



Testimony: HB0386: 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**

February 12, 2025

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

As the Project Director for the Maryland Pesticide Education Network's Integrated Pest Management - IPM - in Healthcare Facilities Project, and as a lifelong Marylander; I have concerns about PFAS-pesticides in use in Maryland. Our 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 used only 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 by HB0386, 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. And this becomes a significant issue because these PFAS-pesticides are used not only in Maryland's 108 hospitals, but 1,640 schools and 230 nursing homes as well.

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.

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 with the signal word 'danger,' or when least-toxic products are used, they should all be PFAS-free to protect the people that work in, utilize, and visit hospitals and other healthcare facilities. At some time or another, this means every one of us. **So, we ask for a favorable report on HB0386.**

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. In fact, I recently had my own levels tested, and was alarmed, although not entirely surprised, to learn that my levels of PFAS are in the range where there is a potential for health impacts. 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 some of our Maryland health care facilities. There is no need for continuing to register PFAS-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.

Please act now to protect the most vulnerable Marylanders and **deliver a favorable report on House Bill HB0386.**

Sincerely,

*Sean Lynch*

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Sean Lynch  
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Maryland Pesticide Education Network