

**Stephen Hoffman**

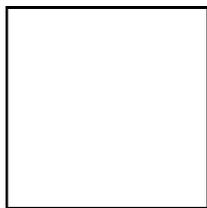
From: IRRC
Sent: Tuesday, April 26, 2022 12:12 PM
To: Michelle Elliott; Scott Schalles; Fiona Cormack
Cc: Stephen Hoffman
Subject: FW: Comment received - Proposed Rulemaking: Safe Drinking Water PFAS MCL Rule (#7-569)

Comment on #3334.

Kathy Cooper
IRRC
333 Market Street Tower
14th Floor
Harrisburg, PA 17101
717-783-5417

From: ecomment@pa.gov <ecomment@pa.gov>
Sent: Tuesday, April 26, 2022 11:56 AM
To: Environment-Committee@pasenate.com; environmentalcommittee@pahouse.net; regcomments@pa.gov; Troutman, Nick <ntroutman@pasen.gov>; Glendon King <gking@pahousegop.com>; Franzese, Evan B. <EFranzese@pahouse.net>; Eyster, Emily <Emily.Eyster@pasenate.com>; IRRC <irrc@irrc.state.pa.us>
Cc: c-jflanaga@pa.gov
Subject: Comment received - Proposed Rulemaking: Safe Drinking Water PFAS MCL Rule (#7-569)

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**Re: eComment System**

The Department of Environmental Protection has received the following comments on Proposed Rulemaking: Safe Drinking Water PFAS MCL Rule (#7-569).

Commenter Information:

Caitlin Schroering
(cschroering@gmail.com)
4015 Coleman St
Pittsburgh, PA 15297 US

Comments entered:

Dear Pennsylvania Department of Environmental Protection:

Thank you for the opportunity to comment on the proposed Safe Drinking Water PFAS MCL Rule (#7-569). My name is Dr. Caitlin Schroering and I am a sociologist who works on issues related to water equity and water justice. This has included work on drinking water safety and environmental justice with advocacy organizations in the Pittsburgh, PA region.

Public health experts have warned us about the dangers of PFAS exposure for decades. PFAS exposure has been associated with a variety of health problems, including cancer, immunotoxicity, neurotoxicity, reproductive toxicity, developmental effects on the mammary gland, and effects on the thyroid, liver, and kidney. In 2017, the International Agency for Research on Cancer (IARC) classified PFOA as a possible human carcinogen. The Centers for Disease Control and Prevention (CDC) notes that beyond cancer, high levels of PFAS may lead to increased cholesterol levels, decreased vaccine response in children, changes in liver enzymes, increased risk of high blood pressure or pre-eclampsia in pregnant women and decreases in infant birth weights. These impacts lead to burdensome healthcare costs. Recent estimates pose €52-84 billion as the annual costs of PFAS-related health effects in Europe. The equivalent health-related costs for the United States, accounting for population size and exchange rate differences, would be \$37–59 billion annually.

The Centers for Disease Control and Prevention's National Health and Nutrition Examination Survey (NHANES) has found PFAS in the blood of 97% of Americans. Around 200 million people in the United States are drinking PFAS-contaminated, municipally provided water, creating the need for widespread concern for all members of this chemical class. Pennsylvania's continued use of PFAS-containing firefighting foam and concentration of industrial activities, including, but not limited to, the extraction of oil and natural gas only heightens residents' concern about exposure. In fact, a recent report from Physicians for Social Responsibility found that oil and gas companies utilize large quantities of PFAS. Because the chemicals and the respective quantities used by oil and gas companies are not disclosed to the public (or to regulators), the full extent of Pennsylvania groundwater contamination via operations and waste disposal practices may be underestimated by analyses such as these.

