SB264_BrooksB.pdf
Uploaded by: Benjamin Brooks
Position: FAV

Benjamin Brooks
Legislative District 10
Baltimore County

Education, Energy, and the Environment Committee

Energy Subcommittee

Chair, Joint Electric Universal Service Program Workgroup

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

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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
February 10, 2026

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

ASHRAE MD Testimony SB 264.pdf
Uploaded by: Bill McQuade
Position: FAV

ASHRAE Testimony Supporting Maryland Senate Bill SB 264, Drinking Water – Regulation – Control and Prevention of Waterborne Disease.
February 10, 2026

Good morning. Thank you for the opportunity to provide remarks on this important and timely legislation.

My name is Bill McQuade, and I am the 2025-2026 ASHRAE Society President. I am an engineer with a BSME, MSME and MBA from Penn State University, and have been a member of ASHRAE for 33 years.

ASHRAE, the American Society of Heating, Refrigerating, and Air-Conditioning Engineers, is a technical and professional society founded in 1894. Our mission is to serve humanity by advancing the arts and sciences of heating, ventilation, air conditioning, refrigeration and their allied fields. Our more than 54,000 members include over 1,600 members in Pennsylvania. ASHRAE focuses on improving building systems, energy efficiency, indoor environmental quality, refrigeration and sustainability through research, standards writing, publishing, certification and continuing education.

I'm here today to speak in support of Senate Bill 264. This bill establishes a comprehensive program for reducing the risk of Legionnaires disease by requiring increased monitoring, testing and disinfection for public water systems and notifications for customers when there is an elevated risk of exposure, along with strengthening the Department of Health's procedures in responding to a suspected outbreak. It also requires certain building owners and operators to create a water management plan tailored for their specific building and its use, for the purpose of minimizing the risk of legionella transmission to occupants.

Legionnaires' disease is a serious form of pneumonia caused by Legionella bacteria. Every year, the CDC estimates there are between 8,000 and 18,000 cases of Legionnaire's Disease in the United States. More than 10% of those cases are fatal. This bacteria growth is commonly found in water systems where water is not adequately monitored or treated. Also, after periods of heavy rains and flooding, there is an increased risk of Legionnaires' disease due to potential contamination of water sources and disruptions to water systems.

While the disease has been known for decades, recent outbreaks have underscored the importance of consistent water management practices in water distribution systems and facilities of all sizes and types. This legislation will help to prevent

future outbreaks such as the summer 2025 outbreak in Harlem, New York City, in which over 100 people were infected and 7 people died.

Managing building water systems to minimize the risk of contamination from Legionella is an essential part of this legislation's comprehensive approach. One of ASHRAE's industry-leading standards is directly focused on preventing Legionnaires' disease in buildings. Standard 188-2018, *Legionellosis: Risk Management for Building Water Systems*, sets minimum requirements for legionella risk management. It includes instructions for conducting a building survey, creating a building water management program, and other preventive measures. Specific types of buildings are at higher risk for legionella bacteria, and Standard 188, along with its companion Guideline 12, addresses the factors that lead legionella to spread.

Again, ASHRAE supports the passage of Senate Bill 264 and its inclusion of our legionella prevention standard and guideline. This bill will help protect public health and reduce the risk of Legionnaires' Disease, which is an important part of ASHRAE's vision of creating a healthy and sustainable built environment for all. Thank you.

SEIU Local 500 Testimony in Support of SB 264 2026

Uploaded by: Christopher Cano

Position: FAV

Testimony - SB 264, Drinking Water - Regulation - Control and Prevention of Waterborne Disease
Favorable
Senate Education, Energy, and the Environment Committee
February 10, 2026
Christopher C. Cano, MPA
Director of Political & Legislative Affairs on Behalf of SEIU Local 500

Honorable Chairman Feldman & Members of the Senate Education, Energy, and the Environment Committee

SEIU Local 500 represents thousands of school employees, higher education workers, and public service professionals across Maryland. Our members are custodians, paraeducators, maintenance staff, food service workers, faculty, and graduate assistants—workers who are on the frontlines every day ensuring that our schools and campuses remain safe, functional, and welcoming spaces for learning.

Clean, safe water is not optional in educational settings—it is foundational.

SB 264 recognizes that Legionella and other waterborne pathogens pose a serious and preventable risk, particularly in large, complex buildings like schools and university facilities. These are environments with aging infrastructure, intermittent water use, and high-risk populations, including children, immunocompromised students, and workers who cannot simply “opt out” of unsafe conditions.

This bill takes meaningful, evidence-based steps to address those risks by:

- Requiring minimum disinfectant residual levels throughout public water systems to prevent bacterial growth;

- Mandating timely notification when disruptions in water distribution occur—information that school administrators, staff, and families need to respond quickly and appropriately;

- Establishing investigation and testing protocols when cases of Legionnaires' disease are reported, improving accountability and transparency; and

- Requiring covered buildings to implement water management programs consistent with nationally recognized ASHRAE standards—an important safeguard for schools and higher education facilities with complex plumbing systems.

For school workers, these protections are deeply personal. When water systems fail, it is often our members who are exposed first and longest—cleaning facilities, repairing systems, assisting students, and keeping buildings operational even when conditions are unsafe. Too often, workers are left in the dark about water disruptions or potential exposure risks. SB 264 changes that by centering transparency, prevention, and public accountability.

For students, especially young children, safe water is inseparable from safe learning environments. No student should be asked to learn in a building where preventable environmental hazards put their health at risk. SB 264 helps ensure that schools are places of learning—not sources of illness.

SEIU Local 500 also strongly supports the bill's emphasis on public reporting, consumer education, and reinvestment of penalties into public health efforts. These provisions ensure that enforcement is not merely punitive, but proactive and preventative—focused on protecting communities before harm occurs.

In short, Senate Bill 264 is a worker safety bill, a student safety bill, and a public health bill. It reflects the simple but powerful principle that everyone—regardless of where they work or learn—deserves access to clean, safe water.

For these reasons, SEIU Local 500 urges the committee to issue a favorable report on Senate Bill 264.

Thank you for your time and consideration.

APLDSenateTestimonyDarynCline.pdf
Uploaded by: Daryn Cline
Position: FAV

Alliance to Prevent Legionnaires' Disease

Alliance to Prevent Legionnaires' Disease, Inc.
1200 G Street NW, Suite 800 | Washington, DC 20005
preventlegionnaires.org | 1-202-434-8757

Testimony before the Maryland Senate Education, Energy and the Environment Committee

In Support of Senate Bill 264, sponsored by Senator Ben Brooks

February 10, 2026

Chair, Vice Chair, thank you for the opportunity to provide testimony in support of Senate Bill 264. I would like to thank Senator Ben Brooks for sponsoring this waterborne disease prevention act, which will save many lives in Maryland when enacted.

My name is Daryn Cline, a Founding Board Member of the Alliance to Prevent Legionnaires' Disease and its Director of Technology and Science and a Maryland resident. The Alliance has been a beacon of hope and a voice for many who have been impacted by Legionnaire's disease.

A significant portion of Maryland's population fall into groups with elevated risk for legionella infections. Those at risk include smokers, the elderly, those with asthma, chronic lung disease or suppressed immune systems, while children and healthy people may also be at risk.

In 2022, 10% of Maryland adults were smokers, a major risk factor for Legionnaires' disease due to impaired lungs and immune function. Roughly 30% of Marylanders are over the age of 55, a population with significantly higher hospitalization and fatality rates. These comorbidities result in Legionella posing a disproportionate and ongoing risk to Maryland residents.

Surprisingly, a vast majority of Legionnaires' disease cases are individual and sporadic and occur in the home. These cases seldom get visibility and are rarely investigated.

Senate Bill 264 addresses these sporadic cases for the most vulnerable population in their homes by requiring a minimum level of water disinfectant that will reduce legionella in their water supply and includes notifications of upset conditions which can release legionella into the distribution system.

Quite often we hear from water utilities that it's a "Building Issue" redirecting the legionella problem to building owners and operators, who try to address the legionella in their water with a water management plan.

But what about the individual in their home? They cannot afford a water management plan to help them. They rely on pathogen free water coming into their home from the public water supply. We are highly concerned about home-based exposure and the fact that susceptible individuals spend most of their time there.

The bill also provides more investigative power for these individual cases, so we know where they were infected, and a proper remediation plan can be implemented to prevent others from becoming sick.

