AGENDA ITEM #4A & 5A
May 7, 2019

Subject: Action – Bill 2-19, Health – Lead in Drinking Water – Schools Resolution to adopt Bill 2-19 as a Board of Health Regulation	
Purpose: Final action – vote expected	
Analyst: Robert H. Drummer, Senior Legislative Attorney	**Committee:** Choose an item.
Keywords: #SafeWater4Students Other search terms: lead, water, water fountains, schools and health	

EXPECTED ATTENDEES

Essie McGuire, MCPS Executive Director, Office of Chief Operating Officer
Sean Gallagher, MCPS, Division of Department of Facilities Management

COUNCIL DECISION POINTS & COMMITTEE RECOMMENDATIONS

A joint Health and Human Services/Education and Culture Committee worksession was held on April 2 and the Committee recommends (5-0) enacting the Bill and adopting the Board of Health Resolution as introduced.

DESCRIPTION/ISSUE

This Bill would establish a County lead limit of 5 ppb for a drinking water outlet in a public school in the County. It would also require remediation of a drinking water outlet in an occupied public school building with a lead concentration greater than the County lead limit. The proposed resolution would adopt Bill 2-19 as a Board of Health Regulation effective throughout the County. The State requires all public and private schools to test and remediate drinking water outlets that test above the EPA standard of 20 ppb.

SUMMARY OF KEY DISCUSSION POINTS

MCPS described their ongoing efforts to remediate all 283 drinking water outlets that tested above the proposed County lead level of 5 ppb without waiting for this legislation. The State enacted a law in April, HB 1253, authorizing grants to remediate drinking water outlets that test above 5 ppb, but did not change the State action level.

This report contains:

Agenda Items 4A & 5A
May 7, 2019
Action

MEMORANDUM

May 3, 2019

TO: County Council

FROM: Robert H. Drummer, Senior Legislative Attorney

SUBJECT: Bill 2-19, Health – Lead in Drinking Water – Schools
Resolution to adopt Bill 2-19, Health – Lead in Drinking Water-Schools as a Board of Health Regulation

PURPOSE: Action – Council roll call vote required on Bill and Council action on Resolution

Health and Human Services/Education and Culture Committee recommendation (5-0): approve the Bill and the Resolution as introduced.

Expected attendees:
Essie McGuire, MCPS Executive Director, Office of Chief Operating Officer
Sean Gallagher, MCPS, Division of Department of Facilities Management

Bill 2-19, Health – Lead in Drinking Water - Schools, sponsored by Lead Sponsor Councilmember Hucker and Co-Sponsors Councilmember Riemer, Council Vice President Katz, Councilmembers Albornoz, Council President Navarro and Councilmembers Jawando, Rice, Friedson, and Glass, was introduced on February 5, 2019. A public hearing was held on March 19 at which 10 speakers testified on both the bill and the resolution adopting the Bill as a health regulation.[1] A joint Health and Human Services and Education and Culture Committee worksession was held on April 2.

Bill 2-19 would:

- establish a County lead limit for a drinking water outlet in a public school in the County; and
- require remediation of a drinking water outlet in an occupied public school building with a lead concentration greater than the County lead limit.

[1] Key search terms: #SafeWater4Students
Other search terms: lead, water, water fountains, schools and health.

Health and Human Services/Education and Culture Committee Worksession

Councilmember Hucker, Essie McGuire, MCPS Executive Director, Office of Chief Operating Officer, Sean Gallagher, MCPS, Division of Department of Facilities Management, and Robert Drummer, Senior Legislative Attorney participated in the discussion.

The Committee reviewed the Bill and the companion Board of Health Regulation. MCPS representatives described the work that is already ongoing to remediate or take out of service each of the 283 drinking water outlets that tested with lead levels greater than 5 ppb but less than 20 ppb. The Committee thanked MCPS for their proactive response to this issue. In response to questions from the Committee, Mr. Gallagher stated that they found no correlation between high lead levels and any area of the County, but they did find a slight correlation with age of the fixture. Mr. Gallagher also stated that lead standard for water fixtures were first adopted in 1986 and strengthened in 2012. MCPS found that prior to remediation, 94% of hallway water fountains had no detectable level of lead and that 99% of hallway water fountains tested at less than 5 ppb.

The joint Committee recommended (5-0) to approve the Bill and the Board of Health Regulation as introduced.

Background

MD Code, Environment, §§ 6-1501 and 6-1502 require all public and private schools in Maryland to test for lead in each drinking water outlet on or before July 1, 2018. See ©5-10. This State law also requires each school to remediate or close each drinking water outlet found to have an elevated level of lead. Under State law, an elevated level of lead is greater than 20 parts per billion (ppb).

Pursuant to this State law, Montgomery County Public Schools (MCPS) tested its drinking water outlets and completed remediation of 97 percent of the outlets with an elevated level. MCPS estimates that it spent approximately $540,000 for systemwide testing and $150,000 for remediation.

Bill 2-19 would establish a 5 ppb standard for lead in a drinking water outlet in a public school in the County. The bill would piggy-back on the recent State law and implementing regulations that require each public and nonpublic school in the State to regularly test and remediate drinking water outlets with an elevated level of lead. The State uses the EPA 20 ppb standard. Bill 2-19 would rely on the existing State requirements but establish a lower County lead limit requiring action for public schools in the County.

County Code §2-65, as amended, provides that the County Council is, and may act as, the County Board of Health, and in that capacity may adopt any regulation which a local Board of Health is authorized to adopt under state law. Maryland Code Health-General Article §3-202 authorizes the County Board of Health to adopt rules and regulations regarding any nuisance or cause of disease in the County. The proposed resolution would adopt Bill 2-19 as a health regulation effective throughout the County. As required by Code §2-65(c), notice of this public

hearing on a proposed health regulation was sent to each municipality in the County on March 8, 2019.

Public Hearing

All 10 speakers at the public hearing supported the Bill. Victoria Buckland, Acting Director of the Department of Health and Human Services (HHS), representing the Executive and the County Health Officer, Dr. Travis Gayles, testified that "no measurable level of blood lead is known to be without deleterious effect." See, (©20-21). Ms. Buckland also pointed out that increased lead exposure can have a significant adverse impact on the developing brain and neurologic pathways of a child. In 2012, the Centers for Disease Control significantly lowered the level of blood lead at which interventions are recommended. Organizations that testified in support of the Bill included Fania Yangarber, representing Real Food for Kids - Montgomery (©22), Laura Stewart, Montgomery County Council of Parent Teacher Associations (©23), Diana Conway, Women's Democratic Club (©24-25), and David Goodrich, Chesapeake Climate Action Network (©26-27). Cynthia Simonson, a parent of a child adversely affected by lead exposure (©28), Byron Bloch (©29-30), and J. Henry Montes, MPH, a long time public health worker (©31-34) also supported the Bill. The Council also received written testimony supporting the Bill from Ruth Ann Norton, representing Green and Healthy Homes Initiative (©35-36).

Fiscal Impact

OMB estimated that it would cost $2.5 million to remediate 1,350 outlets if the Bill is enacted. See ©13-16. However, this estimate appears to be based on the cost to replace all water drinking outlets. We received a letter from MCPS Chief Operating Officer Andrew Zuckerman dated March 13 updating the Council on its efforts to remediate drinking water outlets. See ©17-19. MCPS tested all drinking water outlets last year and only 283 drinking water outlets tested with a lead level between 5 ppb and 20 ppb. MCPS is already working toward remediating or taking these 283 outlets out of service. MCPS estimates that they can replace the 22 water fountains and the ice maker for approximately $54,000. The 262 classroom bubblers will be taken out of service immediately and remediated over time.

