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HOUSE BILL 1831

State of Washington 66th Legislature 2019 Regular Session

By Representatives Hudgins, Doglio, Fitzgibbon, Stanford, and Pollet Read first time 01/31/19. Referred to Committee on Environment & Energy.

- AN ACT Relating to improving the testing of drinking water for emerging contaminants; and amending RCW 70.142.010, 70.142.020, and 70.142.030.
- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- **Sec. 1.** RCW 70.142.010 and 1984 c 187 s 1 are each amended to 6 read as follows:
 - (1) In order to protect public health from ((ehemical)) healthaffecting contaminants in drinking water, the state board of health
 shall conduct public hearings and, where technical data allow,
 establish by rule standards for allowable concentrations. For
 purposes of this chapter, the ((words "chemical)) term "healthaffecting contaminants" ((are limited to synthetic organic chemical
 contaminants and to)) includes, but is not limited to, contaminants
 identified on a contaminant candidate list developed by the United
 States environmental protection agency for purposes of implementation
 of the federal safe drinking water act, contaminants identified for
 monitoring by drinking water programs in other states, and any other
 contaminants which in the opinion of the state board of health
 constitute a threat to public health. In determining monitoring
 requirements for public water supply systems, the state board of

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health shall take into consideration economic impacts as well as
public health risks.

- (a) If adequate data to support setting of a standard is available, and the health-affecting contaminant has been found to occur in Washington waters with sufficient regularity to warrant regulation, the state board of health shall adopt by rule a maximum contaminant level for water provided to consumers' taps. Standards set for contaminants known to be toxic shall consider both short-term and chronic toxicity. Standards set for contaminants known to be carcinogenic shall be consistent with risk levels established by the state board of health.
- (b) (i) If there is sufficient evidence that a health-affecting contaminant is likely to occur in Washington waters, but there is not sufficient economic data available or such data does not support the adoption of a maximum contaminant level under (a) of this subsection, the department of health may recommend, and the state board of health may approve, a state action level.
- (ii) Upon the establishment of a state action level, the department of health may require some or all public water supply systems to monitor for the contaminant.
- (iii) When a state action level is exceeded, the department of health may require that public water supply systems undertake certain follow-up actions, including continued monitoring for the contaminant, and the issuance of timely public notification to water supply system customers regarding:
 - (A) Contaminant specific health information;
 - (B) Steps consumers may take to protect their health; and
- 28 <u>(C) Steps that the water supply system plans to take to address</u>
 29 the contaminant.
 - (c) Upon a determination by the secretary of health that such an action is necessary to protect public health, the state board of health may approve, and the department of health may implement, a state action level without the adoption of a rule, the completion of economic analysis, or the supplemental or novel collection of water quality data.
 - (2) The <u>state</u> board <u>of health</u> shall consider the best available scientific information in establishing the standards. The <u>state</u> board <u>of health</u> may review and revise the standards. State and local standards for chemical contaminants may be more strict than the federal standards.

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- 1 (3) At a minimum, the emerging contaminants addressed by the rule adopted under this section must address monitoring by public water 2 3 supply systems for:
 - (a) Algae or cyanotoxins produced from cyanobacteria; and
 - (b) Perfluoroalkyl and polyfluoroalkyl (PFAS) substances.
- 6 (4) With respect to emerging contaminants listed in subsection 7 (3) (a) of this section, the state board of health:
- (a) Must initiate rule making within six months of the completion 8 of cyanotoxin monitoring by the environmental protection agency under 9 10 the agency's fourth unregulated contaminant monitoring rule (81 Fed.
- Reg. 92666 (December 20, 2016)); and 11

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- (b) May not require the universal, ongoing monitoring by all 12 public water supply systems unless required under the federal safe 13 drinking water act or related regulations adopted by the United 14 15 States environmental protection agency.
- (5) For purposes of this section, "public water supply system" 16 17 has the same meaning as "public water system" as defined in RCW 70.119.020. 18
- Sec. 2. RCW 70.142.020 and 1991 c 3 s 374 are each amended to 19 20 read as follows:

The state board of health shall conduct public hearings and establish by rule monitoring requirements for ((chemical)) healthaffecting contaminants in public water supplies. Results of tests conducted pursuant to such requirements shall be submitted to the department of health and to the local health department. The state board of health may review and revise monitoring requirements for ((chemical)) health-affecting contaminants.

- 28 Sec. 3. RCW 70.142.030 and 1984 c 187 s 5 are each amended to 29 read as follows:
- 30 (1) The state board of health ((in determining monitoring requirements for public water supply systems shall take into 31 32 consideration economic impacts as well as public health risks)) <u>must</u> prioritize monitoring of the highest risk public water systems, which 33 may include systems that: 34
- (a) Have exceeded federal health advisory levels or other 35 standards for an emerging health-affecting contaminant during the 36 37 past five years; or

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	(b)	Are	iden	tified	as	like	ly t	o be	at	high	ris	k of	con	<u>tamination</u>
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(2) The state board of health may require either ongoing or one-time monitoring requirements, as appropriate, to identify and address risks to public health posed by an emerging health-affecting contaminant.

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