Testimony: SB0345: Pesticides- PFAS Chemicals - Prohibition - **FAV**

Submitted to: The Senate Education, Energy, and the Environment (EEE) Committee
Submitted by: Sean Lynch, Project Director, IPM in Health Care Facilities
Position: In Support - FAV

February 18, 2025

Dear Chair Feldman, Vice Chair Kagan, and Members of the Committee:

I'm the Project Director for the Maryland Pesticide Education Network's Integrated Pest Management - IPM - in Healthcare Facilities Project, now in its 18th year, as well as being a lifelong Marylander. The Project assists Maryland healthcare facilities reduce pesticide use around vulnerable health care populations by implementing a prioritized IPM program similar to our 1998 and 1999 MD IPM in Schools law so that non-chemical pest prevention and intervention is prioritized, with least toxic pesticides only used as a last resort. Some pesticides and PFAS are known to cause or exacerbate the very illnesses and issues which patients are being treated for, and can also complicate diagnosis and treatment.

Our project reviews healthcare facility's pesticide vendor logbooks and we have seen some of the very PFAS pesticides addressed in SB345, including Fipronil, Bifenthrin, and Indoxacarb, being used indoors and outdoors at our healthcare facilities. These pesticides carry the significant added health risk of being a "forever chemical" with potentially serious health impacts.

Some of these known PFAS pesticides are being marketed for use in the healthcare industry as well as in schools. Sadly, even if when there is general concern about PFAS, this marketing will likely be effective, since vendors and facility management have no easy way of knowing that the main active ingredient in these pesticides is a PFAS chemical.

Some of our Maryland facilities have been awarded for implementing a pesticide-free approach to pest management over the years. Nonetheless, whether it is a pesticide some vendors continue to use that EPA categorizes as a 'danger' product, or when least-toxic products are used, they should be PFAS-free to protect the people that work in, utilize, and visit hospitals and other healthcare facilities. At some time or another, that means every one of us. **So, we ask for a favorable report on SB345.**

You have the power to protect the most vulnerable among us – the elderly, infants, young children, and pregnant mothers – so when they are in a healthcare facility, all precautions are

taken to minimize exposures to unnecessary PFAS. PFAS have also been shown to reduce vaccine efficacy. They take years to work their way out of one's system and can ultimately cause serious health issues like cancers. PFAS is also an endocrine disruptor threatening fetal and early childhood development among other things. In fact, I recently had my own levels tested, and was alarmed, although not entirely surprised, to learn that I fall within the range where there is a potential for health impacts – close to 10 on the NASEM threshold scale. And I largely do what I can to avoid PFAS.

You may hear others say that there aren't effective pesticides to replace them; however, this is just not accurate. There are many alternatives, as evidenced successfully in a some of our Maryland heath care facilities. There is no need for continuing to register PFAS-containing pesticides for use either indoors or on facility grounds. Consider this: our own Maryland State House grounds have been managed pesticide-free for over a decade.

With this bill, we can begin to prevent more negative outcomes with COVID-19 and other viruses by reducing PFAS in the environment.

Please act now to protect the most vulnerable Marylanders and **deliver a favorable report on SB345**.

Sincerely,

Sean Lynch

Sean Lynch
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Maryland Pesticide Education Network