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Education, Energy, and the
Environment Committee
Energy Subcommittee

Chair, Joint Electric Universal
Service Program Workgroup



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TESTIMONY IN SUPPORT OF SB 264
Drinking Water – Regulation – Control and Prevention of Waterborne Disease
Education, Energy and the Environment Committee
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Chair, Vice Chair, and Members of the Committee:

Thank you for the opportunity to testify in support of Senate Bill 264, Drinking Water – Regulation – Control and Prevention of Waterborne Disease.

SB 264 is a straightforward public health bill with a simple goal: **reduce preventable illness and death from Legionnaires' disease by strengthening how Maryland prevents and responds to risk in our drinking water systems, from the source all the way to the tap.**

This bill does four main things:

First, it establishes minimum, detectable disinfectant residual requirements throughout active parts of a public water system—specifically:

- **0.5 mg/L free chlorine, or**
- **1.0 mg/L monochloramine**

and requires **routine disinfectant residual testing at frequent and regular intervals.**

Second, it improves transparency and customer notification. When there is a disruption in the water distribution system (things like main breaks, pressure drops, construction tie-ins, directional flow changes, treatment process changes, flooding, and other events that can increase risk), SB 264 requires timely written notice to residential, commercial, and institutional customers in the affected area.

Third, it strengthens public health coordination and response. The bill requires that reported Legionnaires cases be immediately shared between the Maryland Department of Health (MDH) and the Maryland Department of the Environment (MDE), and it directs the Departments to sample and test for Legionella at relevant locations tied to reported cases.

Fourth, SB 264 includes sensible building-side prevention by requiring certain “covered buildings”—those that meet the criteria in **ASHRAE Standard 188**—to implement a water management program to minimize Legionella growth and transmission.

The bill also directs MDE and MDH to make key information publicly available online and requires a public awareness and consumer education campaign aimed especially at vulnerable populations.

The reason for SB 264 is simple: **Legionnaires’ disease is serious, and many cases are preventable—but only if we treat it like the system-wide challenge that it is.**

Legionella bacteria can grow in water systems under the right conditions, and when it exits the system through showers, faucets, HVAC systems, hot tubs, fountains, or equipment. It can be inhaled and lead to severe illnesses, particularly for older adults, people with chronic illness, and those with weakened immune systems.

Right now, we have too many gaps:

- gaps in consistent disinfectant residual maintenance,
- gaps in notification after system disruptions,
- gaps in expectations for building owners and operators
- and gaps in coordination and investigation when cases occur.

SB 264 fills those gaps with **measurable standards, clear responsibilities, and public accountability** without waiting for the next outbreak or tragedy to act.

This bill is not about blaming any one entity; it’s about recognizing that prevention requires an all-hands-on-deck approach: utilities, public health officials, regulators, building operators, and consumers all play a role.

SB 264 creates a modern framework to prevent waterborne disease in Maryland using best practices, transparency, and science-based public health protections.

For those reasons, we respectfully ask for a favorable report on Senate Bill 264.

With kindest regards,



Benjamin Brooks