I concur with Dr. Cheung's testimony in support of Senate Bill 264, and its comprehensive requirements that address the root cause of most Legionnaires' disease cases- including disinfecting for legionella in the water supply system, early warnings of upset conditions to consumers, increased investigations, building water management plans based on national standard ASHRAE 188, along with actions to take in the home to prevent exposure.

Given the fact that *legionella* exists in source water and the public water distribution system, we must properly manage, treat and monitor public water before *legionella* enters our homes and public places.

In summary, the Alliance is very supportive of Senate Bill 264, it takes a root-cause approach to prevent Legionnaires' disease and is modeled after effective policies that have been put in place in other states like recently in New Jersey, which you will hear about later in our testimony, as well as in Illinois and Louisiana.

Thank you.

ASHRAE Letter - MD SB 264, Legionnaires Prevention

Uploaded by: Emily Porcari

Position: FAV

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Bill McQuade
ASHRAE Society President, 2025-2026

Phone: (240) 761-5453
Email: bmcquade@baltimoreaircoil.com

February 6, 2026

The Honorable Brian Feldman
Chair
Education, Energy and Environment Committee
Maryland Senate
Miller Senate Office Building
11 Bladen St.
Annapolis, MD 21401

Re: SB 264, "Drinking Water – Regulation – Control and Prevention of Waterborne Disease"

Dear Chair Feldman and Members of the Education, Energy and Environment Committee,

I am contacting you from ASHRAE, which is a global society advancing human well-being through sustainable technology for the built environment. The Society and its more than 53,000 members, including over 1,000 members in Maryland, focus on building systems, energy efficiency, indoor air quality, refrigeration and sustainability. Through research, standards writing, publishing, certification and continuing education, ASHRAE shapes tomorrow's built environment today.

ASHRAE is a nonprofit professional and technical society that has developed industry-leading standards for Legionnaires' Disease risk management, as part of our comprehensive guidance on water system risks:

- ASHRAE Standard 188-2021, *Legionellosis: Risk Management for Building Water Systems*, provides minimum legionellosis risk management requirements for new and existing buildings and their associated water systems and components. The standard applies to commercial, institutional, multi-unit residential, and industrial buildings.

- ASHRAE Guideline 12-2023, *Managing the Risk of Legionellosis Associated with Building Water Systems*, is a supplement to this standard and provides detailed guidance for water management program teams to develop the necessary elements of an effective water management plan.

We support SB 264 and its requirement for covered buildings to create water management plans consistent with ASHRAE Standard 188. However, we request a minor amendment to the bill to ensure that the latest edition of the standard is referenced, which is the 2021 edition, not 2018.

Please do not hesitate to contact me or have your staff email GovAffairs@ashrae.org with any questions. Thank you for your consideration of this important matter and for working to ensure the health and well-being of building occupants.

Sincerely,

Bill McQuade
ASHRAE Society President, 2025-2026

CC: The Honorable Benjamin T. Brooks

Dr. Cheung MD Testimony 2-10-26.pdf
Uploaded by: Hung Cheung
Position: FAV

Alliance to Prevent Legionnaires' Disease

Alliance to Prevent Legionnaires' Disease, Inc.
1200 G Street NW, Suite 800 | Washington, DC 20005
preventlegionnaires.org | 1-202-434-8757

Testimony before the Maryland Senate Committee on Education, Energy and Environment
In Support of Senate Bill 264, sponsored by Senator Brooks
February 10, 2026

Thank you for the opportunity to provide testimony in support of Senate Bill 264. My name is Dr. Hung Cheung. I am a board-certified physician in preventative and internal medicine, professor at the University of Pennsylvania Pearlman School of Medicine and faculty at The Johns Hopkins Bloomberg School of Public Health. I am a former Medical Director for the State of Maryland, a Maryland resident and the owner of Cogency, an organization which specializes in investigation and response to waterborne disease cases and outbreaks.

I also serve on the Board of the Alliance to Prevent Legionnaires' Disease, a national non-profit public health advocacy group dedicated to reducing the occurrence of Legionnaires' disease by promoting public research, education, best practices for water management, and advocating for comprehensive policies to combat and investigate this preventable disease.

I am very pleased to testify before the Committee with strong support for Senator Brooks' bill SB 264. This important legislation aims to prevent Legionnaires' disease through a comprehensive, source to tap approach focused on the quality of water throughout our public water systems and in building plumbing systems as well as greater transparency and public awareness.

Legionnaires' disease is a severe form of pneumonia caused by a naturally occurring waterborne bacteria known as *legionella*. On average there are 200-300 cases of Legionnaires' diseases reported in Maryland each year and it has a fatality rate of 10% which means 20-30 Marylanders on average die from Legionnaires' annually. The fatality rate is higher among those who are more susceptible including those over age 50, smokers, those with impaired lung function and the immune compromised such a patient who may be undergoing cancer treatment. Legionnaires' cases are known to be underreported due to misdiagnoses, lack of testing and other factors so in actuality its impact is even greater.

As I have seen firsthand, outbreaks are fairly common in our State and as the GSA testing in Baltimore last year demonstrated, legionella is readily found in plumbing and other water systems when tested for. This makes the need for Maryland to act both urgent and imperative to enact needed protections for our residents, as this bill provides.

SB 264 Provisions
The key provisions of this bill include:

- **Improved monitoring, management and treatment of water throughout public water distribution systems** including a provision to prevent the growth and proliferation of *legionella* bacteria by requiring most water suppliers to maintain a minimum disinfectant residual of free chlorine of 0.5 mg/L or 1.0 mg/L of chloramine in all active parts of the system. This ensures the water is of the same quality at the start of the system leaving the treatment plant as when it enters all homes,

facilities and public places for human use. Importantly, these levels are well below the EPA maximum level of 4.0 mg/L.

- **A provision to require water utilities to notify water users when there may be elevated risks in their communities** due to planned and unplanned water system events or disruptions which can release legionella from the biofilm in the piping of the distribution system and push it downstream in the water entering our homes and buildings. Included would be information on actions for building owners and individuals to take if there is elevated risk of exposure. Such disruption events would be reported and tracked by state agencies to be used for case and outbreak investigations.
- **A requirement for large, complex buildings or those containing particular equipment to have a water management plan**, following ASHRAE Standard 188, the leading national standard for legionella risk management in buildings.
- **Strengthened investigations** to thoroughly review all reported Legionnaires' cases to determine the source to help prevent further incidences. The bill also calls for greater transparency notifying the community when there are single cases and outbreaks through a state dashboard of Legionnaires' cases.
- **Increased public education** around Legionnaires' disease so residents are more aware of increased risks, signs and symptoms and when to seek treatment, as well as steps that can be taken to reduce one's risks.

Ecology of *Legionella* Bacteria

To understand the focus of this legislation, it is important to establish an understanding of Legionnaires' disease. It is a waterborne illness caused by *legionella* bacteria which is commonly found in our environment in water and soil. The bacteria are present in our water sources and is introduced into our public water system. As drinking water travels from reservoirs and other water sources to treatment plants and into what can be miles of piping in water distribution systems before reaching our homes, facilities and workplaces for human use, *legionella* bacteria can survive and thrive in this system. In fact, there are many factors that can cause the bacteria to proliferate in the public water distribution system including biofilm which houses the bacteria and serves as its food source, water temperature, stagnation, depleted disinfectant, water treatment changes and others. Disruptive events, such as source water changes, water main breaks, service interruptions, construction, and heavy rainfall can cause *legionella* bacteria to become dislodged and enter premise plumbing in facilities, buildings and homes.

Legionella thrive in water between 77-122 degrees Fahrenheit and can be inhaled through water droplets in mist released from water-using equipment like showers, sinks, hot tubs, fountains, pools, misters, HVAC equipment and others. Humans can also be exposed to the bacteria when drinking water if they aspirate (when water goes down the wrong pipe). Given the ecology of *legionella* and the potential points for human exposure, proper monitoring, management and treatment throughout the system are required for effective prevention.

96% of Legionnaires' Disease Cases are Sporadic

According to the Centers for Disease Control and Prevention (CDC), 96% of Legionnaires' disease cases are sporadic and isolated from larger outbreaks. US Environmental Protection Agency (EPA) studies and one recently completed in the state of New Jersey by the Department of Health have found that approximately 50% of all household taps tested positive for *legionella*.

A review of available literature of sporadic cases identified "definite" and "probable" sources of sporadic cases as including potable water from single family homes and apartment buildings, potable water used in

humidifiers, home spas, and potable water from other sites (i.e. dental office, etc.) Environmental sources of community-acquired legionnaires' disease: A review (2018 Orkis et al.)