The Council's Authority

The Council has limited authority to legislate in the field of education. In *Bd. Of Educ. Of Prince George's Cty. V. Waeldner,* 298 Md. 354 (1984), the Court held that the General Assembly has impliedly preempted local government authority on educational policy or the administration of the system of public education. Whether or not Bill 2-19 infringes on the General Assembly's occupation of this field is an interesting issue that may not need to be decided.

First, the Council has additional delegated authority under the Health-General Article as the County Board of Health. The Council has introduced a resolution to adopt Bill 2-19 as a Board of Health Regulation. The Council's authority under State law to adopt regulations to lessen the cause of disease in the County supports the Board of Health Regulation. In addition, HB 1253, enacted by the General Assembly in the 2019 legislative session recognized that it is important to

remediate drinking water outlets in public and private schools that test greater than the County's proposed 5 ppb level. Although HB 1253, as enacted, did not reduce the State action level for mandatory remediation down to 5 ppb, the new law authorized grant funding for remediation of drinking water outlets testing at greater than 5 ppb.

Discussion

A cost-benefit analysis of Bill 2-19 inevitably leads to enactment. There is no safe level of exposure to lead. Children are more susceptible to permanent damage from lead exposure. MCPS should be commended for moving to comply with the lower standard without waiting for Bill 2-19 to be enacted. **Joint Committee recommendation (5-0):** enact the Bill and the Board of Health Regulation as introduced.

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Bill No. 2-19
Concerning: Health – Lead in Drinking Water - Schools
Revised: February 5, 2019 Draft No. 4
Introduced: February 5, 2019
Expires: August 5, 2020
Enacted: [date]
Executive: [date signed]
Effective: [date takes effect]
Sunset Date: None
Ch. [#], Laws of Mont. Co. [year]

COUNTY COUNCIL
FOR MONTGOMERY COUNTY, MARYLAND

Lead Sponsor: Councilmember Hucker
Co-Sponsors: Councilmember Riemer, Council Vice President Katz, Councilmember Albornoz, Council President Navarro and Councilmembers Jawando, Rice, Friedson, and Glass

AN ACT to:

(1) establish a County lead limit for a drinking water outlet in a public school in the County;
(2) require remediation of a drinking water outlet in an occupied public school building with a lead concentration greater than the County lead limit; and
(3) generally amending the law governing the action level for lead in drinking water outlets.

By adding
Montgomery County Code
Chapter 24. Health and Sanitation
Section 24-8D

Boldface	*Heading or defined term.*
Underlining	*Added to existing law by original bill.*
[Single boldface brackets]	*Deleted from existing law by original bill.*
Double underlining	*Added by amendment.*
[[Double boldface brackets]]	*Deleted from existing law or the bill by amendment.*
* * *	*Existing law unaffected by bill.*

The County Council for Montgomery County, Maryland approves the following Act:

Sec. 1. Section 24-8D is added as follows:

24-8D. Lead in drinking water.

(a) *Findings.*

(1) The United States Environmental Protection Agency has determined that:

(A) lead is a toxic metal that is harmful to human health;

(B) children are at a greater risk from lead exposure than adults; and

(C) there is no safe level of lead for children.

(2) MD Code, Environment, §§ 6-1501 and 6-1502 require public and nonpublic schools to:

(A) regularly test for lead in drinking water outlets located in each occupied school building;

(B) within 24 hours, prevent all physical access to water from a drinking water outlet with an elevated level of lead until the problem is mitigated; and

(C) report the results of all lead testing to the Maryland Department of the Environment.

(3) A lead level in a drinking water outlet greater than 5 parts per billion is a danger to children in public schools.

(b) *Definitions.* In this Section, the following words have the following meanings:

Action level means a level of lead in water, which if exceeded, requires a school to take remedial action, notification, and follow-up-sampling.

Director means the Director of the Department of Environmental Protection or the Director's designee.

Drinking water outlet means a potable water fixture that is used for drinking or food preparation. A drinking water outlet includes:

(1) a water fountain, faucet, or tap that is used or potentially used for drinking or food preparation;

(2) an ice-making machine;

(3) a hot drink machine; and

(4) any sink that is known to be used for human consumption.

County lead limit means a lead concentration in drinking water of 5 parts per billion in a 250 milliliter first-draw.

Public school means a school operated by the Montgomery County Board of Education or a public charter school established by the Montgomery County Board of Education.

State regulations means the Code of Maryland Regulations, Title 26, Department of the Environment, Subtitle 16, Lead, Chapter 07, Lead in Drinking Water – Public and Nonpublic Schools, as amended.

(c) *Action level.* A public school must:

(1) complete all testing and reporting required by the State regulations;

(2) submit a copy of all test results and reports required by the State regulations to the Director; and

(3) take the remedial action, notification, and follow-up sampling required for an elevated level of lead under the State regulations for any drinking water outlet with a lead concentration that is greater than the County lead limit.

Approved:

Nancy Navarro, President, County Council Date

LEGISLATIVE REQUEST REPORT

Bill 2-19
Health – Lead in Drinking Water - Schools

DESCRIPTION: Bill 2-19 would establish a County lead limit for a drinking water outlet in a public school in the County and require remediation of a drinking water outlet in an occupied public school building with a lead concentration greater than the County lead limit.

PROBLEM: The State requires public schools to test and remediate drinking water outlets for lead elevation greater than the EPA limit of 20 ppb. However, there is no safe level of lead for children.

GOALS AND OBJECTIVES: Decrease the potential lead poisoning from an elevated lead level from a drinking water outlet in a public school.

COORDINATION: MCPS, Health Department, County Attorney

FISCAL IMPACT: To be provided

ECONOMIC IMPACT: To be provided

EVALUATION: To be provided

EXPERIENCE ELSEWHERE: The District of Columbia uses a 5 ppb standard for lead levels in public school drinking water outlets.

SOURCE OF INFORMATION: Robert H. Drummer, Senior Legislative Attorney

APPLICATION WITHIN MUNICIPALITIES: To be researched.

PENALTIES: N/A

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West's Annotated Code of Maryland
Environment
Title 6. Toxic, Carcinogenic, and Flammable Substances (Refs & Annos)
Subtitle 15. Lead in Drinking Water (Refs & Annos)

MD Code, Environment, § 6-1501

§ 6-1501. Definitions

Effective: June 1, 2017

Currentness

In general

(a) In this subtitle the following words have the meanings indicated.

Drinking water outlet

(b)(1) "Drinking water outlet" means a potable water fixture that is used for drinking or food preparation.

(2) "Drinking water outlet" includes:

(i) A water fountain, faucet, or tap that is used or potentially used for drinking or food preparation; and

(ii) Ice-making and hot drink machines.

Elevated level of lead

(c) "Elevated level of lead" means a lead concentration in drinking water that exceeds the standard recommended by the U.S. Environmental Protection Agency in technical guidance.

Public water system

(d) "Public water system" has the meaning stated in § 9-401 of this article.

Technical guidance

(e)(1) "Technical guidance" means the most recent technical guidance issued by the U.S. Environmental Protection Agency for reducing lead in drinking water in schools.

(2) "Technical guidance" includes:

(i) 3Ts for Reducing Lead in Drinking Water in Schools (2006); and

(ii) Any subsequent technical guidance issued by the U.S. Environmental Protection Agency for reducing lead in drinking water in schools.

