

Department of Planning and Budget

2020 Fiscal Impact Statement

1. Bill Number: HB1257ER

House of Origin	<input type="checkbox"/> Introduced	<input type="checkbox"/> Substitute	<input type="checkbox"/> Engrossed
Second House	<input type="checkbox"/> In Committee	<input type="checkbox"/> Substitute	<input checked="" type="checkbox"/> Enrolled

2. Patron: Rasoul

3. Committee: Passed both Houses.

4. Title: Drinking water supplies; maximum contaminant levels.

5. Summary: Directs the State Board of Health to adopt regulations establishing maximum contaminant levels (MCLs) in all water supplies and waterworks in the Commonwealth for (i) perfluorooctanoic acid and perfluorooctane sulfonate, and for such other perfluoroalkyl and polyfluoroalkyl substances as the Board deems necessary; (ii) chromium-6; and (iii) 1,4-dioxane. Each MCL shall be protective of public health, including of vulnerable subpopulations, including pregnant and nursing mothers, infants, children, and the elderly, and shall not exceed any MCL or health advisory for the same contaminant adopted by the U.S. Environmental Protection Agency. In establishing such MCLs, the Board shall review MCLs adopted by other states, studies and scientific evidence reviewed by such states, material in the Agency for Toxic Substances and Disease Registry (ATSDR) of the U.S. Department of Health, and current peer-reviewed scientific studies produced independently or by government agencies. That the provisions of this act shall become effective on January 1, 2022.

That the Department of Health shall report to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions on the status of research related to MCLs, the review of which is required by subsection B of § 32.1-169 of the Code of Virginia, as amended by this act, by November 1, 2020, and shall submit a final report to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions by October 1, 2021, detailing the MCL regulations established by the Department of Health.

6. Budget Amendment Necessary: No.

7. Fiscal Impact Estimates: See item #8.

8. Fiscal Implications: The Virginia Department of Health (VDH) has stated that they do not have the resources to complete a review of (i) MCLs adopted by other states; (ii) studies and scientific evidence reviewed by such state; (iii) materials in the ATSDR; (iv) current peer-reviewed scientific studies produced independently or by government agencies; (v) report on the status of that review by November 1, 2020; and (vi) submit a final report by October 1,

2021 detailing the MCL regulations established by VDH. Therefore, VDH require one contractor to complete a review of the required information and compile a report.

The contractor would need adequate technical, regulatory, and programmatic expertise to complete a final report by October 1, 2021 that would detail the MCL regulations established by VDH. VDH estimates that a contractor would need 640 hours to report on the review by November 1, 2020 and submit the final report by October 1, 2021. Based on a rate of \$200 per-hour to perform the work, VDH would require \$128,000. Of that amount, \$50,000 would be needed in FY2020 to report on the status of the review by November 1, 2020, and \$78,000 would be needed in FY2021 to complete the final report by October 1, 2021.

It is assumed the agency can absorb the costs associated with the provisions of the bill within existing resources. However, if multiple bills pass with similar impacts, it is possible that VDH will need additional general fund resources.

9. Specific Agency or Political Subdivisions Affected: Department of Health.

10. Technical Amendment Necessary: No.

11. Other Comments: None.