Upstream Management
Given the fact that *legionella* exists in the source water and public water distribution system, it is important to properly manage, treat and monitor water in the public distribution system to kill and starve the pathogens to try to prevent infection of the plumbing systems of homes and buildings.

In a letter to the US Environmental Protection Agency sent in 2016, R. Ellingboe, Supervisor of the Drinking Water Protections Section of the Environmental Health Division at Minnesota Department of Health warned, *"Nationally, we continue to see an increase in Legionella disease outbreaks… from exposures within premise plumbing. Are water systems providing a continual "seeding" of Legionella bacteria and the bacteria getting into premise plumbing…?"*

Further, in 2016 a CDC Morbidity and Mortality (MMWR) Weekly Report found that 35% of the outbreaks they investigated were attributed to unmanaged external changes including nearby construction and problems with water mains and 70% of investigations reported inadequate water disinfectant levels. Such external changes or system upsets like construction, water main breaks, water treatment changes, heavy rainfall and others can disrupt *legionella* bacteria stored in the biofilm of public water distribution system piping and send the bacteria downstream into homes and public places. It is important for such disruption events to be better monitored and for notification to given to surrounding communities, so they are aware of increased risks. This is particularly important for those most at-risk of contracting the disease.

When increasing its minimal residual disinfectant level in 2016, the Pennsylvania Environmental Review Board stated, *"Maintenance of an adequate disinfectant residual (treatment) throughout the water distribution system plays a key role in controlling the growth of pathogens and biofilms and is a treatment technique that serve as one of the final barriers to protect public health. Lack of an adequate residual may increase the likelihood that disease-causing organisms such as E. Coli and Legionella are present."* Disinfection Requirements Rule, 2/20/16

Efforts to date have proven ineffective as cases continue to increase. In fact, over the last decade Legionnaires' cases in the United States have increased nearly five-fold. This requires a holistic approach that includes improved water quality management "upstream" as discussed above, as well as risk mitigation efforts in complex buildings, premise plumbing systems and with water-using equipment.

Building Management
This legislation would require building owner and operators to follow the ASHRAE 188 standard for *legionella* risk mitigation which calls for a water management plan for their building, premise plumbing system and water using equipment. This ensures that buildings are also closely monitored and managed to address issues that can increase *legionella* growth including water stagnation, dead legs, ensuring proper treatment of water using equipment where indicated and other measures. ASHRAE Standard 188, *Legionellosis: Risk Management for Building Water Systems*, launched in 2015 and updated in 2021 is the leading, national standard developed over 15 years via the ANSI standard development processes and involved all stakeholders – from the CDC to public health officials, microbiologists, chemists, engineers, water treatment professionals, and water management experts.

Case Investigations and Public Education
While outbreaks often receive the attention, single and sporadic cases often go uninvestigated despite comprising the overwhelming majority of cases. When health officials only take action when there are 2

or more cases in a common location or time period, we are missing the opportunity to intervene early and prevent future incidence. Thorough investigations of all cases which look at all potential sources, exposure points and the potential impact of public water system disruptions that may have preceded cases are critical to better understand the source of disease, mitigate risks and prevent future cases.

Increased public education and awareness is also critical for disease prevention and reducing mortality and morbidity caused by this waterborne illness. Having residents better informed about Legionnaires' disease, what makes individuals more susceptible, and its signs and symptoms, will enable those who may have been exposed to seek early treatment, and to enable individuals to take steps to reduce their risks where possible. For instance, experts recommend that hot water heaters be set to a minimum of 130 degree Fahrenheit and systems should distribute water at a minimum of 122-124 degrees. And cold water systems should be maintained below 68-77 degrees Fahrenheit. More education is needed to help home and building owners to reduce risks.

National Recommendations
In November 2023, after an 18 month process with a working group of experts and stakeholders, the US EPA issued a final report on Microbial and Disinfection Byproducts Rule Revisions recommendations. This report recommended improvements in water treatment by establishing a minimum residual disinfectant treatment (chlorine or chloramine), better public water system monitoring/ management and building water management programs, which this bill includes. And in 2024, the CDC released a report on drinking water outbreaks and found that *legionella* was a leading cause of public water system and biofilm-related outbreaks. The report calls for the need for water source-to-tap prevention strategies, consistent with this legislation.

We are very supportive of Senate Bil 264 in that it takes a comprehensive approach to preventing Legionnaires' disease, modeled after a 2024 law passed by New Jersey and effective policies in other states like Illinois and Louisiana, which follow the latest science and data around the need to properly monitor and manage water to mitigate risks posed by legionella bacteria throughout the system. Of note, there are also similar bills pending in New York and Pennsylvania.

We applaud Maryland for taking a leadership role in pursuing state legislation to effectively reduce cases associated with this serious waterborne disease through improved water quality management. We look forward to continuing to work with you to achieve its enactment this year.

SB0264 February 10, 2026 .pdf
Uploaded by: Lynn Mortoro
Position: FAV

MEPPN
Maryland Episcopal Public Policy Network

TESTIMONY IN SUPPORT OF SB0264

Drinking Water - Regulation - Control and Prevention of Waterborne Disease

FAVORABLE

TO: Chair Senator Brian J. Feldman, Vice Chair Senator Cheryl C. Kagan and members of the Senate Education, Energy and the Environment Committee.

FROM: Lynn Mortoro, member of the Maryland Episcopal Public Policy Network (MEPPN)

DATE: February 10, 2026

Dear Chair Senator Feldman, Vice Chair Kagan and all members of the Senate Education, Energy and the Environment Committe.

Thank you for the opportunity to testify on behalf of safer drinking water.

Safe drinking water is an expectation from our community.
As a member of the Episcopal Church and a retired registered nurse, I support this effort as another step to assure that expectation.

The Episcopal Church is a firm believer that everyone should have access to clean and healthy water free of pathogens
This bill would support that and ensure communication if there is a problem with safety.

The Maryland Episcopal Public Policy Network (MEPPN) requests a FAVORABLE report

The Maryland Episcopal Public Policy Network (MEPPN) is a ministry of The Episcopal Diocese of Maryland, The Episcopal Diocese of Washington, and The Delaware-Maryland Synod ELCA

Maryland Catholic Conference_FAVSB264_.pdf
Uploaded by: Michelle Zelaya
Position: FAV

MARYLAND CATHOLIC CONFERENCE

February 4th 2026
SB264
Drinking Water - Regulation - Control and Prevention of Waterborne Disease Education, Energy, and the Environment Committee
Position: Favorable

The Maryland Catholic Conference offers this testimony in support of **Senate Bill 264.** The Maryland Catholic Conference is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 264 strengthens Maryland's protection against waterborne illnesses—particularly Legionella—by establishing minimum disinfectant levels, requiring regular testing, improving monitoring in public water systems, and mandating clear communication when system disruptions occur. It also creates a process for investigating suspected cases of Legionnaires' disease to ensure timely public health responses and improved data collection.

Water is a necessity for every individual, and it is our shared responsibility to ensure that all Maryland residents have access to clean, safe water without the constant fear of waterborne disease. Providing reliable, uncontaminated drinking water is one of the most fundamental duties of public governance. When water systems fail, the consequences fall hardest on children, seniors, low-income families, and people with weakened immune systems—those least able to bear additional health or financial burdens. By implementing proactive monitoring, strengthening public-health safeguards, and improving transparency in our water systems, Maryland can prevent illness, reduce long-term healthcare costs, and reinforce public confidence in the essential infrastructure that supports daily life.

Catholic social teaching reminds us of the God-given dignity of every human person and our moral obligation to safeguard public health. Access to clean water is not a luxury; it is a basic human right—central to human life, community well-being, and the common good. Marylanders should not have to add water safety to the long list of everyday worries they already carry. Ensuring universal access to clean drinking water is a simple yet powerful way to promote peace of mind and protect the well-being of families across our state.

Supporting this bill affirms our moral duty to defend vulnerable populations and ensure that every Marylander has access to the life-giving resources God has entrusted to us. Clean water sustains life and safeguarding it sustains our commitment to justice.