Credits

Added by Acts 2017, c. 386, § 1, eff. June 1, 2017.

MD Code, Environment, § 6-1501, MD ENVIR § 6-1501
Current through legislation effective July 1, 2018, from the 2018 Regular Session of the General Assembly

End of Document

West's Annotated Code of Maryland
Environment
Title 6. Toxic, Carcinogenic, and Flammable Substances (Refs & Annos)
Subtitle 15. Lead in Drinking Water (Refs & Annos)

MD Code, Environment, § 6-1502

§ 6-1502. Testing for presence of lead in drinking water outlets in school buildings

Effective: June 1, 2017

Currentness

Scope of section

(a) This section does not apply to a public or nonpublic school that is classified as a public water system.

Adoption of regulations

(b)(1) Subject to paragraph (2) of this subsection, the Department, in consultation with the State Department of Education, the Department of General Services, and Maryland Occupational Safety and Health, shall adopt regulations to require periodic testing for the presence of lead in each drinking water outlet located in an occupied public or nonpublic school building.

(2) Before adopting the regulations required under this section, the Department shall gather information about the testing processes, protocols, and efforts being undertaken by each county school system and private school to establish a safe and lead-free environment, including whether the school system or school has a plan for testing and, if appropriate, remedial measures.

Requirements

(c) Regulations adopted under this section shall:

(1) Require initial testing to be conducted on or before July 1, 2018;

(2) Phase in the implementation of the required testing beginning with:

(i) School buildings constructed before 1988; and

(ii) School buildings serving students in a prekindergarten program or any grade from kindergarten through grade 5;

(3) Establish a sampling method for the required testing that is consistent with technical guidance;

(4) Establish the frequency for the required testing;

(5) Address best practices and cost-effective testing;

(6) Require test samples from drinking water outlets to be analyzed by an entity approved by the Department; and

(7) If an analysis of a test sample indicates an elevated level of lead in a drinking water outlet, require that:

(i) The results of the analysis be reported to the Department, the State Department of Education, the Maryland Department of Health, and the appropriate local health department;

(ii) Access to the drinking water outlet be closed;

(iii) An adequate supply of safe drinking water be provided to school occupants;

(iv) The school take appropriate remedial measures, including:

1. Permanently shutting or closing off access to the drinking water outlet;

2. Manual or automatic flushing of the drinking water outlet;

3. Installing and maintaining a filter at the drinking water outlet; or

4. Repairing or replacing the drinking water outlet, plumbing, or service line contributing to the elevated level of lead;

(v) The school conduct follow-up testing; and

(vi) Notice of the elevated level of lead be:

1. Provided to the parent or legal guardian of each student attending the school; and

2. Posted on the Web site of the school.

Waiver from testing

(d) The Department, in consultation with the State Department of Education, may grant a waiver from the testing required under this section if:

(1)(i) The drinking water outlets in the school building have been tested for the presence of lead in a manner that substantially complies with regulations issued under this section; and

(ii) The test results indicate no elevated levels of lead in any of the drinking water outlets in the school building;

(2)(i) Students in the school building do not have access to any drinking water outlet; and

(ii) Bottled water is the only source of water for drinking or food preparation in the school building;

(3) A plan is in place for testing the drinking water outlets and addressing any elevated level of lead in a drinking water outlet in the school building in a manner that substantially complies with the regulations required under this section; or

(4) The local school system has:

(i) Completed comprehensive lead testing of the drinking water from plumbing fixtures; and

(ii) A comprehensive monitoring program to ensure safe drinking water in its schools.

Report

(e) On or before December 1, 2018, and on or before December 1 each year thereafter, the Department and the State Department of Education jointly shall report to the Governor and, in accordance with § 2-1246 of the State Government Article, the General Assembly on the findings of the testing required under this section, including:

(1) The name and address of each school found to have elevated levels of lead in its drinking water; and

(2) The type, location in the building, and use of each drinking water outlet with an elevated level of lead.

Credits

Added by Acts 2017, c. 386, § 1, eff. June 1, 2017. Amended by Acts 2017, c. 62, § 6.

MD Code, Environment, § 6-1502, MD ENVIR § 6-1502
Current through legislation effective July 1, 2018, from the 2018 Regular Session of the General Assembly

End of Document

Resolution No.: _____
Introduced: February 26, 2019
Adopted: _____

COUNTY COUNCIL
FOR MONTGOMERY COUNTY, MARYLAND
SITTING AS THE MONTGOMERY COUNTY BOARD OF HEALTH

Lead Sponsor: Councilmember Hucker
Co-Sponsors: Councilmember Riemer, Council Vice President Katz, Councilmember Albornoz, Council President Navarro and Councilmembers Jawando, Rice, Friedson, and Glass

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SUBJECT: Resolution to adopt Bill 2-19, Health - Lead in Drinking Water - Schools

Background

1. County Code §2-65, as amended, provides that the County Council is, and may act as, the County Board of Health, and in that capacity may adopt any regulation which a local Board of Health is authorized to adopt under state law.

2. Maryland Code Health-General Article §3-202 authorizes the County Board of Health to adopt rules and regulations regarding any nuisance or cause of disease in the County.

3. On May 7, 2019, the County Council enacted Bill 2-19, Health - Lead in Drinking Water - Schools. Bill 2-19 established a County lead limit for a drinking water outlet in a public school in the County.

5. On March 19, 2019, the Council held a public hearing on this regulation. As required by law, each municipality in the County and the public were properly notified of this hearing.

6. The County Council, sitting as the Board of Health, finds after reviewing the evidence in the record that the County lead limit for a drinking water outlet in a public school required by this Regulation is necessary to protect the health of County residents.

Action

The County Council for Montgomery County, Maryland, sitting as the County Board of Health, approves the following resolution:

1. The provisions of Section 24-8D of the Montgomery County Code, entitled "Lead in drinking water.", as added by Bill 2-19, Health – Lead in Drinking Water – Schools, are adopted as a Board of Health regulation. A copy of Bill 2-19 is attached to this resolution.

2. This resolution takes effect on [100 days after adoption].

This is a correct copy of Council action.

_____

Megan Davey Limarzi, Esq.
Clerk of the Council

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ROCKVILLE, MARYLAND

MEMORANDUM

March 11, 2019

TO: Nancy Navarro, President, County Council

FROM: Richard S. Madaleno, Jr., Director, Office of Management and Budget
Alexandre A. Espinosa, Director, Department of Finance

SUBJECT: Economic and Fiscal Impact Statement for Bill 2-19, Health - Lead in Drinking Water – Schools

Please find attached the Economic and Fiscal Impact Statement for Bill 2-19, Health – Lead in Drinking Water – Schools.

RSM:mc

cc: Andrew Kleine, Chief Administrative Officer
Debbie Spielberg, Special Assistant to the County Executive
Dale Tibbitts, Special Assistant to the County Executive
Fariba Kassiri, Deputy Chief Administrative Officer
Ohene Gyapong, Acting Director, Public Information Office
David Platt, Department of Finance
Dennis Hetman, Department of Finance
Lisa Austin, Office of the County Executive
Monika Coble, Office of Management and Budget
Bruce Meier, Office of Management and Budget
Chrissy Mireles, Office of Management and Budget

Fiscal Impact Statement
Bill 2-19, Health – Lead in Drinking Water - Schools

1. **Legislative Summary**

   Bill 2-19 would establish a County lead limit for a drinking water outlet in a public school in the County and require remediation in an occupied school building with a lead concentration greater than the County lead limit.

