 pandemic, which has shed light on the deep and long-standing racial disparities in our Nation's healthcare system.

Ms. Wu, how is access to clean drinking water a social determinant of health? And why is it important when we consider the disproportionate impact of the COVID-19 pandemic on communities of color?

Ms. Wu. Well, more broadly, you know, environmental justice communities are struggling with a disproportionate burden from a lot of pollution sources, and we have found that when you look on a county level, as you see increasing numbers of communities of color or low-income communities or nonnative speakers, that you have higher rates of drinking water violations, that you have slower enforcement. So all of these things are a part of the lack and the less access to safe and affordable drinking water that communities that are already suffering just layer on top of them. And so, you know, access to running water is important under this crisis right now. And a lot of communities have had their water shut off, and that is unacceptable.

Ms. Clarke. Do you think that stronger drinking water standards, including those that best protect women of color, could have helped to mitigate the severity and lower the disproportionate health impacts that we have experienced with the COVID-19 pandemic?

Ms. Wu. Yes. Stronger standards would definitely help.

Ms. Clarke. Well, I thank you for your testimony here today.

Mr. Chairman, I yield back the balance of my time.

Mr. Tonko. The gentlelady yields back.

The chair now recognizes Representative McKinley for 5 minutes for questions.

Sir, your 5 minutes start now.

Mr. McKinley. Thank you, Mr. Chairman.

In reference back to that last questioning, I would like to have it if someone would provide the names of the water distribution companies or utilities that have actually shut off someone's water supply. So I would like to have that.

But, Paul, I really -- I want to talk more -- my line of questioning is more to you than it is our panelists, because having designed water systems in my career, I was looking forward to working on this drinking water issue in a bipartisan fashion. You and I have worked together on numbers of pieces of legislation before. And you have the reputation of being, on the Lugar Bipartisan Ranking Index, the 48th, 48th best, most bipartisan Member of Congress. So I thought we were going to be able to work together on this in a bipartisan fashion. But as of this morning, as of this morning, by 11 o'clock, our Republican committee had not been approached by one person in a way to work together as we develop this drinking water bill. Not one person. So it makes me suspicious that this is going to become another partisan legislation, partisan bill that is going to go nowhere.

Now, it is not the first time that this happened in this Congress. People are given hope that something is going to happen, but then -- on a variety of subjects, Paul. But then they get loaded down with parts and divisive policies, and the bills get stuck in the Senate, going nowhere.

Think about it, Mr. Chairman. H.R. 1. One of the primary things we wanted to

get done was get campaign finance reform. It died in the Senate, not one Republican voted for it on the House floor. There was no cooperation, no bipartisanship on it.

Infrastructure legislation. We hear people time and time again wanting to have infrastructure legislation, but we don't pass it because it is part of the way it is put in, partisan. We only had three Republican votes on it.

Drug pricing bill, Paul. We all wanted to have drug pricing bills, but the only bill that got passed down on a partisan fashion only had two Republican votes.

And then we talked about earlier today, Mr. Chairman, the PFAS legislation, PFAS, and drinking water. We could have done something together in a bipartisan fashion, but instead of working in that cooperation, your leadership put poison pills to discourage Republican support. As a result, that legislation is stuck in the Senate, and people are still exposed to a contaminant that they shouldn't be exposed to, because people want to play politics here in Washington.

Paul, it doesn't have to be this way. You are seeing my frustration with this. It doesn't have to be this way. The Energy and Commerce Committee has a track record of being very cooperative, very bipartisan on a lot of matters. And just think about it, just think of some that I have rattled off. On reforms to TSCA that you and John Shimkus were involved with, done. The Brownfields legislation, bipartisan, done. 21st Century Cures, bipartisan, accomplished. Opioid legislation, major pieces of legislation, they were all done in a bipartisan fashion.

But, apparently, you are under tremendous pressure from the Democratic leadership that seems to be more interested in dividing rather than consolidating, unifying this country. This drinking water bill seems to be more of something that you want to score ugly political points on rather than get something accomplished.

But, Paul, we can work together. You and I can work together. But I have got

to tell you that the cost-benefit analysis is going to be one of those key things early on that is going to cause us a problem with it. It is a nonstarter.

Let's just hold for a second. Your Democrat staff has implied that over the next 6 months -- and this is very touching -- over the next 6 months, they have no need for bipartisan action and support, because 6 months from now, you all may actually control the President, the White House -- or excuse me, the White House, the Senate, and the House. And so they are seemingly coming across to us in a way that says we are just going to wait it out, and then we don't need bipartisan support; we will just do whatever we want to do.

So we are seeing over the next 6 months, as a result of that attitude, you are not going to see a campaign finance report. We are not going to see infrastructure work. We are not going to see drug pricing, and we are still going to be drinking foul, contaminated water.

So, Paul, my question primarily would be back to you, Mr. Chairman. What can we do to work together to get a drinking water bill that actually can be passed into law, signed, and help everybody, or are we just waiting until the next election?

Mr. Tonko. Yeah. I can tell you the -- can you hear me?

Mr. McKinley. Yes.

Mr. Tonko. I can tell you the issue is of importance so that we want to get something done. And you are right, you cited a bipartisan track record that you and I and other members, Chairman Shimkus at the time, and I had over the course of time.

I say let's take the information we garner here at this hearing and go to work at making certain that we can move forward with the protections that the general public deserve and require. Drinking water standards are essential for us to make certain that we are protecting people from contaminants and that those most susceptible to the

impacts of contaminants will not have to undergo those impacts.

So, look, I stand ready to work with both sides to get something done here.

Mr. McKinley. I guess we just have to wait and see, see how it works out.

Mr. Tonko. Thank you, sir.

Mr. McKinley. Thank you.

Mr. Tonko. Okay. With that, the gentleman yields back.

We now go to Representative Peters from California for 5 minutes of questions, please.

Representative Peters?

You need to unmute.

Mr. Peters. Got it, thank you.

I wanted also to endorse the comments of my two colleagues, Mr. McKinley and Chairman Tonko, about the need for bipartisanship. I mean, I think this idea of waiting till the next election to see what happens is not the most constructive for the country, and I certainly think that if it is not bipartisan, it generally doesn't pass, and if it is not bipartisan, it certainly doesn't last. So I would like to join that course.

I wanted to focus my questions today on the disconnect, though, in this statute between the setting of maximum contaminant level goals and what it might take to make those goals a reality. Many of the landmark environmental laws set ambitious goals, and they get there step by step, but it isn't clear to me that the Safe Drinking Water Act is doing that. And the example I want to take is lead, which is certainly one of the most dangerous contaminants, one we know that there is no safe level for.

But this year, the EPA proposed a new Lead and Copper Rule that keeps the same action level that has been in place since 1991. In other words, on lead, nearly 30 years later, we haven't made progress in getting our standard closer to our goal. And we have

seen in places like Flint the enormous damage that lead and heavy metals does to constituents, particularly children.

So, Ms. Wu, what do you think about the example of the Lead and Copper Rule and the need for -- whether that shows the need for reform of the Safe Drinking Water Act in particular?

Ms. Wu. Yeah. I mean, lead is also a great example of where we haven't had good, strong, protective standards. And, you know, you could have EPA -- you know, an action level that isn't even a health-based standard. It is just an action level at which action has to be taken. And so the fact that there is not even a set kind of health-based number is kind of telling that we can't regulate how much lead is in people's water.

