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Re: Lead and Copper Rule: No. EPA-HQ-OW-2021-0255

Thank you for this opportunity to comment on the proposed Lead and Copper Rule. We applaud the decision to slow down the process for Lead and Copper Rule revision so that the new Rule both reflects the best science, utilizing the most effective strategies, to protect against lead and copper exposure via tap water and also becomes a tool for maximum reduction of lead in tap water.

In 2018, in the aftermath of Flint, and as many states began to introduce programs or policies to test for lead in school drinking water, we led our research team in a structured content analysis of all state programs and policies for lead testing in school drinking water. At the time, there were ten states with some type of program, while fourteen states plus the District of Columbia had a policy requiring a testing program of some description. (Since then, states including New Hampshire and Montana have passed policy for school drinking water testing, and all fifty states and the District of Columbia, American

Samoa, Puerto Rico, and the Virgin Islands have been allotted WIIN Act funds to support testing for lead in school and childcare drinking water).

Only twelve of the states in our study had data in a form that allowed analysis, and from them we obtained test results. In those states, we found that 44% of all *schools* had at least one tap yielding a sample of water over its state action level. Looking at the taps tested, we found that 12% of all *taps* sampled yielded water with lead content above the state action level. Further, state action levels varied from 3 parts per billion (ppb) to 20 ppb, and sampling and testing procedures were not uniform. Data management practices were similarly not uniform and, for the most part, did not take advantage of up-to-date technologies. In sum, there were – and remain – no uniform requirements in place in the United States for testing school drinking water for lead, for documenting data that include the content of lead in the water, or for using test data to inform programs and practices at the school level to protect children from potential exposure to lead in school drinking water in all schools. The report, a summary, and profiles of each state studied are available at https://www.hsph.harvard.edu/prc/projects/early-adopters/.

Our findings complement and echo other reports including:

- United States Government Accountability Office. *Lead Testing of School Drinking Water Would Benefit from Improved Federal Guidance*. Washington, DC: United States Government Accountability Office; July 2018.

- Umunna IL, Blacker LS, Hecht CE, Edwards MA, Altman EA, Patel AI. Water Safety in California Public Schools Following Implementation of School Drinking Water Policies. *Prev Chronic Dis* 2021;18:200366. DOI: http://dx.doi.org/10.5888/pcd18.200366

Based upon our findings, with regard to tap water testing in school and childcare settings, we recommend the following specific revisions in the new Lead and Copper Rule:

1. We strongly recommend that utilities be required to test all taps used for human consumption (i.e., for drinking and cooking water) in the 20% of schools and of childcare sites that are to be tested in a given year. The current proposed Lead and Copper Rule would test only 5 taps in schools and only 2 taps in childcare facilities. Our study results showed that schools that conducted more widespread testing within a school were disproportionately more likely to identify a problematic tap. Sampling a subset of taps will not enable complete identification of all outlets with problematic lead content levels that may require remediation.
2. EPA should consider strategies to get more sites fully tested sooner. For example, EPA could incentivize or find other mechanisms to encourage utilities to test more than 20% of school and childcare sites in each of the first five years. There is too much that we still do not know about the pervasiveness of lead in drinking water. While we recognize that any single sample provides only a "snapshot" of water quality from a given tap, the sooner that at least a first full round of testing (of all taps) is completed, the sooner that policies and other responses can be developed based on a better understanding of the extent of the problem.
3. We applaud EPA's recent development of the Sampling Data eTrackers, with a version for schools and a simpler version for childcare sites and very small schools. The information called for in the eTracker data fields will help accomplish our study recommendation that EPA provide "Specified, standardized practices for tap water sampling for lead testing of school and childcare tap water." Widespread and consistent use of the eTrackers would help meet our study recommendation that "Up-to-date electronic data management guidance bolstered by

improved federal financial and technical support, could standardize practices for data collection, database development and reporting." EPA should use full powers as well as inter-agency cooperation to disseminate the 3Ts guidance and the eTrackers. We recommend that all WIIN grantees should be required to submit eTracker forms electronically. Schools and childcare facilities testing independent of WIIN grants should be strongly encouraged to use and submit the same forms to aid national data collection. All data should be publicly available electronically and made easily available for detailed analysis.

4. EPA together with other relevant agencies, should provide up-to-date and complete information on sources of funding to assist school and childcare facilities to institute timely and complete solutions. Lead testing and replacement of, or remediation for, lead-containing plumbing can be costly and these costs are a deterrent to taking action.
5. There are several proven remediation strategies that can be used to lower the concentration of lead in drinking water at the point of use. EPA's promulgation of strong guidance and requirements for implementing proven strategies when the concentration of lead is greater than 5 ppb – the concentration currently deemed acceptable in bottled drinking water in the US and consistent with standards promoted by Canada and the World Health Organization – could be an important action to safeguard health of all students.

Thank you for your consideration of these recommendations. Please contact either of us for any follow-up questions.

Yours sincerely,

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