2. **An estimate of changes in County revenues and expenditures regardless of whether the revenues or expenditures are assumed in the recommended or approved budget. Includes source of information, assumptions, and methodologies used.**

   Bill 2-19 will not have an impact on revenues. Montgomery County Public Schools estimates, based on testing done per the State regulations, is that to meet the 5ppb limit. An additional approximately 1,350 outlets would require remediation at a one-time cost of approximately $2.5 million. These costs are not in the current or recommended budgets.

3. **Revenue and expenditure estimates covering at least the next 6 fiscal years.**

   Bill 2-19 will not impact revenues over the next 6 years. In addition to the one-time remediation costs, expenditures could increase for annual estimated costs of $300,000 for filter maintenance and another $800,000 for future remediations.

4. **An actuarial analysis through the entire amortization period for each bill that would affect retiree pension or group insurance costs.**

   Bill 2-19 does not affect retiree pensions or group insurance costs.

5. **An estimate of expenditures related to County's information technology (IT) systems, including Enterprise Resource Planning (ERP) systems.**

   Bill 2-19 does not impact the County's IT or ERP systems.

6. **Later actions that may affect future revenue and expenditures if the bill authorizes future spending.**

   Bill 2-19 does not authorize future spending.

7. **An estimate of the staff time needed to implement the bill.**

   No additional staff time would be needed, as State law and regulation already requires testing.

8. **An explanation of how the addition of new staff responsibilities would affect other duties.**

   No impact.

9. **An estimate of costs when an additional appropriation is needed.**

The FY20 cost to implement the bill is estimated to be $2.5 million.

10. **A description of any variable that could affect revenue and cost estimates.**

Bill 2-19 will not have an impact on revenue. Future costs would be dependent upon the results of future tests and the required remediations.

11. **Ranges of revenue or expenditures that are uncertain or difficult to project.**

Not applicable.

12. **If a bill is likely to have no fiscal impact, why that is the case.**

Not applicable.

13. **Other fiscal impacts or comments.**

Not applicable.

14. **The following contributed to and concurred with this analysis:**

James Song, Department of Facilities Management, Montgomery County Public Schools

Bruce Meier, Office of Management and Budget

Richard Madaleno

Richard S. Madaleno, Director
Office of Management and Budget

3/11/19

Date

Economic Impact Statement
Bill 2-19, Health – Lead in Drinking Water – Schools

Background:

Bill 2-19 would:

- establish a County lead limit for a drinking water outlet in a public school in the County; and
- require remediation of a drinking water outlet in an occupied public school building with a lead concentration greater than the County lead limit.

1. The sources of information, assumptions, and methodologies used.

There were no sources of information, assumptions, or needed methodologies in the formulation of this economic impact statement. Bill 2-19 would establish a 5 parts per billion (ppb) standard for lead in a drinking water outlet in a public school in the County. The Federal Environment Protection Agency has a 20 ppb standard. The bill would piggy-back recent State legislation and implement regulations that require each public and nonpublic school in the State to regularly test and remediate drinking water outlets with an elevated level of lead.

2. A description of any variable that could affect the economic impact estimates.

There are no variables that could affect economic impact estimates.

3. The Bill's positive or negative effect, if any on employment, spending, savings, investment, incomes, and property values in the County.

As noted in the fiscal impact statement for the bill, the cost to the County of remediation for outlets that tested between 5 and 20 ppb will exceed $2.5 million and have additional ongoing costs annually. The legislation will not have an immediate impact on employment, spending, savings, investment, incomes, and property values in the County but could have future social and economic benefits.

4. If a Bill is likely to have no economic impact, why is that the case?

See number 3.

5. The following contributed to or concurred with this analysis:

David Platt, Dennis Hetman, and Rob Hagedoorn, Finance.

Alexandre A. Espinosa, Director
Department of Finance

8/11/19
Date

MCPS MONTGOMERY COUNTY PUBLIC SCHOOLS
www.montgomeryschoolsmd.org
MARYLAND

March 13, 2019

Malcolm Baldrige National Quality Award
2010 Award Recipient

The Honorable Gabe Albornoz, Chair
Health and Human Services Committee
Montgomery County Council
Stella B. Werner Council Office Building
100 Maryland Avenue
Rockville, Maryland 20850

Dear Councilmember Albornoz and Members of the Health and Human Services Committee:

We appreciate the opportunity to engage with the County Council around our shared efforts to ensure safe, high quality drinking water in Montgomery County Public Schools (MCPS). MCPS is fully committed to implementing best practices and safety standards in all of our schools and facilities. We have learned a great deal in our work on this issue in the last year, and MCPS is well positioned to meet the intent of Bill 2-19, Health—Lead in Drinking Water—Schools, to address our drinking outlets on an action level of 5 parts per billion (ppb). As you approach your scheduled March 25, 2019, Health and Human Services Committee work session to review this proposed legislation, I would like to provide a brief status report of our efforts to date and share with you our thinking for how to move forward.

Last year, MCPS proactively tested every water outlet in our schools, completing this effort in June 2018. We approached this initial baseline effort from the perspective of meeting the current state standard action level of 20 ppb. In total—

- MCPS tested 13,570 outlets;
- a total of 249 had elevated results, which is 1.8 percent of all outlets; and
- of these, 159 elevated outlets previously were accessible to students.

We immediately took out of service any outlet that exceeded the 20 ppb action level and have been working through remediation and retesting protocols. All test results are posted on the MCPS Drinking Water Test Reports web page.

At the same time, we also engaged with advocates, experts, and agency colleagues through a Water Safety Work Group around best practices for water safety and quality and to review the current research and thinking in the scientific and public health communities on action levels for lead in drinking water. The meeting agendas, minutes, and presentations have been shared with the County Council staff. This information will be available on the MCPS website soon.

As part of our ongoing examination of the 2018 test results, the Water Safety Work Group began earlier this winter by focusing its attention on the outlets that are primary drinking water outlets for students and staff. These are the "water coolers," which are the large water fountains typically found in hallways, and the "bubblers," which are the smaller drinking fixtures in elementary classrooms. Given that the fixtures in these categories that tested above 20 ppb already have been remediated, the Work Group has further analyzed outlets with test results above 5 ppb.

- Out of 2,292 hallway water coolers, a total of 22 tested between 5–20 ppb.
- Out of 3,532 classroom bubblers, a total of 261 tested between 5–20 ppb.
- Out of 93 icemakers, a total of 1 tested between 5–20 ppb.

We are pleased that the large majority of our drinking outlets already are testing below the proposed lower action level of 5 ppb. In light of the current energy and thinking around this action level, we immediately will move to take the following steps:

- Immediately take out of service these 283 identified drinking outlets that are above 5 ppb.
- Replace the 22 hallway water coolers as soon as feasible. These are important to have available for student and staff use. We will allocate an estimated $50,000 needed to accomplish this from existing resources.
- Immediately replace the one icemaker at an estimated cost of $4,000.
- Phase in remediation of the 261 classroom bubblers. While these fixtures are a convenience for elementary teachers and students, hallway fixtures also are a resource for drinking water. We will develop an implementation and funding plan to address these fixtures over time, prioritizing kindergarten, prekindergarten, and special education classrooms where it is more difficult for students to leave the classroom.
- Place signage near water outlets that are not intended as drinking sources. This best practice has been identified in our Work Group as one strategy to encourage drinking from appropriate outlets where the water quality can be more closely monitored and verified.
- Continue and formalize flushing protocols. This is an important best practice and will remain a key strategy in our comprehensive approach to water quality going forward.
- Continue monitoring and testing practices, including periodic testing on a 3-year cycle as required by Maryland Department of the Environment regulations.

