

OPPOSE HB204

HB 204 (SB 264) seeks to address the issue of toxic pathogens in our water supply by increasing the levels of a disinfectant, monochloramine. However, according to researchers, the proposed increase in the amount of monochloramine is not a viable solution for the following reasons.

Monochloramine is a weaker disinfectant: Compared to free chlorine, monochloramine is significantly less effective at quickly killing bacteria and other pathogens. It is primarily used because it lasts longer in pipes, not because it is better at eliminating disease-causing organisms. As a result, relying on monochloramine as a baseline does not necessarily solve the underlying public-health problem the bill is trying to address.

Chloramines are not biologically inert and have demonstrated harmful effects, such as eye irritation, respiratory issues, skin outbreaks, and digestive issues.

Peer-reviewed studies have shown that chloramines can be mutagenic under certain conditions and toxic to acid-producing (parietal) cells in the stomach. These findings raise legitimate concerns about long-term exposure and harms, especially for older adults, kidney dialysis patients, people with compromised health, and those with existing gastrointestinal conditions. It is also highly toxic to fish. While regulators may deem certain exposure levels acceptable, the science makes clear that chloramines are biologically active chemicals, not neutral additives.

The proposed minimum levels are higher than typical European practice and aggressive by U.S. standards. In much of Europe, free chlorine levels at the tap often range around 0.1–0.2 mg/L, and some systems operate even lower while relying more heavily on source-water protection and infrastructure integrity, all of which would more effectively address the contamination problem. By contrast, this bill sets minimum residuals that place Maryland on the upper end of common U.S. operational targets, meaning the state would be adopting a more aggressive baseline than many existing systems currently use — not merely aligning with international norms.

The financial and practical burden of mitigation is shifted to consumers. While the bill focuses on maintaining disinfectant levels, it does not require or fund corresponding investments in filtration, plumbing upgrades, or source-water protection. Instead, residents are effectively expected to protect themselves through flushing practices, appliance maintenance, or purchasing in-home filtration systems. This shifts both cost and responsibility from public infrastructure to individual households, disproportionately affecting older residents and those on fixed incomes.

Sincerely,
Mark Meyerovich
District 15