Mr. Peters. Is there a particular way you would like to see the statute strengthened so that we could make progress toward safety goals, maybe on these most dangerous contaminants?

Ms. Wu. Yeah. I mean, I think in addition to, you know, some of the fixing of the legal standard itself, there are some contaminants that we do know, like lead, have a lot of both public health impacts, have adverse impacts, and are also showing up in people's water. PFAS is an example. Perchlorate as an example. We have legionella. We have hexavalent chromium.

So these are ones that we know are high hazard anyway, and so we can also say in the statute, like EPA had to have done in the past, say it is time to set standards for these. We don't have to go through all of the other rigmarole, but really say, like, set some standards for these high-hazard contaminants.

Mr. Peters. Right. And there is some contaminants for which there is really -- that those response ratio -- or relationship is really almost irrelevant because they are so toxic. And I think lead is one of those, as I think is chromium and so forth.

Ms. VanDe Hei, one of the things you mentioned in your testimony was new technologies. I think you mentioned reverse osmosis, but maybe there is others, that are cutting-edge water treatment technologies, the advantages they offer. What would you like to see the Federal Government do to make the use of those technologies more appealing for water systems around the country?

Ms. VanDe Hei. That is a very good question. RO is a membrane technology, and we have had membrane technologies for years now. And they are used in, I think, primarily large water systems for particular contaminants because they are so expensive to purchase, number one, and to use. And so when they are not in need, they are not used. And so if there is a way to bring these kinds of technologies within the price range, then that would probably help a lot.

The other thing that I think we saw in -- I am sorry, go back to the 1996 amendment, is that one time the baseline technology was GAC, and that didn't make it into the statute, because it is much more complicated, depending on how the treatment process is set up. And I know some of you said that they were familiar with how that is done, that the quality of the water they are using, what impact that has on a particular treatment technology. And if there was a magic bullet that would take out everything in the water, I think people would find that just great. But I don't think --

Mr. Peters. Well, I appreciate that.

My time has expired. I thank the witnesses for being here today, and I hope you will continue to engage with the committee as we move forward to improve this important law.

And I yield back.

Mr. Tonko. The gentleman yields back.

We now go to the gentleman from Ohio, Mr. Johnson, Representative Johnson, for

5 minutes, please.

Mr. Johnson. Thank you, Mr. Chairman. And thank you to our witnesses that are here with us today. You know, your real-world expertise on this important issue is critical, so I really appreciate all of you sharing your thoughts with us.

I think we all agree that our constituents expect and deserve clean, safe drinking water for their families in every American community, regardless of location. And, again, I think we all agree on this. However, it is evident from the testimony today that we are having to make a choice. On one hand, the Federal Government can try a top-down, one-size-fits-all approach, coupled with additional unfunded mandates, or we can take an approach that lets States and localities tailor and prioritize their water treatment and distribution to the most pressing needs of their citizens.

One-size-fits-all Federal approaches simply don't work very well in anything, in my experience. But in this particular case, contrast, for example, a big metropolitan city and a small rural community in Appalachia, Ohio, where I represent. The threats to the safety of the drinking water are different, and they also have different technologies, infrastructures and, not to mention, financial resources. So, clearly, a balance needs to be struck.

So, Ms. Chard, I would like to start with you. Do you think the public's investment in public health protection is best served as it relates to drinking water if contaminant regulations are required in a particular area, regardless of whether a contaminant would be present in the drinking water there, at a level that would cause a public health concern?

Ms. Chard. I think that where they are smaller water systems, they really have to prioritize. They have very limited funding, and we want them to make the best use of that funding. And if there is a contaminant that is very common in a particular State or

in urban areas, why is a rural community spending their limited resources to look for something that is not there. I think we just have to be mindful, and small communities are not well served and ratepayers are not well served when they are spending their resources looking for something that doesn't exist.

Mr. Johnson. I think you almost answered this next question too, but if you want to go into any detail, what is the practical impact from dealing with other higher level public health concerns when a community is faced with finite resources that are dedicated to solving problems that will result in little to no meaningful public health benefit?

Ms. Chard. I think we have to -- we start with the standard setting process, and that is great and we need standards, but it is implementing those standards that protect public health. And when we are looking at communities that have very, very limited resources, very limited ratepayer base, they are located significant distance so they cannot regionalize and consolidate with another system, they are taking that limited budget and they are picking and choosing what are they going to sample, what upgrades are they going to make. And they are choosing, we hope, those immediate public health threats, such as bacteria in the drinking water. We don't want our drinking water contaminated with bacteria that is going to make people sick today. We would like to protect for those longer term health effects, but if you have to choose, small systems are choosing those immediate, acute health effects just as a matter that they only have so much money.

Mr. Johnson. Yeah. Okay. Shifting gears just a little bit -- thank you for that answer, by the way.

And as we have heard here today, some would like to see the cost-benefit analysis requirement removed from the Safe Drinking Water Act. Do you believe that

cost-benefit analysis should be removed?

Ms. Chard. I do not. You can set all the standards you want, but if a water system cannot implement effective treatment, it doesn't do you any good. So I think including the cost-benefit analysis allows some reasonable expectations to come into the conversation. That is not saying you just throw up your hands and walk away, but you know going in there are going to be particular systems that are going to struggle more than others and then maybe we can target resources, we can do other things --

Mr. Johnson. Okay.

Ms. Chard. -- because it is part of reality.

Mr. Johnson. Okay. Well, great. Well, my time is expired. Thank you, ma'am.

Mr. Chairman, I yield back.

Mr. Tonko. The gentleman yields back.

The chair now recognizes the gentlelady from California. Representative Barragan, you are recognized for 5 minutes, please.

Ms. Barragan. Thank you, Chair Tonko, for holding this critical hearing on the Safe Drinking Water Act.

The fight for clean and affordable water is very personal. How do you put a price tag on health? How do you put a price tag on a child getting sick from drinking water?

I represent a district in south Los Angeles where just a couple of years ago, we had brown water coming out of the faucets in Compton. The local water district had to be taken over by the county, and that was the only way to get somebody to seriously take a look at the brown water and say we are going to do something about it. One person who gets brown water is too many. Clean, safe, affordable drinking water should be available to everyone.

And some of my colleagues today have focused on problems in the Safe Drinking Water Act statute understandably because there is serious problems there, but there have also been serious issues in how this administration has implemented the Safe Drinking Water Act, and I want to focus on that for a moment.

Ms. Wu, you mentioned the problem of perchlorate, a chemical and rocket fuel, that threatens the brain development of young infants. It was the Trump EPA that recently decided not to set a drinking water standard for perchlorate after decades of work. Is that correct?

Ms. Wu. Yes. But I will also mention that we are currently challenging that decision in court as well.

Ms. Barragan. Well, thank you.

And, Ms. Wu, it was this administration that issued the dangerously weak Lead and Copper Rule proposal this year. Is that correct?

Ms. Wu. That is also true, yes.

Ms. Barragan. And this administration has refused to use the authority in the Safe Drinking Water Act to set interim standards to address the dangerous chemical, PFOS, insisting on going through a lengthy regulatory determination process instead. Is that also correct?

Ms. Wu. Yes, it is.

Ms. Barragan. Well, thank you.

I want to make these points because I think it is important to recognize that this EPA has failed communities across the country that are struggling with drinking water contamination.