Our kitchen water outlets also are included in our analysis. We will work with our staff in the Division of Food and Nutrition Services and our family and consumer sciences and culinary arts instructional programs to ensure that only kitchen water outlets testing below 5 ppb are used for cooking or drinking.

These measures immediately will allow us to meet the proposed lower standard of 5 ppb for drinking outlets and will even further ensure that all MCPS schools meet the highest standards of safety and quality for drinking water. We encourage the County Council to broaden this important

discussion to other public facilities where children and families access drinking water, such as child-care centers, recreation centers, and libraries.

We look forward to continued collaboration with you and our other county partner agencies on maintaining safe, high quality drinking water in schools and throughout Montgomery County. Please let me know if you have any questions on this issue.

Sincerely,

Andrew M. Zuckerman, Ed.D.
Chief Operating Officer

AMZ:em

Copy to:
Members of the Montgomery County Council
Members of the Board of Education
Dr. Smith
Mr. Turner
Mr. Song
Mr. Drummer
Mr. Howard
Ms. Webb

Testimony on behalf of County Executive Marc Elrich
Bill 2-19, Health – Lead in Drinking Water – Schools

Thank you Council President Navarro and Distinguished Councilmembers, I am Victoria Buckland, acting Director for the Department of Health and Human Services. With me is Chunfu Liu, lead epidemiologist within the Public Health service area within DHHS. I am testifying today on behalf of County Executive Elrich, and the County's Health Officer, Travis Gayles. Dr. Gayles is sorry he is not able to be with you in today's hearing. We are submitting this testimony in support of Bill 2-19, *Health – Lead in Drinking water – Schools* that aims to strengthen the standards on levels of lead in school water systems to 5 parts per billion. I would like to thank Councilmember Hucker for bringing forward this bill to minimize any potential lead exposure to the County's children, and to the Montgomery County Public Schools staff for their diligent work to identify and remediate school water sources with elevated lead levels to the current State standards.

The United States Environmental Protection Agency estimates that drinking water can make up 20 percent or more of a person's total exposure to lead. According to the Centers for Disease Control and Prevention (CDC), no measurable level of blood lead is known to be without deleterious effect. This is an opinion shared by many professional organizations such as the American Academy of Pediatrics. There are no longitudinal studies that have demonstrated what, if any, are acceptable levels of lead exposure, or the long-term effects of intermittent exposure to water sources with levels below the EPA standard of 15-20 ppb.

The CDC studies children ages 0 to 6 for blood lead levels. The reason that these ages are the testing levels is due to the significant impact

increased lead exposure can have on the child's developing brain and neurologic pathways. Increased lead exposure can impair development of neuro-cognitive pathways essential to learning and emotional development.

In 2012, the CDC established a new "reference level" for blood lead levels of 5 micrograms/deciliter (µg/dL), down from the 10 micrograms/deciliter (µg/dL) "level of concern" that had been previously defined, thereby lowering the level at which evaluation and interventions (public health and clinical) are recommended. Evidence from the Maryland Department of Health demonstrate there has been a decreasing trend in percentages of children ages 0-6 tested with high blood lead levels at both state and local levels. In 2016, the percentage of children ages 0 to 6 who were found to have a blood lead level of 5-9 micrograms/deciliter (ug/dL) was 0.8% in Montgomery County, which is lower than the state percentage of 1.5%. There has been a long-term trend toward decreasing lead levels in children since 2000. Adherence to the standards set in this bill will continue that trend in Montgomery County because, as was stated earlier, there is no safe level of lead, particularly in children.

Bill 2-19 would help to minimize the risk of exposing children in Montgomery County to elevated levels of lead in drinking water, therefore County Executive Elrich and the Montgomery County Health Officer support this bill. Please do not hesitate to contact our office for further information. Thank you.

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Testimony of Fania Yangarber, Esq. March 19, 2019

Hello. My name is Fania Yangarber. I am a parent of two children in MCPS, and I am also the Executive Director of Real Food for Kids – Montgomery (RFKM), a local nonprofit organization dedicated to improving health and health outcomes for Montgomery County schoolchildren. Along with my own concerns as a parent, I am also here to convey the concerns of the over 5000 members of RFKM, who have identified increasing access to Safe Drinking Water as one of our three top priorities for the current school year.

Last year, MCPS' comprehensive testing of drinking water in all schools found levels of lead above Maryland's standard of 20 parts per billion (ppb) in a number of schools: 238 fixtures that exceeded the 20 ppb standard and many more that showed levels of lead between five ppb and 20 ppb. We know that 20 ppb is way too high. As this Bill notes in its amendment to the Health and Sanitation Chapter of the Montgomery County Code, ***there is no safe level of lead for children***. We need to continue to reduce sources of exposure where they live, learn, and play. The County's testing of drinking water has been benchmarked against outdated EPA guidance that used a threshold of 20 parts per billion lead in water. This standard was never based on health evidence but rather, what could be achieved at that time when the amount of lead in drinking water fixtures was much higher and children's blood lead levels were much higher. The EPA and CDC have since lowered the lead action level from 20 ppb to 15 ppb. The American Academy of Pediatrics recommends a standard of 1 part per billion. The Washington, DC school system uses 5 ppb and Prince George's County uses 10 ppb. Last year, the EPA aimed to "eradicate lead in our drinking water within a decade."[i] Montgomery County should follow suit, and lower the lead action level to 5 ppb, a level that would allow us to detect this toxic substance in our water, and be able to devise a comprehensive plan to try to limit exposure.

At RFKM, we were pleased to learn that last November, on motion of Ms. Ortman-Fouse, the Board of Education voted to allocate $2.0 million to purchase and install an average of two water bottle filling stations in all Montgomery County Public Schools. We support the installation of water bottle filling stations and believe that an updated lead action level would result in more unsafe water fixtures in schools being turned off. We are in agreement with Rebecca Morley, MCCPTA Safe Water Chair, who has stated that the county should turn off taps that were higher than 5 ppb and implement designated drinking taps with filters or with verified plumbing materials.

We support Bill 2-19, Health - Lead in Drinking Water - Schools as the logical next step ensure that all Montgomery County Schoolchildren have access to safe drinking water throughout the school day.

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[i] Wittenberg, Ariel. Pruitt wants to 'eradicate lead.' Is that possible? E&E News reporter. , February 7, 2018

Montgomery County Council - March 19

Bill 2-19 Health - Lead in Drinking Water - Schools

Support

Montgomery Council President Navarro and Council Members,

I am pleased to testify today in support of Bill 2-19. In the spring of last year, parents began receiving letters notifying them of elevated levels of lead in the drinking water in many schools. I reviewed the test results for every school in the county and was very concerned about the extremely high levels in several schools—over 1000 ppb in some cases ---when the state standard is 20 parts per billion.

I grew even more concerned when I learned that the State's standard of 20 was based on outdated EPA guidance from its 2005 3Ts (Testing, Training, Telling) manual. That guidance used a threshold of 20 parts per billion lead in water. This standard was never based on health evidence but rather what could be achieved at that time when the amount of lead in drinking water fixtures was much higher. Also, when 3Ts was written, children's blood lead levels were much higher. CDC's "level of concern" for public health action was 10 micrograms per deciliter of blood. Today that number is 5 ug/dL and there is a pending recommendation at CDC to further lower that to 3.5 ug/dL.In the intervening months, this guidance has been updated to remove reference to 20 ppb.

