VERMONT
DEPARTMENT OF HEALTH

S.197 Testimony

February 1, 2024

Sarah Owen, PhD
State Toxicologist
Vermont Department of Health

Good morning, thank you for inviting the Department to testify on this bill.

We look forward to working with our state colleagues to improve the definition of PFAS.

Section 5 of this bill would require the Health Department's website to state ""Private and public drinking water sources contain perfluoroalkyl and polyfluoroalkyl substances (PFAS). The U.S. Environmental Protection Agency has determined PFAS may affect human development, immune and cardiovascular systems, and may cause cancer." This is statement is not accurate. Roughly 65% of private water supplies tested for PFAS by the state were non-detect for PFAS. Roughly 81% of public water systems required to test for PFAS under Vermont law were non-detect for PFAS.

Section 4 of this bill would require a registry for adverse health outcomes attributable to PFAS. Exposure to PFAS is associated with a wide range of health outcomes including developmental effects, cancer, liver effects, immune system effects (decreased antibody response to vaccinations), thyroid effects and increased cholesterol. Some of these health effects are not routinely measured- for example, when a healthcare provider provides a booster vaccine, they do not test titer to gauge antibody response. These outcomes such as increased cholesterol or thyroid effects could be attributed to causes other than PFAS (i.e. these health outcomes are not specific to PFAS). These are common conditions that have an already high rate in the population. Reporting such a wide scope of health outcomes would likely be a large burden on healthcare providers and would create incredible complexity for reporting by health care providers/networks. For these reasons, we do not support the creation of a registry for PFAS health outcomes.

Jessie Hammond
Division Director, Health Statistics and Informatics
Vermont Department of Health

A PFAS registry would be significantly more complex than other recent registries, such as that for ALS, the Department of Health has implemented. A PFAS registry would need to be robust in size and require a technology solution. While the cost can't be determined until specific system requirements are developed, this type of project would cost at least $300,000-$500,000 to develop. This excludes the cost of any ongoing maintenance or enhancements. Given the already existing data modernization projects and needs of VDH, a PFAS registry would likely take 3-5 years to implement. Developing this registry would be a substantial lift over multiple years and VDH does not have existing funds or staff to support that effort.