So, Ms. Wu, how can we limit the discretion available to the EPA Administrator under the statute so that communities and public health come first?

Ms. Wu. Well, the legal standard right now requires three things. The third is really in the sole discretion of the Administrator, but the first two, that the contaminant has adverse health impacts and that it is showing up at levels that is a public health concern, those two alone are enough to say that we need to set a drinking water standard for that. So that third level where you need that sole judgment of the Administrator is unnecessary. We can protect public health with just the first two elements.

Ms. Barragan. Is there anything you want to add? I know you were great in your opening testimony on what we can do. Is there anything that you want to add that Congress should be considering as we legislate on safe drinking water? It is so critical, I think, that we get it right so that we can put the health of our communities first and that we are implementing legislation to help those vulnerable communities who may live in a different ZIP Code, may get different water, which shouldn't be the case.

Ms. Wu. Yeah. I mean, we shouldn't have a two-tier system where those who can afford it have better water than those who can't. But I also want to add that I think outside of just the standard setting provision, it is really important to have source water protection. Like, we should not let polluters get away with polluting our water and then put the burden on our drinking water utilities, on the customers, on the people who are drinking it. The burden shouldn't be on us to pay to get that pollution out of the water. It should be on the polluters who put it there in the first place.

And so I think stronger source water protection and holding the polluters liable for destroying our water is an important component to making sure we have safe, affordable drinking water.

Ms. Barragan. Well, thank you, Ms. Wu, for all the work you are doing and your organization is doing. Sometimes it takes a legal challenge.

I remember when I had my situation in my district where there was brown water coming out of the faucets, I will never forget having somebody in an elected office tell me, Why are you focusing on this? It only impacts a few hundred people. And I was so outraged by the response and saying this is the problem, because one person who gets brown water is too many, and we need to continue this fight for clean water for environmental justice, because we know across this country there are injustices.

So I want to thank you, Chairman Tonko, for calling this hearing, and I look forward to working with my colleagues to reform this important statute.

And with that, I yield back.

Mr. Tonko. The gentlelady yields back.

And now, the chair recognizes the gentleman from Oklahoma. Representative Mullin, you are recognized for 5 minutes, please.

Mr. Mullin. Thank you, Chairman, and thank you for holding this important hearing.

I just want to make a quick point. You know, there are many people on this panel and on this committee that have never been in a water treatment plant, that don't know how to even treat the water. I, for one, still hold an operator's license. I have had an operator license for actually many years, and a lot of things that people are talking about is -- I am just going to be quite frank -- is out of ignorance.

When we start talking about one person getting brown water coming out of their faucet, understand that that isn't from the water treatment facility; that is coming from the plumbing infrastructure system. A lot of times it will come from a simple connection that is connected to that one single faucet. A lot of the lead contaminations that this committee has focused on today doesn't come from the water treatment plant; it comes from the infrastructure that the water is carried to and from the places of business or to

the house. If you really want to be serious about this, about the coloration of the water that is going to people's houses, why don't you look at the infrastructure, and it is not always the treatment plants that are doing that.

I find it odd that we are holding a committee hearing, and yet a lot of people on this committee haven't even done their research, but yet we want to talk as experts. We want to blame the committee or the President, this administration, who has been in office for 3-1/2 years, for all the drinking standard problems. Yet there is many on this committee that have been on this committee for a decade or decades. Don't forget the Obama administration had control of the EPA for 8 years, and they still haven't addressed all of these issues. But, you know, who wants to be right or wrong; it is about blaming someone else.

With that being said, I will end my rant and welcome Madam Director from Oklahoma. It is not always we get to have somebody from Oklahoma here, and it is an honor to have you. As you know, my company and myself has worked with the Department of Environmental Quality, DEQ, for years, and I will go as far as saying decades. I have worked with DEQ for almost 25 years. We have worked together on many water treatment plants. We have worked together on many infrastructure needs out there. And I want to welcome you. Thank you so much for being here.

Ms. Chard. Thank you, Congressman. It is my pleasure.

Mr. Mullin. Let me ask you something. Is it better to treat water in a natural filtration system or to have standards so high that you have to interject a chemical into it to make it to those certain standards? Which one is better for the public to drink?

Ms. Chard. I think both can be appropriate. It depends on the contaminant that you are trying to address.

Mr. Mullin. Sure.

Ms. Chard. I think in many cases, certainly in Oklahoma and other places, we are fortunate to get by and meet drinking water standards with filtration and disinfection. However, as standards get set lower and we start seeing new contaminants of concern, we are definitely moving in a direction of more and more advanced treatment processes, which many times do involve chemicals.

Mr. Mullin. Right. Underneath the -- would you talk a little bit about what DEQ has done underneath the Safe Drinking Water Act when it comes to especially rural parts of the country? As you know, Oklahoma is mainly rural, and I represent almost all rural areas.

Explain to me a little bit how DEQ works. Because I will tell you, from a professional perspective, I would rather work with DEQ any day of the week than work with the EPA at all, not that we don't have to occasionally, but -- I used to complain about you guys. I don't do that anymore.

Ms. Chard. And we appreciate that.

Our mission is to protect public health. Our mission is to work with our systems. We try to focus on plant optimization. We try to provide technical assistance to our operators to operate their plants the best they can, knowing that they may be years away from having additional plumbing for construction. We work --

Mr. Mullin. Because they don't have the infrastructure to pay for it, they can't pass a bond.

Ms. Chard. Correct. We work with our water systems doing water loss auditing, trying to help them identify water loss or unneeded water uses. There is help to extend the life of their systems and getting additional funding, because they are getting paid for all of the water that they are treating. We work to connect communities together to help improve water treatment and water quality, and we have

used our subsidies to help systems consolidate where that is possible, even if it is just on the administrative side.

Mr. Mullin. Thank you so much. And, Madam Director, thank you so much for taking your time being with us today.

Mr. Chairman, I yield back.

Mr. Tonko. The gentleman yields back.

The chair now recognizes the gentleman from Virginia. Representative McEachin, you are recognized for 5 minutes, please.

Representative, unmute, please.

Do we have Representative McEachin? If not -- there he is.

Mr. McEachin. Yes.

Mr. Tonko. Okay.

Mr. McEachin. I was trying my best to unmute.

Thank you, Mr. Chairman, and thank you for convening this hearing today.

I think we can all agree that access to safe and healthy drinking water for every individual is critical, and I appreciate that some of my colleagues today have discussed the need to ensure that our drinking water is safe for our Nation's vulnerable populations, including pregnant women, infants, and children. This is incredibly important.

It is also incredibly important that we ensure our drinking water is safe for environmental justice communities, communities that have borne the brunt of disproportionate exposure to pollution in their water, their air, and their land.

Ms. Wu, can you explain why environmental justice communities might need specific consideration in the setting of drinking water standards?

Ms. Wu. Well, these are communities that have -- are bearing the brunt of pollution from all different fronts and disproportionately even the rest of the

communities. And so they have been -- you know, there has been a history of disinvestment in their infrastructure. There has been less enforcements, lower enforcement. And so these communities really need to be considered and be taken into account when drinking water standards are put into place, because oftentimes, their water has more and is more dirty than in other places.

Mr. McEachin. Thank you. And does the Safe Drinking Water Act currently require drinking water standards to protect environmental justice communities?

Ms. Wu. Currently, it does not.