The concerns about our school drinking water led MCCPTA to pass a resolution in September to reduce the action level to 5. We created a safe drinking water task force to work with MCPS officials on the Water Safety Work Group to devise a solution.
This work has been very fruitful and MCCPTA is pleased that MCPS is planning to address lead in hallway water coolers, classroom bubblers, icemakers and kitchen water outlets. I believe it would be prudent to also assure that teachers are using outlets that test under the threshold of 5 ppb for coffee and tea, since fetuses are also susceptible to lead exposure.

Through a combination of efforts including taking outlets that are above 5 out of service, replacing drinking water coolers, and ensuring that ice machines and kitchen water outlets are also less than 5 ppb, MCPS is proposing an aggressive, proactive plan. The plan also considers the unique vulnerability of young children whose brains are still developing and who consume more water as a percentage of their weight –making them particularly susceptible to the effects of lead. Though all the taps will be placed out of service if they are above 5, the phased replacement of the classroom bubblers will begin with our kindergarten children—recognizing that for younger children it is also less practical for them to go to the hallway coolers for water.

I'm so grateful to the Council and the County Executive for their support and for introducing this important legislation, which will put Montgomery County's standards on par with neighborhood jurisdictions, such as Washington, DC, which also uses 5 ppb as its action level.
Pairing this legislation with the funding needed to implement these measures is also important – though the practical approach being proposed is very cost-effective. For example, for the coolers and the ice maker – the cost is estimated at a mere 54K for the entire county. Of course the cost to replace the bubblers will be an additional cost, over time, but the entire effort is not cost prohibitive and is clearly to the benefit of our children and the entire community. Thank you for your time and on behalf of MCCPTA, we heartily endorse this bill.

Regards,

Laura Stewart

MCCPTA Vice President of Advocacy

WOMAN'S DEMOCRATIC CLUB
OF MONTGOMERY COUNTY, MARYLAND

Bill 2-19 Health – Lead in Drinking Water - Schools
Montgomery County Council – March 19, 2019
SUPPORT

Thank you for this opportunity to testify on an important priority of the **Woman's Democratic Club of Montgomery County** (WDC). WDC is one of the largest and most active Democratic Clubs in our County with more than 600 politically active women and men, including many elected officials.

WDC urges the passage of Bill 2-19. This bill will:

- Establish a County lead limit of 5 ppb in a drinking water outlet in a public school in the County;
- Require remediation of a drinking water outlet in an occupied public school building with a lead concentration greater than the County lead limit; and
- Build on existing State requirements for testing frequency and protocols but establish a lower County lead limit requiring action for public schools in the County.

We support Bill 2-19 and specifically urge the Council to fund its implementation. The County's Department of Finance and the Office of Management and Budget statements of March 11, 2019, agree that meeting the 5 ppb limit will require remediation of 1,350 outlets at a one-time cost of $2.5 million.

These costs are not in the current or recommended budgets. Other costs can be reasonably predicted including filter maintenance ($300,000) and "future remediations" ($800,000).

The Department of Finance notes that this bill "could have future social and economic benefits." We agree. The American Academy of Pediatrics' *Prevention of Childhood Lead Toxicity* states "for a given level of exposure, lead-associated IQ decrements are proportionately greater at the lowest blood lead concentrations" meaning the first, smallest doses do the most proportional harm, and must be avoided.

The AAP also reports that

- Even low-level lead exposure "is a causal risk factor for diminished intellectual and academic abilities, higher rates of neurobehavioral disorders such as hyperactivity and attention deficits, and lower birth weight in children."

- "No effective treatments ameliorate the permanent developmental effects of lead toxicity. Reducing lead exposure from residential lead hazards, industrial sources, contaminated foods or water, and other consumer products is an effective way to prevent or control childhood lead exposure."

- "Lead poisoning prevention education directed at hand-washing or dust control fails to reduce children's blood lead concentrations."
- "Approximately 1 in 5 cases of ADHD among US children have been attributed to lead exposure."
- "In a meta-analysis of 16 studies, Marcus et al. concluded that lead exposure, measured via blood lead higher childhood blood lead or tooth lead concentrations resulted in higher rates of self-reported delinquent behaviors and arrests or convictions."

We ask for your support for Bill 2-19 and urge you to fully fund it.

Respectfully,

Fran Rothstein

Fran Rothstein
President

Testimony in Support of Bill 2-19

Lead in Drinking Water – Schools

David M. Goodrich, Ph.D.

Board Chair, Chesapeake Climate Action Network

Council President Navarro and members of the County Council:

This Council has a long history of support for environmental measures. I recall both the Council's resolution to divest County investments in fossil fuels and its declaration of a Climate Emergency. I testify here in support of another environmental measure that also has broad support on the Council: Bill 2-19, introduced by Councilmember Hucker, which would reduce the lead standard in public school drinking water from 20 to 5 ppb.

One of the Council's highest priorities must be to protect its citizens, and in this case its most vulnerable citizens. We need look no further than the events in Flint, Michigan, to see what kinds of devastation elevated lead in water can have on a community. The EPA has recently removed its 20 ppb action levels, and the Environmental Defense Fund has recommended that levels over 5 ppb warrant follow-up. Both Prince Georges County and District of Columbia public schools have lowered their thresholds to 5 ppb or below.

The next question from the Council might be whether acting on such a level is reasonable from a fiscal perspective. Based on the response from MCPS cited in the memorandum to the Council of March 15th, 283 outlets have been identified by MCPS as having these elevated lead levels, and they are working towards remediation or taking these outlets out of service.

Bill 2-19 thus represents an action that is both practical and the right thing to do to protect our county students. I hope that you'll consider this bill favorably.

County Council Members,

Thank you for the opportunity to speak here today.

The Maryland Department of the Environment website includes this language -- *"There is no established safe level of lead in the human body. No exposure to lead can be regarded as free from potential harm..."* https://mde.maryland.gov/programs/LAND/LeadPoisoningPrevention/Pages/parents_abatement.aspx

I agree with our State. Working with MCPS to lower the lead levels in our school buildings is important because we can lower the exposure to lead for 100s of kids, year after year after year, with one decision. As an officer with MCCPTA, I advocate for many countywide initiatives that I believe are the right thing to do, but every once in a while, there is an issue that is also personal. Lead is personal.

In August 2006, I got a call from our pediatrician. I needed to take my 2nd daughter, then 4, to have a venous draw to check her lead levels. The finger prick test performed in the office came back "elevated."

At that time, Claire had only ever lived in Potomac, 20854 – a zip code that doesn't show up as a risk area. We did not live in "pre-78 housing." She normally wouldn't have even been tested, but we think as part of the effort to jumpstart a new law, some health departments began universal testing, for which I am forever grateful.

In August 2006, Claire was added to the database and put on the Maryland Lead Watchlist. We spent the next few months over washing her hands as she touched contaminated soil. We got rid of painted toys and her favorite metal-based jewelry. We checked lead levels at all the key places where she consumed water.

What we found was small amounts of lead showed up over and over but no one source was *particularly* vicious. We never could fully determine why Claire's levels spiked summer of 2006. We had her tested a month later and because of an immediate 2 point drop, we were pretty confident we had stopped the exposure. Six months later, another 7 point drop. Another point and then another until the last test we performed was 2010. She was 8 years old when we finally exhaled. Today, she is a perfectly infuriating teenager!

My purpose in being here is to say, lead is everywhere. It shows up in our soil from the years of leaded gasoline. It is in jewelry and spices and paint and dust and beautiful ceramics and trace amounts in a whole host of products and places **and most of the time, we don't recognize it so we can't do anything about it.**

But, lead is cruel. It is insidious. And it is cumulative. Lead levels can build and build over weeks, months, and years without anyone suspecting anything is wrong.

