



Testimony: HB1190: Pesticides- PFAS Chemicals - Prohibition - **FAV**

Submitted to: The House Health and Government Operations Committee (HGO)

Submitted by: Sean Lynch, Project Director, IPM in Health Care Facilities

**Position: In Support - FAV**

March 13, 2024

Dear Chair Pena-Melnyk, Vice Chair Cullison, and Members of the Committee:

I am Sean Lynch, a lifelong Marylander, and am the Project Director for the Maryland Pesticide Education Network's Integrated Pest Management - IPM - in Healthcare Facilities Project, now in its 18<sup>th</sup> year. 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 is frequently asked to review healthcare facility pesticide vendor logbooks and we have seen some of the very PFAS pesticides addressed in HB1190, including Fipronil, Bifenthrin, and Indoxacarb, being used indoors and outdoors in healthcare facilities. These pesticides carry the significant added health risk of being a "forever chemical" with serious health consequences.

Some of these known PFAS-containing pesticides are being marketed for use in the healthcare industry and schools (see Fipronil-Plus-C ad attached). Sadly, even if when there is general concern about PFAS, this marketing will likely be effective, since vendors and facility management have no idea that the main active ingredient in these pesticides is a PFAS chemical.

We have awarded a number of Maryland facilities 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 HB1190.**

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 and its serious health consequences. PFAS also have 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.

You may hear that there aren’t equally effective pesticides to replace them; this is just not accurate. There are many safer alternatives, as evidenced successfully in a some of our Maryland health 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 who might be your child, a parent, an uncle or aunt, a grandchild and **deliver a favorable report on House Bill HB1190.**

Sincerely,

*Sean Lynch*

Sean Lynch  
Project Director, IPM in Health Care Facilities Project  
Maryland Pesticide Education Network

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Image 1. Fipronil-Plus-C advertisement – to healthcare and nursing facilities