Mr. McEachin. Okay. Ms. Wu, how can we strengthen the Safe Drinking Water Act to ensure that drinking water standards are strong enough to protect environmental justice communities?

Ms. Wu. I think that you could put in there more explicitly the requirement that the -- you know, the burdens that our environmental justice communities are already facing and being explicit about the vulnerable populations, making sure that they are considered as part of the vulnerable population consideration, and then really, again, explicitly say that the standards have to protect these vulnerable populations, not just consider them.

Mr. McEachin. Thank you.

Every American deserves access to safe and healthy drinking water. I look forward to fighting alongside with my colleagues on this committee to ensure this becomes a reality. Ms. Wu, I thank you.

And, Mr. Chairman, I yield back the balance of my time.

Mr. Tonko. Thank you, sir.

Do we have -- the gentleman yields back.

Representative Carter, you are recognized for 5 minutes for questions, please.

If you are not there, we will go to Representative Blunt Rochester, please.

Mr. Shimkus. Mr. Chairman?

Mr. Tonko. Yes, sir.

Mr. Shimkus. You should call on a Republican next.

Mr. Tonko. Okay. Mr. Duncan, or who do we have? Okay. Representative Duncan, I am sorry, you are recognized for 5 minutes, please.

Mr. Duncan. Thank you, Mr. Chairman.

I would like to yield my time to the gentleman from Michigan, Mr. Walberg.

Mr. Walberg. I thank the gentleman and appreciate the opportunity.

Thanks to the panel for being here. In fact, I just got off a phone call, I had to step away, talking with an entity, a business in my State, a Wolverine, who had significant issues relative to PFOS and had been doing remediation under a consent decree. And so far, it has worked very well with EPA, as well as with EGLE, the regulatory entity under the State, and it has been a challenge but, nonetheless, it is working, as well as working with 3M. So this is a very, very important hearing today.

Ms. VanDe Hei, the presence of perchlorinated chemicals in Michigan is an area of great concern of mine and my colleagues in Michigan, as well as other areas across the country. The situation with PFAS in Michigan is alarming. The number of PFAS confirmed sites has grown rapidly over the last few years, my district included, and Michiganians are seriously concerned.

As you know, in February, the EPA made the decision to move forward with regulating PFOS and PFOA under the Safe Drinking Water Act. On July 22, the Michigan Department of Environment, Great Lakes, and Energy, EGLE, announced that Michigan will adopt a rule set to limit PFAS contamination in drinking water.

In your testimony, Ms. VanDe Hei, you highlight the importance of allowing States

to set their own limits for federally regulated contaminants that are no less stringent than EPA's standards or to set State regulations for a contaminant that is not regulated by EPA at all. Could you expand on it and discuss why this is an important aspect of the Safe Drinking Water Act?

Ms. VanDe Hei. I will do my best, sir. One of the problems I see with the Safe Drinking Water Act is something that actually HAs, health advisories, were intended originally to deal with, and that is regional contamination, where National Primary Drinking Water Regulations are not necessary but certain regions of the country have problems with different contaminants.

So it is important that Michigan have the authority to do what it is doing, and there are a number of other States that do the same thing, New Jersey, California, and Massachusetts, and I am sure there are others. And Michigan in particular has been aggressive in this way.

And so I think it is very important that where the contamination is significant, that the State be able to do what it needs to do to protect the people of their State when that happens.

Mr. Walberg. What challenges are there for the water systems, the municipal water systems, specifically with that?

Ms. VanDe Hei. Well, the challenges for the water systems are the treatment, the cost. It is great that -- I forget the company that you mentioned -- is a part of the process for cleaning it up. So all of the parties that are responsible for the contamination -- and I think it was something Mae said -- that what we need are the contaminants to be kept out of the water, not in the water.

So I think your question was, why is it important? It is because it is a major problem, and States need to have the ability to take action.

Mr. Walberg. And the challenge, I guess, now is we are seeing probably next week Michigan will set levels at significantly lower than what we have presently under the Clean Water Act, almost to the level right now that we can't -- and that is why I asked about the municipal water systems, that we are going to have difficulty even measuring to get to that level, which could be a challenge, I would assume.

Ms. VanDe Hei. It is a challenge, sir. And having different levels in different States with different measuring devices is a problem for water systems. When you have no standard that is put in place to use to measure with, what do you do? And if you can't measure to the level at which the standard is set, how do you address that issue? So water systems are kind of left miscommunicating with the public, which is something we haven't done.

Mr. Walberg. I appreciate Mr. Duncan's time has expired. I yield back.

Mr. Duncan. I yield back.

Mr. Tonko. The gentleman yields back.

And now, the chair recognizes the gentlelady from Delaware. Representative Blunt Rochester, you are recognized for 5 minutes, please.

Ms. Blunt Rochester. Thank you so much, Mr. Chairman, for calling this important hearing on the Safe Drinking Water Act. And thank you also to all of the witnesses for your testimonies.

The COVID-19 pandemic is shining an intense spotlight on health risks and health disparities across our country, and I think it is even more evident that safe drinking water is a necessity in a pandemic as it is under normal circumstances.

I particularly want to focus initially on a few comments from some of my colleagues who talked about the environmental justice communities in their own States that they are working with and dealing with. And in Delaware, we have communities

that also do not or did not have running water and that used bottled water at times and well water that was contaminated.

And I particularly want to commend the community of Ellendale that worked for many, many decades to get a public drinking water system implemented. A gentleman named Harold Truxon just kept going, kept going to make sure that his community had safe drinking water. And we all know that having the public water system is not enough. The water that comes through that system also has to be healthy and safe to drink.

And so for me, this issue today is not just about data and numbers; it is about families and communities. And in recent years, I have worked with many of my colleagues on this committee, on both sides of the aisle, to address the dangers of PFAS in our water and in our environment. These dangers include a range of health risks, including impaired immune systems. As COVID-19 continues to spread at alarming rates, strong immune systems are more critical than ever in the fight against this pandemic and other infectious diseases.

All of my questions are for you, Ms. Wu. My first question is, EPA has still not taken action to limit PFAS in our drinking water. How does this failure of the Safe Drinking Water Act make us as a Nation more susceptible to diseases like COVID-19?

Ms. Wu. Well, the fact is that PFAS contamination is showing up almost everywhere that we look, and so we know that there are millions and millions of Americans who have dangerous levels of PFAS in their water. And so the fact that there are health effects associated with exposure to this chemical, including immunological that you talked about, but also cancers and other -- you know, liver disease or ulcerative colitis, like my friend had, just puts that extra burden on people as they are trying to get through both this pandemic that we have but also, you know, how do they get treatment for the diseases. My friend had to wait to get the surgery that he needed because he

was scared to go in because of the pandemic.

Ms. Blunt Rochester. Some water systems have taken aggressive action to get PFAS out of their water, but without a Federal standard, there is no consistent floor of protection nationwide. Do you think that this lack of consistent nationwide protections contributes to disparate impacts from water pollutants and may contribute to the disparate impacts of COVID-19?

Ms. Wu. I think that is right, that the people who happen to live in States that happen to take action on these contaminants are lucky, but that that shouldn't mean that everybody else then just has to suffer with it. And it is important that we don't treat people differently based on which State that they are living in. It is important that we have at least a floor that is protective of everybody.

Ms. Blunt Rochester. Great. And there is currently authority in the Safe Drinking Water Act for EPA to set an interim drinking water standard to address pressing threats to public health, authority they could use to set a standard for PFAS now, but they have never used that authority.