We can't protect our children from all lead exposure. That task is too big for this Council. **But we have the opportunity to do something to lower the exposure in our schools and other public spaces.** This source, we know about. So, I urge you to take this step and adopt this resolution.

Cynthia Simonson,
Parent of 1 MCPS Graduate and 3 Current MCPS Students
Rockville/Derwood, MD
301.503.1044

Testimony by Byron Bloch, a Resident of Montgomery County, Maryland

Montgomery County Council (Maryland) -- Public Hearing on Bill 2-19
Lead in Drinking Water in Schools -- Hearing on March 19th, 2019

4

1. I appreciate this opportunity to submit written testimony, and to testify in person, at the Council Hearings on Bill 2-19, concerning the identification and then the healthful remedial reduction of any lead in the drinking water in schools, not to exceed 5 parts per billion. I support the proposed bill and its purpose to ensure safer drinking water for children in our schools.

2. However, I would respectfully request that the bill be amended to encourage and require that the lead level be reduced to ***zero parts per billion***, rather than presuming that 5 parts per billion would be sufficient. Medical evidence has consistently pointed out that there are toxic, carcinogenic, and adverse brain impairment effects from ingesting lead, and those harmful effects are increased for children.

3. Further, if the County intends to require safer drinking water in schools, it would seem proper to ***also*** require that lead be ***similarly reduced*** in all drinking water and cooking water in our schools, homes, workplaces, restaurants and hospitals. If the child has lead removed from their drinking water in school, and then goes home and drinks water with lead content, how is the child truly protected from ingesting toxic lead ?

4. I am testifying as a concerned citizen about the water supply that affects all of us, and I have further incentive from my own inquiries and concerns over these past two years due to the untimely death of my dear wife Naomi, age 64, who courageously fought against Stage 4 Ovarian Cancer but passed into the Universe on March 20th of 2018. Our County, our Nation and the entire world is battling a terrible epidemic of cancers of many types, including ovarian, prostate, liver, lung, breast, pancreatic cancer, and more.

5. The toxic elements in our water supply are linked to many of these cancers, in our drinking water, in our cooking water, and in our irrigation of foods growing on farms and ingested by the fish and animals that we eat. We humans are repositories for the many toxic elements in the food chain, and which can trigger the cancers we must then cope with.

6. Therefore, I respectfully request that the County Council, which also serves as the Board of Health for Montgomery County, investigate and consider amending this bill or initiating another bill, to ***require testing for toxic and carcinogenic elements*** including lead, chromium, arsenic, mercury, asbestos, cadmium, and pesticides, herbicides, micro-plastics, and other adverse chemicals and pathogens... and ***then ensure their removal*** at the source(s) and/or by treatment. Samples should be taken regularly not just at the water intake sources, but also in our schools, homes, restaurants, workplaces, and hospitals. The testing protocols and all results and water treatment progress should be provided completely and openly to the public.

My wife Naomi had previously worked for Councilmember Duchy Trachtenberg, and many on the Council staff knew her. I'm sure that Naomi would fully support your good efforts of compassion to ensure a safe water supply for all citizens in our County. Thank you.

J Byron J Bloch

Byron Bloch
Potomac, Maryland
County Resident since 1989
Email: **Byron@AutoSafetyExpert.com**

The Naomi Project

by Byron Bloch • Sullivan High School Alumnus

My dear wife, Naomi Elizabeth Bloch, age 64, recently died of Stage 4 Ovarian Cancer. And despite the best efforts of dedicated doctors and angelic nurses, on the night of March 20th, 2018, after fighting so valiantly for almost six months, this great lady finally and peacefully passed into the Universe. The sorrow of her leaving us is profound and immeasurable, and she will always and forever be in our hearts. The love of my life will always be within me.

As her husband, we were together throughout this difficult journey of pain and suffering, of medicines and testing, of treatments and nausea, of diminishing strength and loss of mobility. Yet through it all, her never-ending compassion for others kept her spirits alive. Why me, why now? she often wondered. Is there anything that could or should have been done differently? And why had her annual check-ups, including one just a month earlier, failed to spot the impending cancer crisis?

As my research on cervical/ovarian cancers has shown, including my wife's personal crusade to fight her own ovarian cancer, there are four basic phases: 1-Prevention, 2-Detection, 3-Treatment, 4-Cure. I believe there can and must be significant improvements in all these phases. I call this *"The Naomi Project"* to honor my wife's legacy, so that other women will not have to experience the horrific cancer illness similar to what had taken her life. Ovarian cancer now kills about 14,000 American women each year, and our national epidemic of all cancers... breast, cervical, pancreatic, lung ... must be stopped.

1. PREVENTION The risks that can trigger cancers are in our air, water, and food that we ingest, including toxic metals such as chromium, arsenic, asbestos, and lead, plus pesticides and other chemicals, and even talcum-based baby powder used for feminine hygiene. Plastic trash is inundating our planet, with micro-plastic particles entering the water and food chain, and may be inducing runaway cancer cells much like sand particles stimulate pearls to grow within oysters. And please stop eatiang and drinking so much sugar!

2. DETECTION When you have blood chemistry tests at annual check-ups or when you feel terribly sick, make sure multiple cancer tumor markers are included, such as CA-125, and plot graphical trend lines so earlier-stage cancer can be spotted, when it is more curable. And add lymphatic system analysis, including diagnostic ultrasound of lymph nodes, to assess your immune system's vitality. Further cancer markers can be derived in analysis of urine, stool, and tissue biopsies, and from your DNA genes (e.g., BRCA genes).

3. TREATMENT What is the best sequence of treatments for each patient? For some, it may be initial surgery to debulk as much cancer as possible, followed by chemotherapy (which may thus be milder dosages). Newer heated chemotherapy (HIPEC) can be applied directly to attack cancer cells spread in the abdomen and peritoneum. Recent immunotherapy drugs can strengthen your body's own cancer-fighting immune system "soldiers" (T-cells and B-cells), possibly as a paired treatment with chemo. Targeted external-beam radiation therapy may help shrink cancer cells. There's recent cell-reduction peritoneal surgery (CRS), and potential removal of the ovaries and uterus. After each treatment, prompt follow-up analysis by high-definition CT scans and ultrasound and MRI's are critical to determine if changes are needed.

4. CURE Hopefully the cancer is in remission, with regular checkups but only minimal treatments ahead. Eating healthier means fruits, vegetables, salads, fish, and less chemicalized junk foods and alcohol. Take regular walks and use an exercycle to stimulate your circulatory and lymphatic systems. Become savvy about the chemicals in the food you choose, so you can avoid potential triggers (excess sugars, nitrates, etc.) for getting cancer in the first place.

COMPASSION More focused regulations and their strict enforcement will be needed to ensure that our air, food, and water is assuredly tested and safe to help prevent further cancer epidemics. Our Nation can annually save billions of dollars in expensive cancer treatment costs, reduce health-care insurance costs and premiums, and dramatically reduce financial disasters for individuals and families. The goal is for all people to lead healthier cancer-free lives, in our Nation and around the world. I believe that *The Naomi Project*, as a humbly small but persistent catalyst, will help us get there. And as my dear Naomi herself would say, compassion will light the way.