For these reasons, the Maryland Catholic Conference urges a favorable report on **Senate Bill 264.**

SB 264
Uploaded by: Petra Smeltzer
Position: FAV

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Testimony: Senate Bill 264
Drinking Water - Regulation - Control and Prevention of Waterborne Disease
Committee: Environment and Transportation Committee
Date: February 10, 2026
Position: **Support with Amendment**
Re: Testimony in Support with Amendment Requiring Scalding Warnings

Dear Chairman Feldman and Members of the Committee:

I am Petra Smeltzer, Senior Director of State Government Affairs for the Air-Conditioning, Heating, and Refrigeration Institute (AHRI). I appreciate the opportunity to submit this written testimony on behalf of AHRI, the national trade association representing the heating, air conditioning, ventilation, and commercial refrigeration (HVACR), and water heating industry.

AHRI represents more than 330 manufacturers of HVACR and water heating equipment. It is an internationally recognized advocate for the HVACR industry and certifies the performance of many of the products manufactured by its members. In North America, the annual economic activity resulting from the HVACR industry is more than $211 billion. In the United States alone, AHRI member companies, along with distributors, contractors, and technicians employ more than 700,000 people. In Maryland, the HVACR industry supports more than 8,100 jobs and contributes more than $2.6 billion in economic activity.

AHRI supports this bill's public-health objectives. We wish to thank the bill sponsor, Senator Benjamin Brooks, for including an amendment to address a related safety risk tied to the provision requiring that public water systems send notices advising customers to set their water heaters to 130-degrees Fahrenheit. AHRI requested that these notices include a clear warning about the risk of scalding. Scald injuries, especially to children, seniors, and people with disabilities, are a well-documented risk associated with domestic hot water systems. Water temperatures above 125-degrees Fahrenheit can cause serious burns in seconds.

The amendment simply requires that when public water systems send letters to customers, those letters include a standardized warning (see below) about scalding risks and basic prevention measures—such as testing the water temperature by hand before bathing.

"WARNING: Water temperature over 125-degrees Fahrenheit can cause severe burns instantly or death from scalds. Children, disabled and elderly are at highest risk of being scalded. Feel water before bathing or showering."

Including this short, clear warning in existing customer communications can help prevent harm and is an efficient way to address a preventable safety risk.

AHRI also wishes to thank the bill's lead proponent, the Alliance to Prevent Legionnaires' Disease in Maryland, for supporting this amendment.

Thank you again for your consideration. Should you have any questions or require additional information, please feel free to contact me.

Sincerely,

Petra M. Smeltzer
Senior Director of State Government Affairs
Air-Conditioning, Heating, and Refrigeration Institute
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Arlington, VA 22201
Cell: 202-304-9995

APLD Written Testimony.pdf
Uploaded by: Rory Murray
Position: FAV

Legionnaires' Disease History in Maryland

Legionella is not a new or emerging issue in Maryland, it is a well-documented, recurring public-health risk with a clear history of illness, death, and costly remediation across the State. Since the 1980s, Maryland has experienced repeated outbreaks and detections in hospitals, senior living facilities, hotels, schools, correctional institutions, courthouses, and state office buildings. The largest early outbreak occurred in 1988 at a rehabilitation hospital, and throughout the 1990s Maryland reported hundreds of confirmed cases, with documented fatalities across more than twenty counties. Since then, outbreaks and detections have continued with troubling regularity, including fatal cases linked to hotels, long-term care facilities, and public buildings, as well as repeated findings of Legionella bacteria in state-owned and leased facilities across the State between 2019 and 2025. These incidents have resulted in building closures, emergency responses, litigation, long-term health consequences for affected individuals, and significant public expense.

Current regulatory priorities remain misaligned with public-health risk. Legionella, is one of the deadliest waterborne pathogens, with fatality rates commonly cited at 10% overall and substantially higher among vulnerable populations. Legionella is transmitted through inhalation of water vapor containing the bacteria or through aspiration when water is swallowed and "goes down the wrong pipe." Legionella risk management has largely been deferred to building owners, voluntary guidance, and reactive outbreak response. The predictable result is continued detection, repeated remediation, and escalating costs. This is precisely why Maryland must act proactively and align regulatory attention with actual public-health risk.

The Source To Tap Solution

The Source

CDC outbreak summaries and after-action reports repeatedly identify water main breaks, pressure loss, boil-water advisories, treatment upsets, and storm-related disruptions as triggering events of Legionella outbreaks, especially in hospitals and large buildings. During storms or utility disruptions (like main breaks or pressure loss), biofilm is physically disturbed and mobilized inside distribution pipes. When pressure drops or flow reverses, chunks of biofilm containing Legionella are scoured from pipe walls and pushed downstream into buildings**,** where they enter plumbing systems, storage tanks, and fixtures.

Although building owners control internal plumbing, water utilities control the baseline conditions that determine whether pathogens can survive at all, including disinfectant residual, water chemistry, and biological stability. Building owners are legally prohibited from altering those upstream conditions and must accept and distribute the water as delivered. When utilities provide water with insufficient or unstable disinfectant residual, they effectively shift preventable risk downstream while retaining exclusive control over the tools needed to mitigate it.

This history aligns with long-standing scientific understanding. As early as 2000, the Maryland Scientific Working Group to Study Legionella in Water Systems in Healthcare Institutions recognized that Legionella is often introduced into institutional plumbing systems through municipal water, that municipal systems do not routinely screen for Legionella. Once introduced into building plumbing, particularly hot water systems maintained at lower temperatures to reduce

scalding risk, Legionella can persist and multiply. More recently, in November 2023, a subject-matter working group of EPA's National Drinking Water Advisory Council reached conclusions consistent with this body of evidence, recommending that EPA raise the national minimum disinfectant residual requirement from the current "detectable" standard and consider a minimum specific value of up to 0.5 mg/L for free chlorine and 0.7 mg/L for chloraminated systems.

The Tap

ASHRAE is the American Society of Heating, Refrigerating and Air-Conditioning Engineers, a global professional organization that develops science-based engineering standards for buildings and environmental systems. ASHRAE 188 is a national consensus standard developed by ASHRAE that establishes minimum requirements for managing Legionella risk in building water systems. It does not regulate utilities or mandate specific disinfectant levels; instead, it requires certain buildings to identify, monitor, and control conditions inside their plumbing systems that allow Legionella to grow and spread.

ASHRAE 188 requires covered buildings to implement a Water Management Program (WMP). That program includes identifying hazardous water systems (like hot water systems, cooling towers, decorative fountains, spas), setting control limits for temperature and disinfectant, monitoring those controls, documenting corrective actions, and assigning responsibility. The standard is risk-based and process-oriented, it focuses on managing conditions, not eliminating bacteria entirely.

ASHRAE 188 applies to large or high-risk buildings, including hospitals, nursing homes, long-term care facilities, hotels, multifamily buildings with centralized hot water, buildings with cooling towers, and buildings housing immunocompromised populations. It generally does not apply to single-family homes or small buildings without complex water systems.

ASHRAE 188 is critical because it addresses the part of the water lifecycle that utilities cannot legally or physically control, water after it enters the building. A true source-to-tap strategy requires both sides to function: utilities deliver biologically stable water with adequate disinfectant to the building, and building owners use ASHRAE 188 to prevent stagnation, loss of residual, and temperature conditions that allow amplification. Without ASHRAE 188, utilities are blamed for problems they cannot fix; without strong source water control, building programs are forced to manage unnecessary upstream risk. Together, they form the only defensible, public-health-based approach to preventing Legionnaires' disease.

The Public Health Risks

The public-health stakes are substantial. A significant portion of Maryland's population falls into groups at elevated risk for severe Legionella outcomes. In 2022, 9.6% of Maryland adults were smokers, a major risk factor for Legionnaires' disease due to impaired lung and immune function. Roughly 30% of Marylanders are over the age of 55, a population with significantly higher hospitalization and fatality rates, and nationally an estimated 6–7% of individuals are immunocompromised due to cancer treatment, transplants, or chronic illness. These overlapping vulnerabilities mean Legionella poses a disproportionate and ongoing risk to Maryland residents.

The Cost to the State of Maryland of Inaction

According to publicly available Board of Public Works records, Maryland has already spent almost $650,000 on Legionella detection and remediation since 2015, a figure that does not capture indirect costs such as lost productivity, medical care, or liability exposure, and does not include any of the recent outbreaks.

