



**TESTIMONY IN SUPPORT OF H.2197/S.1356 AN ACT TO PROTECT
MASSACHUSETTS PUBLIC HEALTH FROM PFAS
BEFORE THE JOINT COMMITTEE ON PUBLIC HEALTH
JUNE 21, 2023**

**The Massachusetts Medical Society (MMS) wishes to be recorded in support of
H.2197/s.1356, *An Act to protect Massachusetts public health from PFAS***

The Massachusetts Medical Society is a professional association of over 25,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, to give them a better health care system, and on behalf of physicians, to help them provide the best care possible. The prevalence and persistence of per- and polyfluoroalkyl substances (PFAS) in drinking water, air, oil and animals, represents a risk to the health of Massachusetts residents. For that reason, the Medical Society wishes to be recorded in strong support of the above referenced legislation that would offer a comprehensive approach to meaningfully reducing public exposure to PFA chemicals.

PFAS are widely used, long lasting chemicals, components of which break down very slowly over time. PFAS are found in water, air, fish, and soil. Due to their widespread use and their persistence in the environment, many PFAS are found in the blood of people and animals across the Commonwealth, the nation, and the world.¹ Exposure to PFAS can have detrimental health effects as noted by Dr. Joseph Braun in the New England Journal of Medicine:

Past and current PFAS exposures pose threats to human health. In addition to their persistence in the environment, many PFAS linger in people's blood for years after exposure. Nearly all Americans have detectable levels of PFAS in their blood. Americans are exposed to PFAS in their food, drinking water, and indoor and outdoor dust and air. Epidemiologic and toxicologic studies have linked PFAS to some cancers, elevated cholesterol, impaired vaccine response, thyroid dysfunction, liver disease, reduced birth weight, and premature death, with no level of exposure being considered safe.³ Particularly concerning are the health effects of exposure that occurs during gestation or early childhood, which may not manifest until years later and can include reduced immune responses to vaccines, lower bone mass, and cardiometabolic disease.²

¹ EPA PFAS: <https://www.epa.gov/pfas>

² Braun, J.M., 2023, Enhancing Regulations to Reduce Exposure to PFAS — Federal Action on “Forever Chemicals”, *New England Journal of Medicine*, Vol. 388, Issue 21, P. 1924-1926.
<https://www.nejm.org/doi/full/10.1056/NEJMp2303333>



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There are two identical bills before the committee which seek to reduce PFAS released into the environment, and track and mitigate PFAS already present in the Commonwealth. H.2197/s.1356, *An Act to protect Massachusetts public health from PFAS*, is an outgrowth of the recommendations of the statutorily created PFAS Interagency Task Force. This legislation would Ban PFAS in almost all products, starting with food packaging, children's products, fabric treatments, cookware, personal care products, cookware, carpets and rugs, and upholstered furniture and firefighter protective gear by Jan 1, 2026. All other products would have to be PFAS free by Jan. 2030. This builds off practices in other states, such as Maine, which recently enacted a similar phased-in ban of PFAS in consumer products. The legislation would regulate PFAS as a class of chemicals, requiring the Department of Environmental Protection, (DEP) to restrict industry discharges of PFAS to groundwater and surface water and mandate quarterly monitoring and reporting of PFAS. It would also create a fund for drinking water remediation and a public outreach program on the dangers of PFAS. Finally, the proposal would give the AG authority to enforce violations of the proposed law as consumer protection violations.

In March the EPA announced the proposed National Primary Drinking Water Regulation (NPDWR) to establish legally enforceable levels, called Maximum Contaminant Levels (MCLs), for six PFAS in drinking water. While this is a promising first step in containing PFAS, states can and should go further. The proposed legislation before you would provide greater protection, by regulating PFAS as a class rather than individual variations. This approach better mitigates the detrimental health effects, as they derive from many different PFAS, not just the legacy ones targeted by the proposed EPA rule.

PFAS contamination is an equity issue. While PFAS can be found throughout the Commonwealth, the cost of mitigation or remediation is substantial, resulting in health disparities between communities that can afford remediation and those who cannot. Littleton, a town of only about 10,000 people, recently installed a PFAS mitigation system for its drinking water at a cost of \$16 million. This was accompanied by a 30% water rate hike for residents.³ Cambridge was forced to switch over their water supply to MWRA, at a cost of \$2 million per month, while installing PFAS filters in their water supply facilities. The price of remediation is

³ Moran, Barbara, "Toxic 'forever chemicals' force Mass. towns to face 'true cost of water,'" WBUR, February 13, 2023, <https://www.wbur.org/news/2023/02/14/pfas-pfoa-massachusetts-drinking-water-clean-up>



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simply out of reach for many. This is why inclusion of a fund to help defray the cost of remediation is essential to an equitable approach to PFAS contamination. While the cost of remediation is substantial, it is dwarfed by the estimated economic cost to the U.S. of the health sequelae of PFAS, which researchers place in a range of \$5.5 to \$63 billion annually.⁴

The Commonwealth has confronted and overcome similar public health challenges in the past. The regulation and remediation of the neurotoxicant, lead, is a public health success story, demonstrating that public education, combined with regulatory action to prevent further contamination and remediate existing contamination can produce positive results. The comprehensive approach taken by H.2197/S.1356, provides for just such a framework of prevention, education, and mitigation. With such a framework in place, the Commonwealth can successfully manage the current challenges presented by PFAS contamination.

Thank you for your consideration of our comments and for your important work on this pressing topic. The Medical Society respectfully urges a favorable report on H.2197/S.1356, *An Act to protect Massachusetts public health from PFAS.*

⁴ “Daily Exposure to ‘Forever Chemicals’ Costs United States Billions in Health Costs,” NYU Langone Health, July 26, 2022, <https://nyulangone.org/news/daily-exposure-forever-chemicals-costs-united-states-billions-health-costs>