Contact Byron at: Byron@AutoSafetyExpert.com

Testimony in support of Montgomery County Council Resolution to adopt

Bill 2-19, Health-Lead in Drinking Water—Schools

by

J. Henry Montes, MPH

March 19, 2019

Good afternoon, Councilmembers. Thank you, Mr. Hucker and your staff for notifying me of this hearing and allowing me the opportunity to present my perspectives on Bill 2-19 dealing with school children's possible exposure to lead in drinking water at MCPS schools. My name is Henry Montes and I have over 40 years of experience in public health. My Master's degree is in Public Health and I am a community advocate for the County Latino populations for many years. Although I am not officially representing any of the County committees I am currently working with, like the Latino Health Steering Committee of Montgomery County and the County Executive's Latin American Advisory Group, I believe what I will be covering is within the spirit of these and others that I serve on.

As I understand proposed Bill 2-19, it would establish a County lead limit for a drinking water outlet in a public school in the County, and it would require remediation of a drinking water outlet in an

occupied public school building with a lead concentration greater than the County limit which is proposed at 5 parts per billion. The state current limit of 20 parts per billion is much greater than that suggested by the U.S. Centers for Disease Control and Prevention (CDC) which is to eliminate lead in drinking water. The World Health Organization (WHO)'s standard, as of 2008, for the lead content of drinking water was 10 parts per billion. Nevertheless in its 2010 report on childhood lead poisoning, WHO concludes that, "Prevention is the best way to deal with lead poisoning."

In examining various reports and other literature on the issue of exposure of lead in drinking water, it becomes evident that the less the better. The Environmental Protection Administration (EPA) water guideline of 15 ppb for lead was set to monitor a water system's efforts to manage water corrosivity and maintain protective coatings on pipes. It not a health measure nor a safe exposure level for children. (EWG, 2018) However, having as safe exposure level to lead as possible for the public resulted for California in a public health goal of 0.2 ppd in drinking water. For the County, having a realistic goal of 5 ppb is much safer than the 20 ppb that the state considers an elevated level needing action.

This Bill does present a health equity issue in that it has been found that higher levels of lead in drinking water have been in communities of people of color and low income. And since it is

younger children who absorb more of the lead than older children and adults, older elementary schools may be more at risk of higher lead levels in their drinking water than newer schools and thus more risky for children in those schools. This issue gets to the reason a Latino advocate is supporting this Bill. About 35% of all elementary students in MCPS are Latino and about 30% of all MCPS students are Latino.

The CDC Advisory Committee on Childhood Poisoning Prevention in 2012 report recommended a strategy which emphasized the preventing of lead exposure rather than responding after the exposure has taken place. Bill 2-19 could be seen as a preventive measure as well in bringing needed attention to a important but low profile issue within our schools. I would recommend that all the partners involved in this environmental health effort deal with it as a "health in all policies" issue so that protecting our children is paramount in what we measure as lead exposure and not only systems of pipes and water fountains. Surveillance of how these exposures change over time will be necessary to monitor progress and effects of the changes. Thank you.

Respectfully submitted,

J. Henry Montes, MPH

Potomac, MD

REFERENCES

For Testimony by J. Henry Montes on CC Bill 2-19

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5. American Public Health Association (2018), Report on Protecting the Health of Children: A national snapshot of Environmental Health Services. APHA Publications, Washington, D.C.

6. American Public Health Association Public Policy Statement Database (2017), Establishing Environmental Public Health Systems for Children at Risk or with Environmental Exposures in School. APHA Policy Number 201713, Washington, D.C.

Green & Healthy Homes Initiative®

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March 19, 2019

Chairman Gabe Albornoz
Health and Human Services Committee
Montgomery County Council
Stella B. Werner Council Office Building
100 Maryland Avenue
Rockville, Maryland 20850

Re: **SUPPORT - County Council Bill 2-19 - Health - Lead in Drinking Water - Schools**

Dear Chairman Albornoz and Members of the Committee:

The Green & Healthy Homes Initiative ("GHHI") writes in support of County Council Bill 2-19. For decades, lead poisoning has been a leading contributor to learning disabilities, speech development problems, loss of IQ and attention deficit disorder, which results in poor school performance. Millions of dollars are spent on special education and juvenile justice costs in Maryland to combat the effects of lead poisoning, and thousands of children enter our public-school systems with the propensity for disruptive behavior that impedes their development and that of their classmates. Children poisoned by lead are 7 times more likely to drop out of school and 6 times more likely to end up in the criminal justice system. The ultimate tragedy of childhood lead poisoning is that it is an entirely preventable disease.

We must do a better job of protecting kids where they learn so they can learn. Based on the recent testing results, Montgomery County reported **283** of the fixtures tested had lead levels at or above 20 ppb. As a result, school fixtures were taken offline and students won't have access to those drinking water sources until they show lead levels below the action level.

In 2018, the EPA eliminated the lead in water action level of 20 ppb from their guidelines for schools. The EPA reinforced that 20 ppb was not intended as a health-based standard or threshold and that the only safe level of lead in drinking water is zero ppb (EPA Maximum Contaminant Level Goal for lead in water). Lead in water levels below the misleading threshold of 20 ppb have been left largely unregulated in Maryland schools though they have demonstrated negative impacts on health. The science is now clear that low levels of lead exposure have been tied to neurological impact, learning disabilities, nervous system damage, impaired function of blood cells and a breadth of behavioral effects. The American Academy of Pediatrics recommends that state and local governments ensure that water fountains and other drinking water sources in schools do not exceed water lead concentrations of 1 ppb[i]. Montgomery County must revise its antiquated lead in water standards for schools to reflect the current science and best practices in order to protect the health of its children.

GHHI Written Testimony
Support County Council Bill 2-19
3/19/19

County Council Bill 2-19 seeks to lower the action level for lead in school drinking outlets from 20 parts per billion (ppb) to 5 ppb - taking necessary steps to improve safety for children in their daily place of learning and socio-developmental growth.

Other Jurisdictions Have Passed Laws to Lower the Lead in Water Action Level for Schools

- **The District of Columbia** and the **State of Illinois** school systems are required to respond and take remediation measures at an action level of 5 ppb and above. The State of Illinois legislation also established a funding mechanism to support schools in their needed lead in water remediation efforts.

GHHI supports County Council Bill 2-19 and offers a friendly amendment to the Committee for its consideration:

- We recommend that the Bill be amended to define an action level of lead in water (County lead limit) in the County to mean **a lead concentration in drinking water that is greater than or equal to the lower of 5 parts per billion or the standard recommended by the U.S. Environmental Protection Agency.**

Lead is a toxic substance that can accumulate in the body over time and drinking water alone can compose 20% or more of a person's cumulative exposure. During lunch, after gym class, on bathroom trips, between classes, before practice – our children's consumption of water is routine. We teach children that drinking lots of water is a healthy choice. Yet, their developing bodies and brains are especially susceptible to the harmful impacts of lead exposure. Recent testing of the water in the County's schools confirms that the lead levels in the schools' water exceeds allowable standards and we must take action. This Bill not only improves the County's standards but commits the funding needed to remediate lead in water hazards that have been identified.

County students, parents, teachers and school administrators need to know that the regulatory standards we have set for lead in water in schools is based on current science and that the drinking water in their schools is safe. This legislation will modernize standards and establish funding for lead in water remediation in our County schools. We urge you to support Council Bill 2-19 to better protect children's health and provide them with the opportunity to thrive.

WE ASK YOU TO SUPPORT COUNTY COUNCIL BILL 2-19.

Respectfully Submitted,

Ruth Ann Norton
President and CEO

[i] https://pediatrics.aappublications.org/content/138/1/e20161493