Using national cost estimates, Maryland's roughly 207 Legionnaires' disease cases per year since 2015, translate into about $6–$8 million in direct medical costs annually. CDC-linked studies estimate $33,000–$38,000 per hospitalization; using a midpoint of $35,000, the math is straightforward: 207 cases × $35,000 ≈ $7.25 million per year in hospital and emergency department costs alone. If we conservatively assume that only 30% of cases are covered by Medicare or Medicaid (about 62 cases), then 62 × $35,000 ≈ **$2.17 million per year in direct public-payer medical spending in Maryland.**

These figures exclude productivity losses, long-term rehabilitation, and mortality costs, which national models typically show roughly double the total economic burden. In other words, the true annual cost of Legionnaires' disease in Maryland could be above $4-5 million, with a significant share falling directly on public budgets.

This is why prevention is cheaper than the status quo. Even a 25–50% reduction in cases would save $500,000 to over $1 million per year in Medicaid costs alone, before accounting for avoided emergency responses and facility shutdowns. Preventive measures, by contrast, are low-cost, system-wide investments that become routine operations, while the avoided hospitalizations and crisis responses generate reliable, recurring budget savings.

Counter-Arguments

Argument 1: This will put Maryland water utilities out of compliance with MDE and EPA disinfectant-by-products standards.

We analyzed a statewide dataset covering all 451 Maryland's reporting water systems to understand whether utilities could meet HB 204's minimum disinfectant residual requirement while remaining compliant with federal limits on disinfection byproducts (DBPs). The data shows that about seven in ten systems already meet the bill's proposed minimum chlorine standard, at least when tested at the source point, based on their lowest reported levels, and many of the remaining systems are very close. At the same time, 98–99 percent of systems statewide are already in compliance with EPA limits for TTHMs and HAA5s. Importantly, systems that meet the proposed HB 204 residual standard are also overwhelmingly in compliance with federal DBP requirements, demonstrating that these two goals already coexist in Maryland's drinking water systems.

To test concerns that modest increases in chlorine could force DBP violations, we evaluated how much "headroom" systems have below federal limits and ran conservative stress-test scenarios assuming small residual increases. Most systems are not close to DBP limits, with average margins of more than 60 units for TTHMs and nearly 50 units for HAA5s. Even under pessimistic assumptions, roughly 95 percent of systems would remain compliant with federal DBP standards. The data also shows no meaningful relationship between higher chlorine residuals and higher DBP

levels statewide. In plain terms, HB 204 improves protection against microbial risks in distribution systems without creating a new DBP compliance problem for Maryland water utilities.

Argument 2: The buildings are the problem.

Building owners and operators unquestionably have a role to play in managing Legionella risk, but as of now, they have all the liability for a problem they do not have all the control of. ASHRAE Standard 188 appropriately establishes a framework for that responsibility. The standard focuses on building water management practices, such as temperature control, minimizing stagnation, maintaining equipment, and responding to identified hazards, that can reduce the amplification of Legionella within building plumbing systems.

However, ASHRAE 188 is not designed to function in isolation, nor can it overcome inadequate water quality at the point of entry. Legionella is a naturally occurring organism that originates in source water and distribution systems; buildings do not create the bacteria. When disinfectant residuals entering a building are weak or inconsistent, even buildings that fully comply with ASHRAE 188 are forced into a reactive and costly cycle of mitigation, relying on superheating, hyperchlorination, frequent testing, and continuous operational intervention simply to compensate for upstream deficiencies.

In that context, placing primary responsibility on building owners without ensuring effective disinfection from utilities turns ASHRAE 188 into an exercise in futility. As stated above, it isn't a surprise that many outbreaks happen following water disruptions at the utility side. The standard works best as part of a source-to-tap approach, where utilities maintain a stable disinfectant residual to limit the introduction and seeding of Legionella, and building operators use ASHRAE 188 to prevent conditions that allow amplification. Without that first line of defense, compliance becomes a perpetual effort to manage risk rather than meaningfully reduce it, shifting costs downstream while leaving the root cause unaddressed.

Further, a building only management approach fails to address home-based exposure risk. A NJ Department of Health study found legionella bacteria is approximately 50% of homes tested. Homeowners must rely on water utility management and treatment of the water entering their plumbing systems to kill legionella bacteria and minimize risks.

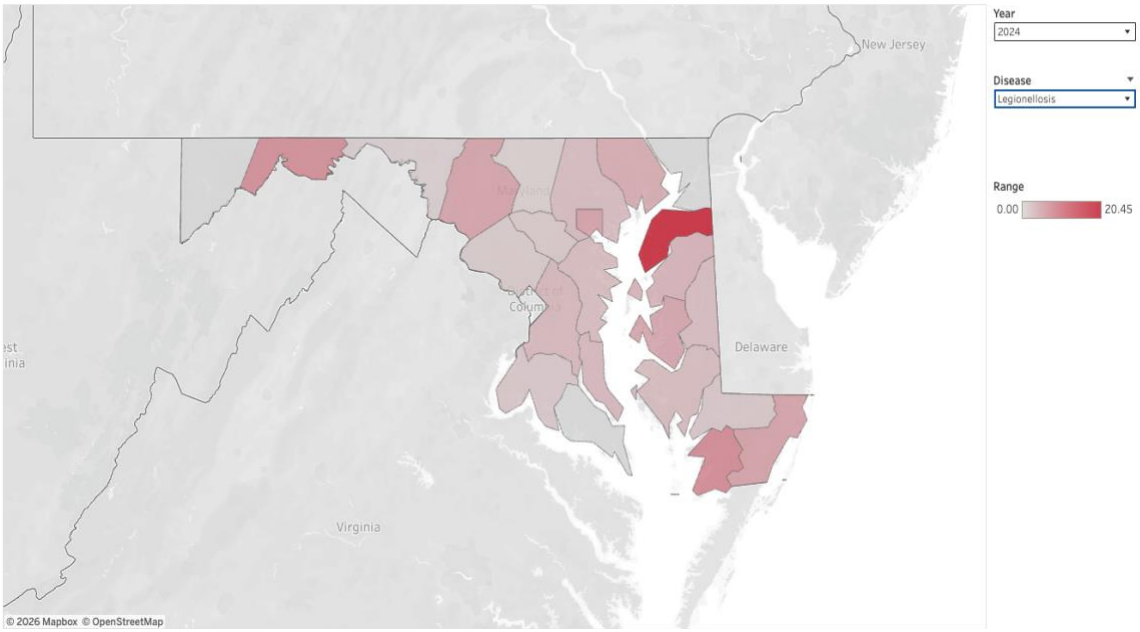
Argument 3: The 'disruption' notice requirements will cause public panic and create liability

Transparency isn't panic, it's risk management. The bill defines "disruption in the water distribution system" (including treatment switches, pressure drops below 20 psi, lead service line replacements, etc.) and requires notices that include context and duration guidance. That lets hospitals, nursing homes, and other high-risk facilities take reasonable short-term precautions (flushing protocols, point-of-use filters, etc.) during known vulnerability windows. Those who are most vulnerable will not take these notices lightly. And there are steps homeowners can take if there are increased risks from a system disruption. This includes avoiding showers, using purified water, changing water filters, running taps and showers to avoid stagnation and keeping water heater temperature high enough to kil legionella, among others. Knowledge is power. It will not cause panic, it will provide increased protections.

Appendix

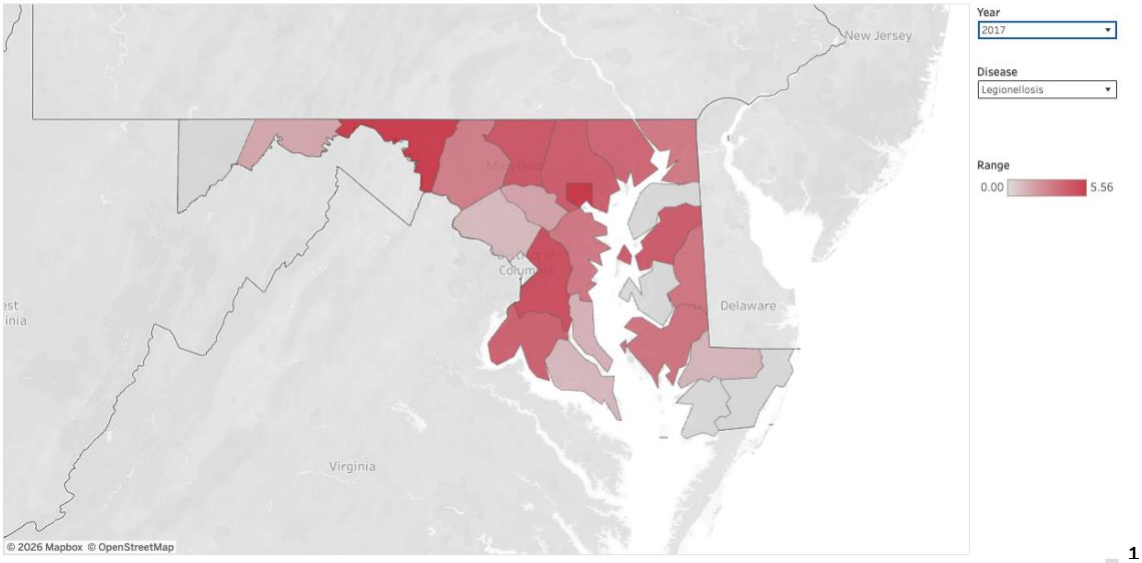
Cases of Selected Notifiable Conditions Reported in Maryland*

Case Rates per 100,000 Population by Jurisdiction



Cases of Selected Notifiable Conditions Reported in Maryland*

Case Rates per 100,000 Population by Jurisdiction



[1] A CDC notifiable condition is a disease or health issue that healthcare providers and labs are legally required to report to public health officials, allowing agencies like the Centers for Disease Control and Prevention (CDC) (CDC) to track, monitor, and control threats to the public's health, especially those that are severe, contagious, or frequent.

