Testimony of Sharon Treat, Institute for Agriculture and Trade Policy
Joint Standing Committee on Health and Human Services
Maine Legislature, April 13, 2021

Senator Claxton, Representative Meyer, and honorable members of the Health and Human Services Committee. My name is Sharon Treat and I live in Hallowell. I am Senior Attorney for the Institute for Agriculture and Trade Policy (IATP), on whose behalf I am testifying today in support of LD 1388.

IATP is a 501(c)(3) nonprofit headquartered in Minneapolis, Minnesota with offices in Hallowell, Maine and other locations.¹ We work closely with farmers to promote local, sustainable and environmentally beneficial agriculture and healthy rural communities.

IATP has a strong interest in preventing PFAS contamination of water and food, which has had a devastating economic impact on at least two Maine farms, polluted water near sewage and industrial sludge spreading sites, air force bases, and landfills; and shown up in schools, day cares and other drinking water systems. Failure to act promptly to regulate this contaminant threatens the health of both Maine residents and visitors to “Vacationland”.

This committee has previously heard testimony concerning two other PFAS bills, LD 164 to establish an enforceable 20 parts per trillion (ppt) Maximum Contaminant Level (MCL) for a group of six PFAS chemicals, and LD 129, which would establish monitoring, reporting, treatment and enforcement provisions as well as a process for setting MCLs in the future. We prefer the legislation before you today, LD 1388, to either of the previous PFAS bills, since it comprehensively addresses PFAS contamination of drinking water. LD 1388 both sets a health-protective maximum contaminant level of 20 parts per trillion/20 nanograms per liter for a group of six PFAS chemicals, and includes necessary language for testing, disclosure and enforcement as well as future action.

The “sum of six” approach to PFAS regulation is already followed by Vermont and Massachusetts. While they differ in some particulars, most of the other states adopting PFAS standards over the past two years have likewise adopted MCLs that are well below the advisory health guidance of the Environmental Protection Agency, 70 ppt, that the Maine Department of Environmental Protection currently uses for guidance.² LD 1388 is also consistent with guidance from the Agency for Toxic Substances and Disease

¹ IATP also has offices in Washington, D.C. and Berlin, Germany. For over 30 years, IATP has provided research, analysis and advocacy on agriculture-related issues including farm to school; climate; soil health; water quality and access; farmworker and farm health and economic security; and trade and market policies. See, www.iatp.org.
² These states include California, Michigan, Minnesota, New Hampshire, New Jersey, and New York.
Registry, part of the U.S. Centers for Disease Control and Prevention,\textsuperscript{3} and the recommendation of the director of the National Institute for Environmental Health Sciences.\textsuperscript{4}

Exposure to PFAS is a health threat. Even with a new federal administration and heightened interest in acting, we can’t expect a federally-established MCL anytime soon. Health problems linked to PFAS include kidney and testicular cancer, thyroid disease, infertility and compromised immune systems -- which means PFAS exposure can make people more susceptible to COVID-19 health consequences and may limit the effectiveness of vaccines. Indeed, recent research has found a strong association with PFAS exposure and COVID-19 severity, antibody response, and asthma.

In one study, Pentafluorobenzoic acid (PFBA) -- one of several thousand compounds in the PFAS class of chemicals -- detected in plasma showed strong association with the severity of COVID-19. In tissue samples from autopsies, PFBA accumulated in the lungs.\textsuperscript{5} COVID-19 affects the functioning of the lungs, where in severe cases, the lungs will inflame making it hard to breathe, potentially causing pneumonia. The positive association of PFBA concentration and COVID-19 severity suggests that PFBA could be heightening the damage to the lungs from COVID-19. Research is also suggestive that PFAS exposure reduces the antibody response for certain illnesses, raising concerns that PFAS may negatively affect the efficacy of the COVID-19 vaccines. In general, elevated PFAS exposure is associated with lower antibody responses to vaccinations in children and adults.\textsuperscript{6}

At the public hearing on LD 129, the Maine CDC proposed adopting the 20 ppt standard, but only for the two legacy PFAS which are no longer manufactured in the U.S., PFOA and PFOS. This is a step in the right direction, but it is not enough. There are at least 5,000 PFAS formulations, and manufacture and use of these continue. Unfortunately, drinking water contamination in Maine is not limited to PFOA and PFOS, and as reported above, the damaging health effects of PFAS exposure are also not limited to these two chemicals. For example, Maine DEP is already calculating the "sum of 5" PFAS for the more than 50 drinking water wells in Fairfield, Benton and Unity Township that are contaminated, and the contamination there is not limited to PFOA and PFOS. You can see for yourself on this interactive website (see screenshot on next page):

https://maine.maps.arcgis.com/apps/webappviewer/index.html?id=2bb04142294948458c81b2ece1011c88\textsuperscript{7}

\textsuperscript{3} ATSDR RELEASES DRAFT TOXICOLOGICAL PROFILE FOR PFAS (July 18, 2018), https://www.asdwa.org/2018/06/21/atsdr-releases-draft-toxicological-profile-for-pfas/
\textsuperscript{4} https://theintercept.com/2019/06/18/pfoa-pfas-teflon-epa-limit/
\textsuperscript{6} The doubling of prenatal PFAS concentration was associated with a substantial decrease in antibody concentrations of diphtheria, a bacterial infection (Grandjean et al., 2012). Another study found a negative relationship between PFAS concentrations at delivery and children’s anti-rubella antibody at three years of age (Granum et al., 2013). For additional sources and information, see Appendix on COVID-19 attached to IATP’s previously submitted testimony on LD 129 and 164.
\textsuperscript{7} This is an interactive website, if you click on the red, yellow and green dots, which each represent wells, you can view DEP’s data. Many of the “green” wells (which under DEP and CDC’s current guidance of 70ppt are considered safe to drink) are too polluted to meet the MCL proposed in LD 1388 and 129. The red and yellow (filtered) wells are above even the high 70ppt guidance, and the blue wells may also be polluted; DEP just doesn’t have data for these yet.
The bottom line is this: do not wait to enact these standards, and look to the current medical and scientific information on what the standard should be. PFAS is everywhere, as we are finding out, and as more research is done, it has become clear that the impact on public health is significant and growing. Without an enforceable standard, DEP’s hands are tied. They can’t go after the U.S. Department of Defense to require cleanup without a standard, for example. I sat through many months of the Governor’s PFAS Task Force and learned that without enforceable standards and a requirement to test, some water systems actually refused testing to find out if their systems were contaminated with PFAS - even when they did not have to pay the cost. I was shocked to find out that this included some schools and day cares. Until there is a standard in law and a requirement to comply with it, we are gambling with the health of our children and the rest of us in the midst of a deadly pandemic.

We urge the Committee to favorably report out LD 1388, along with monitoring and enforcement provisions. While it makes sense to phase in the monitoring and treatment provisions, the text should be clarified to assure that the 20 ppt MCL standard itself goes into effect as soon as possible, when the legislation becomes law.

Respectfully submitted,
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