Do you think that the EPA should use this authority to set an interim standard for PFAS to protect communities as soon as possible?

Ms. Wu. Yes. I think this is an urgent public health threat, and it needs to be used to deal with it right now.

Ms. Blunt Rochester. And what do you think we could do to strengthen this interim authority for the EPA to address this public health, these threats as they emerge? Is there anything that we can do?

Ms. Wu. Well, I think that, again, you know, be more explicit about what that eminent threat and when it shows up, that EPA can take the action. There is also right now a requirement that once they do this interim thing, that eventually they still have to

go through this huge gauntlet of other assessments that has basically stopped it for all the previous ones. And so, you know, streamlining this whole process and not making it so intensive would be an important addition.

Ms. Blunt Rochester. Thank you. Thank you so much to Ms. Wu and to the other witnesses.

And I join my colleagues in wanting to make sure we do something in a bipartisan way to ensure the health and safety of all Americans.

Thank you. And I yield back, Mr. Chairman.

Mr. Tonko. The gentlelady yields back.

I do not see Mr. Carter. Is he not back? If he is not, then we will go to the Representative from Florida, Representative Soto, for 5 minutes, please.

Mr. Soto. Thank you, Mr. Chairman.

Congress last significantly amended the Safe Drinking Water Act in 1996, and a lot of this is in the staff analysis, but it really paints a damning situation. Since then, the new standard setting process relied on a 5-year cycle.

Our Nation's primary drinking water standards regulate more than 90 contaminants and contaminant groups. The standards have been adopted since the 1996 law are for arsenic, radium, and disinfectant byproducts, but those were done due to deadlines already set in the 1996 law.

EPA has had an analysis on multiple different dangerous pollutants and contemplated standards on everything from fecal coliform to acrylamide to 13 other identified revisions. But out of those 13, since 1996, they have approved one; one in 24 years.

Through sound science we are determining that current water protection standards are unsafe. Through sound science we are determining that new chemicals

pose a danger to clean water. But with only one new standard implemented in 24 years, it shows that the system is broken, the Safe Drinking Water Act is broken, and it is broken during a COVID-19 pandemic when we need it most.

Ms. Wu, I know you have talked at length about it. But what is the overall public health consequence of having a broken Safe Drinking Water Act process for adding new chemicals and new standards?

Ms. Wu. The problem is that we know that our water is contaminated with a lot of contaminants that we know have adverse health impacts. The science is also clear on those. And we know that it is showing up at levels that cause these health harms, and we know it is showing up in the water of millions of Americans. But this broken Safe Drinking Water Act means that we haven't actually done anything to get these contaminants out of our water.

Mr. Soto. How many lives do you think we have lost in the U.S. over the last 24 years due to this broken water process?

Ms. Wu. Oh, gosh, I couldn't even begin to guess. But, you know, it is not just lives lost, but it is the quality of life. If somebody survives cancer, does that mean it was okay then to let them get it, right? All of the other diseases that could come with these contaminants seriously affect quality of life.

Mr. Soto. In addition to cancer, which obviously can be deadly in many instances, what are the other conditions specifically that you see as a result of polluted water?

Ms. Wu. There are so many. There are ones that affect developmental -- development of children, and so that could be impacts around behavior. This is what we see a lot in lead. There could be things like liver disease, kidney disease. Again, my friend who had ulcerative colitis meant that he no longer has a colon because

of it. There is so many different types of harmful effects that exist, because we are talking about a lot of different contaminants.

Mr. Soto. Thank you, Ms. Wu.

Ms. VanDe Hei, how do we value human life and health conditions in a current cost-benefit analysis within the law? How should we value life as we are trying to adjust these standards?

Ms. VanDe Hei. Life is invaluable, but our ability to protect people from every chemical that comes into existence is impossible. I really, I guess, take Mae to task on some of the statements that she has made. Yes, some contaminants are carcinogenic, and the MCLG for them is zero. And others are chronic and others are acute. Acute contaminants hurt people immediately, and they are the first ones to be treated for it. The chronic ones are second. And those that take 70 years plus are -- you are right, getting to zero is problematic. But there is a triage of contaminants that are set out to protect public health and do it immediately.

Mr. Soto. Because of my limited time, what type of investments would a national infrastructure plan like the Moving Forward Act that we passed in the House help with a lot of our local and State governments to upgrade their infrastructure to be able to handle some of these new standards?

Ms. VanDe Hei. I have not seen any estimates of the 1916 -- 1916, sorry, I am living in the past -- 2016 proposal that came from the committee, what those costs would be.

Mr. Soto. Well, this is 2020, and we have a new bill we passed out of the House that included infrastructure funding for water systems, and I would urge you all to take a look at it. Because we are not only interested in making the standards 21st century but putting our money where our mouth is moving forward.

With that, I yield back.

Mr. Tonko. The gentleman from Florida yields back.

I see our gentleman from Georgia has returned. So, Representative Carter, you are recognized for 5 minutes, please.

Mr. Carter. Thank you, Mr. Chairman. And thank all of you for being on this very important hearing and being a part of it.

Ms. VanDe Hei, I wanted to ask you, a lot of your testimony today has been about the good work that the EPA is doing to protect our drinking water and how the system works for people. You discussed the cost-benefit analysis that you feel like should be taken into consideration whenever there are any kind of substantial changes that are made, and I can appreciate that.

Having been a former mayor, I am very appreciative of that and certainly appreciative of it at a Federal level where we were often mandated what we were supposed to do, and we referred to them as unfunded mandates. You know, having said that, obviously, we were very concerned about the safety of our citizens and the health of our citizens, but also it includes the financial health of our city.

So I just wanted to ask you, what are the biggest concerns you have in that space of the cost-benefit analysis, and how would your members handle an increase in cost like that?

You are on mute. Ms. VanDe Hei, you are muted.

Ms. VanDe Hei. Okay. Sorry about that.

There are two parts that I would like to make to sort of clarify something, and that is, under the Safe Drinking Water Act standard setting process, what is feasible is taken into consideration when setting a standard. Feasible is defined as what works for the larger system. It does not apply to the smallest system. So feasible there is defined as

what is technologically feasible for the largest system.

And so you have a separate provision that takes cost benefits into consideration. And I will say that again, into consideration. It does not say under that provision of the statute that thou shall set a standard where the benefits exceed the costs. It doesn't say that.

So the cost-benefit analysis, I think, in the Safe Drinking Water Act is there for public consumption, for the public to consider when standards are being set.

So I am not sure if I answered your question, but I --

Mr. Carter. Well, I appreciate --

Ms. VanDe Hei. I think the analysis is important for water systems to see, it is important for the public to see, it is important for everyone to see. It doesn't make any sense to not have it, especially when you do not have to set the standards based on it.

RPTR BRYANT

EDTR HUMKE

[1:05 p.m.]

Mr. Carter. Right, right. Well, I can appreciate exactly what you are saying, because I became mayor of a city in 1996 that had a population of 4,500, and when I left as mayor in 2004 -- no kidding -- that population was 19,000.

So we had a tremendous amount of growth, and with that came what I referred to as the nuts and bolts of municipal government, and that is water, sewer, things that, as an educated pharmacist, I didn't have any clue about those things until I became mayor, but I learned it real quick.

And I learned the impact that some of these regulations can have on a municipality, particularly on a small municipality. So I can appreciate very much what you are saying there.