Abc generic_year.csv Disease	Abc Measure Names	# Measure Values
Legionellosis**	2024	188.000
Legionellosis**	2023	170.000
Legionellosis**	2022	203.000
Legionellosis**	2021	213.000
Legionellosis**	2020	184.000
Legionellosis**	2019	273.000
Legionellosis**	2018	361.000
Legionellosis**	2017	187.000
Legionellosis**	2016	142.000
Legionellosis**	2015	153.000

[2]

[2] https://health.maryland.gov/phpa/OIDEOR/CIDSOR/Pages/disease-conditions-count-rates.aspx

Alliance to Prevent Legionnaires' Disease

LEGIONNAIRES' DISEASE
LINES OF PREVENTION

#1 EDUCATION

The general public, building owners and health care professionals need **more information** on *Legionella* bacteria and how it may cause Legionnaires' disease. There are many myths surrounding the disease, so up-to-date and accurate information is crucial to reduce its incidence and increase prevention. Knowledge of the origins and exposure points of *Legionella* throughout the water system help us to understand how best to prevent its spread.

#2 SOURCE WATER TREATMENT

The water we use, collected from lakes, rivers and reservoirs, is known as **source water**. Source water naturally contains bacteria and nutrients. To protect public health it is treated and filtered* to limit the levels of contaminants, per the Safe Drinking Water Act.

* New York City does not filter 90% of its water, having been given an exemption from the EPA if the water meets certain criteria, including residual disinfectant concentrations, and not being identified as a source of a waterborne disease outbreak.

#3 PUBLIC WATER DISTRIBUTION SYSTEMS

After collection and treatment, source water enters the **public water system**. Opportunities exist for *Legionella* and other bacteria to colonize and reproduce in the public water system. Pipe biofilm and corrosion, potential low chlorine levels and stagnant water all contribute to growth. It is critical to design, manage and maintain new distribution systems, as well as upgrade and repair older ones, to limit the growth of bacteria.v

#4 RESIDENTIAL WATER SYSTEMS

Most of our water use is in our very own homes. According to the CDC, 96% of all Legionnaires' Disease cases are individual and sporadic—not associated with an outbreak. That's why a focus on the consistent delivery of contaminant-free water to residents and raising awareness of the risks at home are so critical, especially to protect the immunocompromised. Every day we use water to shower and bathe, drink, clean, irrigate, and live. Water quality issues impacting homes, and associated risks, must be broadly understood and managed.

#5 BUILDING WATER SYSTEMS

Multi-story buildings are at greater risk of water-borne bacteria than smaller buildings, as the complexity of their piping provides more opportunity for bacterial growth. The exposure points in a **building water system** are numerous, from showers, baths and drinking water to ice machines, faucets, and cooling equipment. A multi-disciplinary team has developed ASHRAE Standard 188 for risk management of building water systems.

#6 WATER EQUIPMENT MANAGEMENT

Proper selection, placement, maintenance, treatment, monitoring, and management of **water-based equipment**, such as medical equipment, humidifiers, misters, hot tubs and pools, can further reduce the risk of exposure to waterborne Legionella bacteria.

#7 INVESTIGATION PROTOCOL

When Legionnaires' disease clusters or outbreaks are reported, it is crucial to determine the point of exposure by testing all water sources within the water system.* When the exposure point is found, it can be treated to stop the spread. Prematurely ending an investigation with the first positive sample may lead to further outbreaks which could occur unexpectedly, even months later, as multiple exposure points to bacteria are possible within one water system. Failure to test throughout the system may result in inconclusive or incorrect findings, or mis-identification of the source of the bacteria that caused the illness.

*Currently, single cases are rarely investigated, except in healthcare facilities.

#8 ONGOING RESEARCH

As Legionnaires' disease is a relatively newly discovered disease, ongoing **research** is imperative to better understand its causes, prevention and treatment. **New** studies and their findings are published periodically and it is important that this new information is communicated to dispel myths with proven measures for combatting the disease.

MD SB264 FWA Waterborne Disease.pdf
Uploaded by: Hugo Cantu
Position: FWA

Bill:	**SB264- Drinking Water - Regulation - Control and Prevention of Waterborne Disease**
Committee:	**Education, Energy, and the Environment**
Date:	**February 10, 2026**
Position:	**Favorable with Amendments**

The Apartment and Office Building Association (AOBA) of Metropolitan Washington is a non-profit trade association representing the owners and managers of more than 23 million square feet of commercial office space and 133,000 apartment rental units in Montgomery and Prince George's counties. AOBA submits the following testimony in support of Senate Bill 264 with amendments**.**

SB264establishes minimum detectable disinfectant residual level requirements, disinfectant residual testing requirements, and related requirements for the control of Legionella bacteria and other pathogens in the public water supply. The bill requires suppliers of water to provide certain notices and records regarding disruptions in the water distribution system. AOBA members are concerned about the requirements for "covered buildings" to establish and implement water management programs to minimize the growth and transmission of Legionella bacteria consistent with ASHRAE Standard 188-2018.

While AOBA members support efforts to reduce and contain legionella outbreaks, AOBA urges the committee to remove the water management plan requirement from the bill. Using the ASHRAE 188 Standard to define covered buildings is overly broad and may lead to both compliance and enforcement challenges. These challenges would be most acutely felt by older multifamily buildings, which tend to be naturally occurring affordable housing. Furthermore, using these standards would likely require housing providers to hire costly code consultants to establish and implement the water management programs. This would undoubtedly raise operating costs for multifamily buildings at a time when housing costs continue to rise.

For these reasons, AOBA requests a favorable report with the amendments below. Please contact Hugo Cantu at hcantu@aoba-metro.org with any questions or concerns.

~~(A) IN THIS SECTION, "COVERED BUILDING" MEANS A BUILDING THAT MEETS THE CRITERIA SET FORTH IN THE AMERICAN SOCIETY OF HEATING, REFRIGERATION, AND AIR CONDITIONING ENGINEERS (ASHRAE) STANDARD 188–2018.~~

~~(B) ON OR BEFORE OCTOBER 1, 2027, THE OWNER OR OPERATOR OF A COVERED BUILDING SHALL IMPLEMENT A WATER MANAGEMENT PROGRAM TO MINIMIZE THE GROWTH AND TRANSMISSION OF LEGIONELLA BACTERIA IN THE BUILDING'S WATER SYSTEM, CONSISTENT WITH ASHRAE STANDARD 188–2018.~~

~~(C) THE OWNER OR OPERATOR OF A COVERED BUILDING SHALL MAKE THE WATER MANAGEMENT PROGRAM AVAILABLE UPON REQUEST TO AN EMPLOYEE OF THE DEPARTMENT, THE MARYLAND DEPARTMENT OF HEALTH, OR ANY OTHER STATE OR LOCAL DEPARTMENT WITH LICENSE OR INSPECTION AUTHORITY FOR THE COVERED BUILDING.~~

MD American Water SB 264.pdf
Uploaded by: Matthew Corson
Position: FWA

MARYLAND
AMERICAN WATER

February 10, 2026

The Honorable Brian Feldman
Senate Office Building
11 Bladen Street
Annapolis, MD 21401

Chair Feldman and Members of the Senate Education, Energy, and Environment Committee,

American Water appreciates the opportunity to provide written feedback on SB264. American Water provides drinking water and wastewater service to an estimated 14 million people in 14 states, including in Maryland, where we have served homes and businesses with clean, reliable drinking water since the early 1930s.