The science relevant to the human health impacts of PFAS is rapidly evolving. Every month, hundreds of new PFAS studies are published in peer-reviewed journals. Increased monitoring studies as well as toxicological assessments demonstrate that substitutes for PFOA and PFOS are of concern. In October 2021, the EPA's human health toxicity assessment concluded that GenX – a predominant PFOA/PFOS substitute – is even more toxic than the compounds they replaced. The recent sampling effort in Pennsylvania identified eight PFAS chemicals present (of the 18 for which they tested). Disappointingly, this effort did not test for GenX. The prominence of PFOA and PFOS in these moment-in-time results led to the proposed regulation for only two PFAS chemicals (PFOA and PFOS). DEP needs to ensure through continued testing and monitoring (not just a 1-time state-wide monitoring effort) and review of the research literature that additional PFAS are not threatening the health of Pennsylvania. Otherwise, this regulation may lose its effect in short order.

The technical feasibility to test and treat PFAS in drinking water is also rapidly evolving. In December 2019, the European Commission agreed within three years to develop testing protocols as well as a legal limit for ALL PFAS under its Drinking Water Directive. Simply as a result of the EU's efforts, new analytic methods specific for use in regulation, such as the validation of testing to address total fluorine in water or use of Non-Targeted Analysis techniques, will become available as well as new regulatory approaches for developing drinking water standards for PFAS.

PFAS exposure is a well-known public health and environmental injustice problem that threatens the well-being of residents across the commonwealth. As such, the utmost precaution must be taken when regulating these hazardous and carcinogenic substances. While we commend the

Environmental Quality Board and Department of Environmental Protection for setting Maximum Contaminant Levels (MCLs) for these two PFAS, these standards fail to match the severity of the threats posed by this class of chemicals, and neglect to address the thousands of other (current and future) PFAS.

I recommend the following changes to the proposed regulations:

- Regulate PFAS as a class: With more than 12,000 types of PFAS currently identified by the EPA, it is impossible to regulate each individually; it is recognized that they, as a class, share similar properties of health concern. Therefore, it is imperative to set standards for the entire class of PFAS and regulate all PFAS for which there is technology to detect and remove them from drinking water.
- At a minimum, the Cambridge Environmental Consulting recommendations for PFOS and PFOA MCLs should be adopted as MCLs.
- Include language in the regulation that within 5 years after the adoption of the MCL for PFOA and PFOS, the Department will consider additional substances in light of new scientific evidence and new analytical testing methods for PFAS, and amend as necessary to protect the public's health. As new PFAS continue to be studied, testing and filtering technologies improved, and evidence emerges regarding endpoints such as carcinogenicity of PFOS and PFOA, amendments to the regulations must be considered in line with the pace of research and technological developments. For example, an MCL that is health-protective must be developed for GenX and other substitutes for older PFAS chemicals.
- Make funding available for residential private well owners to conduct testing and mitigation: The proposed rulemaking should guarantee equal protection by applying to all water supplies. The plan in its current form applies only to Public Water Systems, excluding private water wells and leaving about one quarter of Pennsylvania's population out of the sampling and in the dark about whether their drinking water contains PFAS.² Pennsylvania homeowners are unlikely to have the funds to identify and remediate PFAS contamination in their private drinking water wells. We encourage the state to develop a subsidy/support program for private-well owners to help offset the tremendous costs associated with PFAS testing and treatment.

The proposed standards represent great progress towards protecting public health, but we cannot claim victory until primary prevention measures for exposure to all PFAS from every source are put in place. If we fail to introduce these measures proactively, we will continue the injustice of relying on already overburdened environmental justice communities to demonstrate the risks associated with exposure before setting health protective standards for everyone.

Sincerely,

Caitlin Schroering, PhD

No attachments were included as part of this comment.

Please contact me if you have any questions.

Sincerely,
Jessica Shirley

Jessica Shirley
Director, Office of Policy
PA Department of Environmental Protection

Rachel Carson State Office Building
P.O. Box 2063
Harrisburg, PA 17105-2063
Office: 717-783-8727
Fax: 717-783-8926
ecomment@pa.gov