Let me ask you another question, Ms. VanDe Hei. You talked about the Safe Drinking Water Act as it pertains to urgent threats to public health. Can you define urgent threats as you think the EPA is using it in that context?

Ms. VanDe Hei. It is not defined in the statute. I think Flint, Michigan, is a good example of an urgent threat to public health. And there are multiple reasons for that and the water system was part of the problem, but so was the State.

So was EPA, as far as I am concerned, because they could have taken action earlier than they did, because it was a case of urgent public health problem, and I think that it was known about and that they could have taken action quicker.

Mr. Carter. Okay.

Ms. VanDe Hei. But the term "urgent" is not defined under the statute, that I know of.

Mr. Carter. Right. And do you feel like it needs to be?

Ms. VanDe Hei. Perhaps. Perhaps. Maybe that is something that we all could talk about.

Mr. Carter. It just seems to me like when you are not at least having some kind of guidelines with it that it becomes subjective, and that is something that, again, as a former mayor, I can tell you I never liked to be in that situation either.

So I am out of time, but thank you all very much. Obviously, a very important issue.

Thank you, Mr. Chairman. I yield back.

Mr. Tonko. You are most welcome.

The gentleman yields back.

The chair now recognizes the gentlelady from Illinois. Representative Schakowsky, you are recognized for 5 minutes, please.

Ms. Schakowsky. Thank you, Mr. Chairman. I appreciate the hearing today and our testifiers. Thank you.

I live close to Lake Michigan. Actually, my whole district, including the city of Chicago, our eastern border is Lake Michigan. And the Great Lakes represent 20 percent of the world's surface water. And the EPA is responsible for a wonderful project to make sure that we stay clean.

And I think it is shocking what Darren Soto, Congressman Soto mentioned, that in all the years since the act has been in place that only one toxin has been identified. There are millions of Americans who don't have access to clean water right now. And we know that the environment and the challenges we are facing are hurting our Great Lakes. We see rising lake levels and worsening storms, and they are eroding drinking water infrastructure. And unless we address climate, the climate crisis, our water

systems are going to be worsened.

But no one in the United States of America, the richest country in the world, should worry that they cannot turn on the tap and not have clean water. And this is why it is so concerning to me that the EPA struggles to act promptly under the Safe Drinking Water Act. Sometimes we even -- can you hear me?

So we hear the phrase "paralysis by analysis." And I just wanted to ask, Ms. Wu, have you heard that phrase and what does it mean to you?

Ms. Wu. I have heard it. And it is I think, you know, the idea that EPA or whoever just keeps going back and back and back and looking and looking for as much certainty as possible before they can take action on it, even though, you know, they may have the science in front of them that shows more than enough information for them to take action that is protective.

Ms. Schakowsky. So we know that years have passed while the EPA goes through certain requirements and toxins remain in the water. Can you give us an example of something that -- I know a number of people have asked questions about what is urgent, but what are examples of common toxins that have been studied and not addressed?

Ms. Wu. Well, I think perchlorate is probably the best example, because it is really the only one that EPA tried to get through this whole process, which is even as far back as like the nineties we knew that it had harmful health impacts for people, especially pregnant women who were exposed to it. And we also knew that it was in the drinking water of millions of Americans.

And then as EPA was trying to figure out how to set the standards and what the numbers should be, you know, there were a lot of points where industry could influence that uncertainty and influence the science and, you know, try to change it. And EPA

even missed its statutory deadline for when it needs to propose and finalize these standards. And it took a lawsuit from NRDC to try to get them to say that they were going to set one, and now we are seeing this administration try to backtrack on that.

So, you know, perchlorate is the best example, because it is the only one that EPA has tried to get through this, and we can see we are, you know, how many years out and we still haven't seen one from them.

Ms. Schakowsky. Let me ask you this: I work pretty closely with the employees at EPA in Chicago in Region 5, and they have been pretty much decimated staff-wise. Has this been a problem just that the EPA does not have the personnel it needs to do the kind of oversight and to move things more quickly?

Ms. Wu. I don't know the total answer to your question. You know, for some of these, like you said, it has been decades of science and assessments that EPA has done. So what is happening to them right now shouldn't have impacted, say, you know, 10 years ago, when they could have embarked on this, or even earlier. Maybe it is impacting it now, but, again, that doesn't really explain like the decades of delay.

Ms. Schakowsky. Thank you. I do think that they feel like they are hamstrung in doing today's job to protect our water, because they have lost so much personnel, and I want to thank all of you.

I yield back.

Mr. Tonko. The gentlelady yields back. I note that Representative Walden, the full committee ranking member, has returned. So we recognize Representative Walden for 5 minutes, please.

Mr. Walden. Well, thank you very much, Mr. Chairman. And it has been a terrific hearing.

Ms. VanDe Hei, many advocates for overhaul of the current drinking water

regulatory system have argued the EPA has not taken contaminant from start to finish through the system established in the 1996 amendment in a way that results in new Federal regulation.

When the 1996 amendments were created, what was the focus of that effort?

Ms. VanDe Hei. There were two focuses of that effort. The first was to clean up what hadn't been done under the 1986 amendment, and those were the most important ones that didn't get done. And that was the disinfection byproduct/cryptosporidium rule that needed to be done.

And so the statute not only set a deadline, it gave them the tools in which to do that. They needed to use a riskless tradeoff in order to develop those two rules together. You couldn't have lowering the disinfection and increasing microbial risk or vice versa unintentionally.

So it took the contaminants that were of most concern and I think the hardest ones to do and put them in the statute and did set deadlines, but it also gave them the tools in which to do that. And those took time. Those took time.

Since then, they have revised or at least are attempting to revise the lead and copper rule. We could go around and around about the problems with that or the good parts of it, but there is no doubt to me that it is a complicated rulemaking.

The purpose of that amendment was to set the criteria for EPA to use to set proposed standards when there were none in the 1986 statute. And so that was really the second key priority to the development of those amendments.

I think I lost Mr. Walden.

Mr. Shimkus. Mr. Chairman, Mr. Walden is having connection issues. So I am not sure what your response will be, but he is not connected anymore.

Mr. Tonko. Yes, why don't we go to Mr. McNerney now and we will come back

to Mr. Walden, or is he back?

Mr. Walden. Yes, I think I am back, Mr. Chairman.

Mr. Tonko. Okay, I am sorry.

Mr. Walden. Yes, it kicked me out. I did nothing.

Mr. Tonko. We believe you.

Mr. Walden. Yeah, to effect this.

Since 1996, EPA has actually taken significant regulatory action to control contaminants in drinking water. These do include arsenic, total coliform, stage two disinfection byproducts, surface water treatment and filter backwash. And the agency is aiming to finish the lead and copper rule.

Do you agree with me that, regarding public health protection, these are significant rules, Ms. VanDe Hei, and why?

Ms. VanDe Hei. They are very significant rules, and they are very significant because they address issues of public health concern.

The question of disinfection byproducts and microbial contamination, those are real issues. Arsenic is a real issue. It occurs in particularly closed systems and groundwater wells.

The total coliform rule is important to how well we treat our water and can get it through the pipes and into the homes without being contaminated. So.

The rules that were done were essential.

Mr. Walden. All right. Thank you.