American Water appreciates the House's focus on the control and prevention of waterborne disease in drinking water. We look forward to working with you to enhance drinking water regulations in partnership with the Maryland Department of the Environment (MDE) and the Maryland Department of Health in this effort.

Minimum Numeric Disinfectant Residual Levels (9-430, pages 6-8)
American Water recommends revising the bill to task MDE with developing regulations related to minimum numeric disinfectant residual level requirements. This would provide MDE with the opportunity to review existing science, consult with experts, consider the risk-risk tradeoff of increasing disinfectant residuals with the associated risks of increased disinfection byproduct (DBP) formation, and have the necessary flexibility to craft an appropriate regulation.

Caution must be used when establishing a minimum numeric disinfection residual requirement. Science does not support the premise that higher disinfection residual levels necessarily equate to better control of Legionella bacteria. Additionally, higher disinfectant residual levels can result in higher DBP formation. DBPs in drinking water are regulated by MDE because at certain elevated levels they may present long-term risks for cancer and may cause reproductive issues.

The legislation and related regulations must also be clear on the applicability of the requirements. Currently, only surface water systems and ground water systems under the direct influence of surface water are required to provide disinfection treatment and maintain disinfectant residuals. As currently written, the legislation would apply to all drinking water systems regardless of source type and whether the system currently provides disinfection treatment.

As suggested in the draft legislation, not all low residual levels warrant investigation from MDE. As the state drinking water regulatory agency, MDE should be tasked with developing a methodology that drives water systems to investigate and respond to low residuals that also includes certain triggers for MDE involvement. American Water would welcome the opportunity to be included in any discussions on this matter.

The final legislation must include adequate time for water systems to understand the requirements, determine their current situation, make plans for any necessary improvements, and execute said plans (which may include design, permitting, funding, and construction).

Any final legislation must also consider the financial impact of the new requirements. Water systems are working with limited resources and already have multiple priorities, including lead service line replacement and installing treatment to meet the new limits for perfluorinated (PFAS) compounds.

Customer affordability remains a priority and key concern, so we must ensure that new requirements that come from this legislation are based on sound science and incorporate best practices. As a water

utility regulated by the Maryland Public Service Commission, new costs associated with compliance would be included in the cost of service and recoverable in the water rates charged to our customers.

Further, to the extent that any new regulations create additional costs, all water utility providers, regardless of ownership, should have equal access to any and all state and federal funding that may be available to support compliance with new requirements. Customers in all types of systems should have the opportunity to benefit from available funding.

Definition of "Disruption" and Related Customer Notification (9-429 and 9-431, pages 5-6 and 8-9)
American Water urges caution when linking disruptions in the distribution system with Legionella. Regulations must be clear on whether the types of events cited under 9-429 are intended to trigger Legionella notification under 9-431. It appears that only "any disruption in the water distribution system that could result in increased levels of Legionella bacteria" need to be reported and tracked, but the current language could be interpreted differently.

Certain disruptions, such as changing meters and flushing, are part of every water utility's routine practices and include procedures designed to reduce risk of microbial intrusion, let alone the introduction of Legionella. Tracking of disruptions should be reserved for those with higher potential for microbial intrusion. MDE should be tasked with defining those disruptions that warrant tracking, possibly building on the recently proposed revisions to Subtitle 4 that define conditions that require notifying customers of a water outage or issuance of a boil water advisory under certain conditions. That would help ensure that public outreach is reserved for events that merit outreach and education.

Investigating Reported Cases of Legionnaires' Disease (9-432 and 9-433, pages 9-12)
American Water appreciates the House's efforts to investigate cases of Legionnaire's Disease. Any sampling requirements for legionella must consider the benefits of sampling for *Legionella pneumophila*, the most common cause of Legionnaires' disease, versus more general sampling for *Legionella* that detects all potential species. This also extends to presentation of the results to customers and providing the appropriate risk messaging based on the specific situation.

Requirements for Building Water Management Plans (9-434, pages 12-14)
American Water applauds the House's focus on building water management plans for those locations that present a higher risk for legionella. Development and execution of building management plans is a critical step in controlling Legionella in these locations.

We believe this bill is a well-intended concept, which we support with amendments. We look forward to continued discussions on regulations focused on value-added activities to protect public health.

Sincerely,

Matthew J. Corson

Matthew J. Corson, P.E.
Senior Manager, Environmental Policy and Planning

MMHA - 2026 - SB264 - FWA.pdf
Uploaded by: Matthew Pipkin
Position: FWA

Senate Bill 264

Committee: Education, Energy, and the Environment
Bill: Senate Bill 264 Drinking Water - Regulation - Control and Prevention of Waterborne Disease
Date: February 10th, 2025
Position: Favorable w/ Amendments

The Maryland Multi-Housing Association (MMHA) is a professional trade association established in 1996, whose members consist of owners and managers of more than 214,000 rental housing homes in over 1015 apartment communities. Our members house over 571,000 residents of the State of Maryland. MMHA also represents over 270 associate member companies who supply goods and services to the multi-housing industry.

Senate Bill 264 ("SB 264") establishes minimum detectable disinfectant residual level requirements, disinfectant residual testing requirements, and related requirements for the control of Legionella bacteria and other pathogens in the public water supply. Additionally, SB 264 requires suppliers of water to provide certain notices and records regarding disruptions in the water distribution system. Relevant for MMHA, there are requirements for "covered buildings" to make and maintain water management programs to minimize the growth and transmission of legionella bacteria consistent with ASHRAE Standard 188-2018.

MMHA commends the sponsors of this legislation for their intent in protecting those who utilize public water systems from the dangers posed by Legionella bacteria and appreciates the discussions in the interim session on the matter. For apartment community owners and managers, there are certainly benefits to this bill, such as new requirements that hold water suppliers to a higher standard and mandates that they inform apartment owners and managers of potentially compromising water disruptions within 24 hours.

The concerns from MMHA members stem from a lack of clarity on what is and is not considered to be a "covered building" as defined within the ASHRAE Standard 188-2018. Because the criteria is not spelled out in the plain language of the bill, the interpretations by subject matter experts at MMHA have had mixed and contradictory opinions as to who may or may not be required to conduct water management program monitoring as defined by ASHRAE Standard 188-2018.

Without clear delineation on what is considered a "covered building", MMHA cannot reasonably anticipate who may or may not be required to monitor as specified under 9-434 of the bill. The last thing MMHA wants is for unsuspecting apartment communities to get caught up and run afoul under the legislation. Additionally, should the "covered building" definition be considered in a broad context, MMHA would have concerns for spread out apartment communities with limited staff to effectively conduct this monitoring without paying for third-party services or providers to assist them, the cost of which will all go back on the properties, and by extension, back on the tenants.

Therefore, to alleviate these concerns as outlined, MMHA must respectfully request an amendment to SB 264 that strikes §9-434 from the legislation in its entirety. MMHA looks forward to continuing the dialogue with the proponents of the legislation and engaging with them on this important issue.

Please contact Matthew Pipkin, Jr. at (443) 995-4342 or mpipkin@mmhaonline.org with any questions.

SB264-MML-Testimony.pdf
Uploaded by: Tyler Brice
Position: FWA

TESTIMONY

COMMITTEE:	House Environment and Transportation	**DATE:**	February 4, 2026
POSITION:	Favorable with Amendments	**BILL:**	SB 264

On behalf of the Maryland Municipal League (MML), I am writing to express our support for SB 264 with amendments. The Maryland Municipal League is a statewide organization representing Maryland's municipal governments, many of which operate their own public water systems. We recognize the importance of maintaining adequate residual disinfectant levels, conducting regular sampling, and promptly informing customers about potential disruptions that may affect water quality, as prescribed in SB 264. MML and its members are fully committed to safeguarding public health and enhancing transparency in water system operations.

While we are supportive of the bill's overarching goals, several concerns raised by our member municipalities prompt us to respectfully request targeted amendments. Many municipalities estimate that the cost to comply with the increased residual mandates, staff training, expanded notification obligations, and enhanced record-keeping could range anywhere from $10,000 to $250,000 annually, depending on system size and current practices. These significant expenses could pose challenges, especially for smaller local governments, without additional funding support or a phased implementation approach. The bill's current definition of a distribution system "disruption" is very broad and could inadvertently trigger notification requirements for routine maintenance activities, placing an unnecessary administrative burden on our public water systems. We urge the Committee to refine the language in the bill to narrowly define "disruption" and to provide resources or technical assistance to help municipalities meet these new mandates efficiently.