I have one final question, Mr. Chairman, and that is the agency I think deserves some credit for the good work these professionals have done. They made a conscious choice to take care of these issues because they are public health priorities. And I think it is unfair to act as if EPA should have put these regulations off to pursue other individual

contaminant regulation under the Safe Drinking Water Act.

So, Ms. VanDe Hei, how would you characterize the impact of these rules on protecting public health from treated drinking water?

Are you muted, by chance? Yes. We want to hear your words.

Ms. VanDe Hei. I just muted myself rather than unmuted myself.

I think they were achieved, and the reason they didn't get done under the 1986 amendment was because they were difficult. You had to make difficult choices, but they had to be done. I mean, I think everybody recognized that those contaminants or those processes needed to be addressed, updated, done in order to ensure that the water was safe to drink.

And then they were to move on to the rest of the environment rulemaking process, issuing the factors that were outlined in the Safe Drinking Water Act of 1996.

Mr. Walden. All right. Thank you.

And, Mr. Chairman, thank you for your indulgence in letting me log back on after I got kicked out.

So we appreciate all the witnesses and their testimony and the answers to our questions and the good advice and counsel you give the committee.

Thank you, Mr. Chairman, I yield back.

Mr. Tonko. Thank you. The gentleman yields back.

The chair now recognizes the gentleman from California, Mr. McNerney, for 5 minutes, please.

Mr. McNerney. Well, I thank the chairman and I thank the ranking member for this hearing and the witnesses. It has been very informative, so I appreciate what we have learned so far.

Ms. Wu, in your testimony you highlighted that the vulnerable populations have

often been left unprotected by EPA's civil process. How important is it to provide explicit guidance to the EPA, not only consider but to protect vulnerable subpopulations in their standards?

Ms. Wu. I think it is really important that they are explicit about it. The way that they think about some of the regulations, if you don't consider, you know, the special needs of vulnerable populations like infants or children -- they are not small adults. They really are different. They are a lot more susceptible to a different gamut.

So, you know, it has to really take them into consideration and these other vulnerable populations in order to protect them.

Mr. McNerney. Not only consider them, but actually to provide in their rulemaking.

Ms. Wu. Exactly.

Mr. McNerney. Thank you.

Ms. VanDe Hei, in your opinion, do our drinking water systems face challenges in adapting their infrastructure to the effects of climate change and extreme weather?

Ms. VanDe Hei. They definitely do. Drinking water systems across the country will face challenges from climate change and extreme weather, such as seawater intrusion into drinking water sources, due to rising sea level and more frequent extreme storms battering infrastructure, and prolonged drought that threatens water supplies.

A decade ago, a report found that the cost of adapting to these impacts across the Nation's water and wastewater systems was \$1 trillion over 4 years. And that was some time ago that those cost estimates were done, and I think it is even greater now.

And I think what is even more important, I think that we are seeing the impacts of climate change, particularly around the seacoast and particularly in the arid southwest. But water systems will face large challenges, big challenges in adapting to those things,

and they have to do it now. As many of you know, you can't change the structure of a water system in a --

Mr. McNerney. All right, right.

Ms. VanDe Hei. You have to be caring for the experience of that water system over time and as funds are available to improve the infrastructure.

Mr. McNerney. Okay. Well, thank you for that answer.

Ms. Wu, this is a question that Ms. Barragan touched on. I just want to ask it again, because I think it needs emphasis.

What are the problems that arise when we leave the decision as to whether it would be, quote, meaningful to regulate a contaminant up to the full judgment of the EPA administrator?

Ms. Wu. I think what ends up is that it is almost based on the political leanings of the administrator and that you aren't necessarily focused on the science and on, you know, the technical assessments that the agency has done if then, after knowing that there are adverse health effects associated with a contaminant and knowing that it is showing up in people's water at a level that is of concern, that then one person, one administrator could make a political decision not to take any action.

Mr. McNerney. Thank you. Well, in your testimony, you speak of the importance of adding various triggers that will compel the EPA to act and better protect public health. What might some of these triggers look like?

Ms. Wu. There could be different ones. So you could say, for example, if we know that a certain contaminant is showing up at levels above some scientifically derived number. Maybe it is the World Health Organization has a health advisory number or ATSDR has some number, but it is showing up at levels above that number. It is in some number -- I will let you all pick that, 100,000, a million, whatever it is -- in a certain

number of States, that maybe that is an automatic trigger that sets in place, like, we need a regulation for this.

It could be that a governor or a citizen could petition for standards, and that would show the same thing. And that there is some presumption then on EPA that they are going to set a standard unless there is clear and convincing evidence that they don't meet these statutory requirements. You know, it could also, you know, be something like that.

But, you know, even the idea of having Governors do the petitioning is something that is contemplated in other statutes. It is contemplated in the Safe Drinking Water Act. So it is not unusual.

Mr. McNerney. Good. I am glad you brought up Governors, because I was going to ask that myself.

Ms. VanDe Hei, you noted in your testimony how confusing it is between the maximum contaminant level goals and the maximum contaminant levels or treatment technique. Can you speak to the importance of reform that makes the drinking water regulations understandable to the general public?

Ms. VanDe Hei. If I had my preferences a long time ago, there would be one number. Having two numbers sitting out there, and one was intended to be an aspirational goal and it has now become the health-based number, with the MCL being something else, when, in fact, the MCL is the standard by which water is judged, that it meets that standard, not if it meets the goal.

Like I said earlier, some carcinogens and other contaminants today, the MCLG is zero. Well, as detection methods get better and better and better, we still will never get to zero. Do those detection measures indicate public health concerns? No.

Mr. McNerney. Thank you.

My time has expired. Thank you, Mr. Chairman, I yield back.

Mr. Tonko. Okay. The gentleman yields back.

The chair now recognizes the gentlelady from Michigan. Representative Dingell, you are recognized for 5 minutes, please.

Mrs. Dingell. Thank you, Chairman Tonko, and thanks for holding this very important hearing.

My other colleagues have touched upon many other areas I am worried about, so today I want to focus on the strong need for Federal leadership and the establishment of a national drinking water standard for PFAS, which has not happened, and in that absence the States have had to act.

Michigan is one of the States that has been hit the hardest. In fact, we have more than 100 contamination sites now. Many of them are in my district. But our State is stepping up and leading. Last week, we had to do our own maximum contaminant level standard for seven PFAS chemicals, which will go into effect or is expected to go into effect in early August.

I would like to start with Ms. Chard. In the specific case of Michigan, can you share with this committee about how much time and money Michigan had to invest to set its own MCLs for PFAS chemicals because the Federal Government failed to establish a standard?

Ms. Chard. I can tell you it is a significant amount of dollars. I do not know the cost for their epidemiologists and their risk assessment. I know in talking to my counterparts, they talk about the numbers in hundreds of thousands of dollars to do that. So I apologize. I don't have those numbers to provide you.

Mrs. Dingell. So not only are States being forced to do this, but cities and local drinking water utilities are also having to act, in the absence of Federal standards. In

Ann Arbor, the city's water utility has been a leader and on the forefront of mitigating PFAS.

Ms. Chard, can you say how are water utilities nationwide acting to protect consumers from PFAS chemicals in the absence of a national drinking water standard, and what do water utilities still need from the Federal Government to address this crisis?

Ms. Chard. So water utilities are taking action through the types of treatment they install. They may install over and above what they were required in order to meet those limits that are established nationwide. They may choose one treatment technology over another. They may choose specific training for their staff in order to do better treatment beyond that which is required that will address some of those PFAS or other emerging contaminants of concern.

Mrs. Dingell. Would you agree -- and just answer this quickly -- that when it has been found in the water, the local water, that those utilities feel an extra pressure to do something since the Federal Government is not?

Ms. Chard. They definitely feel pressure to take an action to protect their citizens.

Mrs. Dingell. So the Great Lakes, as my colleague Jan Schakowsky mentioned, are a shared resource for many States, including Canada as well. So isn't it critical that each State across the region is addressing PFAS comprehensively and in tandem together from State to State, based on a strong Federal protective standard?

And what are the harms to the Great Lakes region and nationwide in the absence of setting a maximum contaminant standard for PFAS?

Ms. Chard. The States routinely work together, trying to protect their region of the country, their citizens. Water bodies don't recognize lines on a map. And for the Great Lakes, as with other common water bodies, the States, the Federal Government, or

international partnerships have to develop.

Mrs. Dingell. So, Ms. Wu, in the minute I have, let me turn to you. Is EPA at all close to establishing a national safe drinking water standard for PFOA or PFAS within the statutory deadlines?

Ms. Wu. Not close, no.

Mrs. Dingell. Do you think, both Ms. Chard or Ms. Wu, are there any specific reforms to the Safe Drinking Water Act that can be made today that would help speed up this process? I mean, we know when people drink water with PFAS, it doesn't leave their body. And we don't have a standard. We have guidelines.

Do you think there is something that we could do to speed up setting a national protective drinking water standard when we know the country needs one? Either. Any.

Ms. Chard. I guess my comment is not specific to the PFAS compounds, but, you know, we could look at occurrence data, how frequently a contaminant shows up across the country, and focus efforts on that area as opposed to trying to look at a large suite of contaminants.

Mrs. Dingell. Thank you. Obviously, I am out of time.

I yield back, Mr. Chair.

Mr. Tonko. The gentlelady yields back.

The chair now recognizes the gentleman from California, Representative Ruiz.

Dr. Ruiz, you have 5 minutes, please.

Mr. Ruiz. Thank you. Thank you, Mr. Chairman.

Thank you to all the witnesses for testifying here today. You are in the home stretch.

Safe and healthy water is essential for our public health. I am a doctor, I am a

public health expert, but it doesn't take a doctor of public health to really stress that safe and healthy water and clean water is essential for our public health.

It is imperative during this pandemic that we make the Safe Drinking Water Act work, to ensure vulnerable populations who have been devastated by COVID-19, like farm workers, low-income communities, and Native Americans, have access to safe and clean drinking water.

We must have strong standards in place to prevent situations like the one in my district, where residents in an oasis mobile home park had arsenic in their water. Because of the EPA and their guidelines, they were able to identify that there was a problem and bring the water to the mobile home park to compliance. Without those guidelines and oversight, my constituents might still be drinking contaminated arsenic in their water.

But protecting our communities from harmful drinking water is just the first step. Clean and safe drinking water must be accessible and affordable. Water service should not be shut off because families can't pay their water bills.

The COVID-19 pandemic has put many families in my district and across the country under financial strain, and they are struggling to pay their utility bills. We should be doing more to help those families pay their water bills right now, and we should do more in the Safe Drinking Water Act to ensure water affordability.

When the House passed the HEROES Act in May, we included provisions to help pay water bills for struggling families during the pandemic.

So my question for Ms. Chard is, do you support including water utilities assistance for low-income families in our COVID response?

Ms. Chard. I think it is critically important that we have to consider the availability of clean, safe drinking water for all of our citizens, especially in this time of the

pandemic.

It is very much appropriate, in my opinion, that water utility funding, the ability of citizens to pay their water bill be a part of our national response.

Mr. Ruiz. Ms. Wu, what are your thoughts? Should the next COVID response bill have assistance for water affordability?

Ms. Wu. Yes, I think it is absolutely critical to have the assistance for affordability in addition to, you know, we have seen some moratorium around shutoffs for water, but there also needs to be assistance beyond just the end of this public health crisis, so that people, you know, the arrearages for the payments, you know, that are also adding up, that they aren't suddenly shut off from the water once the public health crisis is over, that we have a way that people are able to continue to afford and get access to water.

Mr. Ruiz. I agree, because this is not just about relief during the pandemic. Water affordability was a concern even before the pandemic. Even as the Federal Government spends hundreds of millions of dollars per year on assistance for water utilities, water bills in some communities are far too high. If we strengthen standards to make our water safer, these affordability issues may get worse.

So my question for you, Ms. Wu, is, how do we use the Federal assistance under the Safe Drinking Water Act to make sure that our drinking water is safe and affordable for all communities?

Ms. Wu. I think it is important that assistance is provided to the communities who need it to be able to meet the standards that we would want our drinking water to meet, so that they are providing affordable water to all of their customers.

And, again, I think that the polluters, who are the ones who are creating all these problems, ought to be footing the bill for all of this. It shouldn't be on the utilities and it

shouldn't be on the ratepayers.

Mr. Ruiz. So my last question, this committee held a hearing earlier this month on issues facing Tribal communities, including the limited access to safe and affordable water, particularly in the Navaho Nation.

My last question for Ms. VanDe Hei and Ms. Chard: How can we reform the Safe Drinking Water Act to increase access to safe water for Tribal communities? We will start with you, Ms. VanDe Hei.

Ms. VanDe Hei. Okay. I think in the same way that we are trying to ensure safe and affordable water to everyone. Tribal communities are no different, although they are sovereign States, and so I am not sure what difficulties there may be there. But --

Mr. Ruiz. I would recommend reviewing the last hearing, because there are unique structural barriers for them to get clean water infrastructure and safe water infrastructure that I do believe we need to address.

Ms. Chard, if you can answer in 5 seconds, because my time is up and I am going to yield back.

Ms. Chard. I would say we take advantage of the DWSRF program and use that with the Tribal set-asides to help the Tribal communities.

Mr. Ruiz. Thank you very much. Good idea.

I yield back.

Mr. Tonko. The gentleman yields back.

I believe that completes the list of colleagues, members who chose to ask questions of our witnesses.

I request unanimous consent to enter the following into the record: First, we have a report from National Partnership entitled "Clean Water and Reproductive Justice: Lack of Access Harms Women of Color," then a letter from the city of Detroit Water and

Sewerage Department, also a letter from the Metropolitan District of Hartford, Connecticut, a letter from the American Water Works Association, and a letter from the Ute Indian Tribe.

Without objection?

Mr. Shimkus. Without objection, Mr. Chairman.

Mr. Tonko. So ordered.

[The information follows:]

\*\*\*\*\* COMMITTEE INSERT \*\*\*\*\*

Mr. Tonko. I would like to thank our witnesses for joining us for today's hearing. You added much to the discussion, and we thank you for that, thank you for your time and thank you certainly for your experience and expertise that you shared with us.

I want to reiterate that we are serious about this effort. This is just the beginning of the process, but we want to work together. We should all be able to agree that our drinking water should be safe for each and every one of us across this country.

I remind members that, pursuant to committee rules, they have 10 business days by which to submit additional questions for the record to be answered by our witnesses. I ask that our witnesses respond promptly to any such questions that you may receive.

And, with that, again, we thank you for spending your time with us today, and at this time the subcommittee is adjourned.

[Whereupon, at 1:37 p.m., the subcommittee was adjourned.]