MML believes that public health can be best protected through a comprehensive approach that not only enhances water system monitoring, but also addresses best management practices within the private buildings (such as hospitals or long-term care facilities) where risks from legionella are highest. Therefore, we suggest that the bill encourage collaboration with building owners and support educational outreach regarding effective management of internal plumbing systems, which are typically outside municipal jurisdiction. Additionally, we are concerned that efforts to increase residual disinfectant levels could unintentionally lead to higher concentrations of hazardous disinfection byproducts. We recommend that the bill be amended to ensure that any requirements for residual disinfectant levels are balanced with Safe Drinking Water Act regulations concerning disinfection byproducts and allow for operational flexibility based on local water quality data.

The Maryland Municipal League appreciates the intent behind SB 264 and is eager to work with the Committee to advance a practical and effective framework for water system safety that will benefit all Marylanders. With the amendments we have outlined, we are pleased to offer our favorable with amendment recommendation. Thank you for your consideration on behalf of Maryland's cities and towns.

For more information relating to this piece of testimony, please contact:

Tyler Brice: Manager, Advocacy and Public Policy, tylerb@mdmunicipal.org

SB 264_BOMA_UNF.pdf
Uploaded by: Bryson Popham
Position: UNF

BOMA BALTIMORE

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Forest Hill, MD 21050
443.966.3855
info@bomabaltimore.org

February 6, 2026

The Honorable Brian J. Feldman
Chair, Education, Energy, and the Environment Committee
2 West Miller Senate Office Building
Annapolis, Maryland 21401

RE: Senate Bill 264 – *Drinking Water - Regulation - Control and Prevention of Waterborne Dise*ase
UNFAVORABLE

Dear Chair Feldman and Members of the Committee,

I am writing in my capacity as the Legislative Chairman of the Building Owners and Managers Association of Greater Baltimore (BOMA) to respectfully request an unfavorable report on Senate Bill 264.

BOMA represents owners and managers of all types of commercial property, comprising well over 100 million square feet of office space in Baltimore and Central Maryland.

We should note that BOMA has opposed similar legislation in the past; e.g. Senate Bill 302 in 2022. We also note that institutions such as schools and hospitals, as well as a number of private sector groups have opposed such legislation previously.

The regulatory model created under Senate Bill 264 would be the most restrictive state law in the country. Other states place a focus on health care and educational buildings, while this legislation would cover thousands of additional public and private buildings that meet the criteria of ASHRAE 188. These ASHRAE standards are more restrictive than those applied to medical facilities by the Centers for Medicare and Medicaid (CMS).

As a practical matter, compliance under this proposed model would require a testing process without end, and neither the Federal Environmental Protection Administration (EPA) nor the Maryland Department of Environment (MDE) currently have an approved testing methodology. EPA, itself, has not established an enforceable legionella limit. That is because legionella is common at low levels in water systems, and its detection does not correlate reliably with illness attributable to legionella. Therefore, testing results would be of little value.

Furthermore, in the past, MDE has opposed a requirement in Senate Bill 264 to increase detectable chlorine levels in water systems to .5mg/l. MDE opined that such a provision would endanger public health.

For these reasons, BOMA opposes Senate Bill 264 and respectfully requests an unfavorable report.

Very truly yours,

Tim O'Donald
Chair, BOMA Legislative Committee

cc: Bryson F. Popham, P.A.

SB0264-EEE_MACo_OPP.pdf
Uploaded by: Dominic Butchko
Position: UNF

Senate Bill 264

Drinking Water - Regulation - Control and Prevention of Waterborne Disease

MACo Position: **OPPOSE**

To: Education, Energy, and the Environment Committee

Date: February 10, 2026

From: Dominic J. Butchko

The Maryland Association of Counties (MACo) **OPPOSES SB 264**. While counties share the bill's underlying goal of protecting public health, SB 264 would impose an arbitrary and impractical mandate on county governments that operate public drinking water systems. In doing so, it departs from established best practices, would introduce significant delays into planned projects, and would drive new costs that ultimately fall on system users.

No local officials want unsafe water in their community. Counties that operate public water systems already prioritize health and safety, and many have long maintained standards and operating practices that meet—or exceed—applicable federal and state requirements. The concern with SB 264 is not the shared objective of safe utilities, but the prescriptive approach the bill would require.

Specifically, SB 264 would mandate elevated disinfectant residuals of free chlorine and monochloramine beyond levels recommended by the U.S. Environmental Protection Agency and the Maryland Department of the Environment, and such increases may create additional public health risks due to overexposure to these chemicals. Moreover, increasing system-wide disinfectant levels does not address the primary driver of many Legionella risks: building-level water management practices. Facility plumbing conditions, water temperatures, stagnation, and maintenance protocols—particularly in buildings serving vulnerable populations—are often the most critical factors in prevention and response.

MACo also shares concerns raised by the Maryland Association of Municipal Wastewater Agencies (MAMWA), of which many counties are members.

Counties welcome continued partnership with the State on evidence-based strategies to strengthen drinking water safety. However, SB 264 substitutes a rigid, one-size-fits-all mandate for the existing best-practice framework for prevention, containment, and notification. For these reasons, MACo urges the Committee to issue an **UNFAVORABLE** report for SB 264.

MDE SB 264 OPP.pdf
Uploaded by: Jeremy D Baker
Position: UNF

The Maryland Department of the Environment

Secretary Serena McIlwain

Senate Bill 264

Drinking Water - Regulation - Control and Prevention of Waterborne Disease

Position: Oppose
Committee: Education, Energy, and the Environment
Date: February 10, 2026
From: Alex Butler, Deputy Director of Government Relations

The Maryland Department of the Environment (MDE) **OPPOSES** SB 264.

Bill Summary

Senate Bill 264 proposes an expansion of Maryland's water safety protocols to further protect public health. To achieve this, the bill: (1) establishes new disinfectant levels for water systems; (2) tasks MDE with developing new regulations for nitrification and construction monitoring; (3) introduces enhanced notification protocols for conditions related to Legionella; (4) establishes a new investigative and reporting framework for procedural compliance; (5) implements water management programs for specific building types; and (6) launches comprehensive public education and data transparency initiatives.

Position Rationale

MDE shares the sponsor's commitment to protecting public health and ensuring the highest water quality for Marylanders. The Department appreciates the elevation of this important issue, but has identified the need for significant fiscal support to implement the bill as drafted.

Overseeing the bill's requirements across Maryland's 3,200 public water systems with the anticipated influx of approximately 695,000 annual data points represents a technical and administrative workload that exceeds current staffing and budgetary resources. Additionally, the proposed 0.5 mg/L chlorine standard may require public water systems to invest in significant infrastructure upgrades to manage disinfection byproducts. These costs could inadvertently place local systems at risk of non-compliance with federal standards.

While MDE shares the sponsor's dedication to advancing water quality standards and appreciates the attention brought to this critical issue, the Department must respectfully request an **UNFAVORABLE** report for SB 204 given the fiscal challenges with implementation.

Contact: Alex Butler, Deputy Director of Government Relations
Phone: 443-695-7478, Email: alex.butler@maryland.gov

2026-02-06 MAMWA Letter OPP SB 264.pdf
Uploaded by: Lisa Ochsenhirt
Position: UNF

Maryland Association of Municipal Wastewater Agencies, Inc.
Washington Suburban Sanitary Commission
14501 Sweitzer Lane, 7th Floor
Laurel, MD 20707
Tel: 301-206-7008

February 6, 2026

The Honorable Brian J. Feldman
Chair, Education, Energy, and the Environment Committee
2 West Miller Senate Office Building
Annapolis, MD 21401

Re: OPPOSE -- SB 264 (Drinking Water – Regulation – Control and Prevention of Waterborne Disease)

Dear Chair Feldman:

On behalf of the Maryland Association of Municipal Wastewater Agencies (MAMWA), I am writing to **OPPOSE SB 264**, which would require that a public water system (PWS) maintain a certain level of residual disinfectant, sample for residual concentrations at "frequent and regular intervals" to determine levels at "different points in the public water system," and provide written notice to customers of any disruption (very broadly defined, to include, for example, water plant maintenance) in the distribution system if it could result in increased legionella bacteria levels. Failure to comply would subject a PWS to civil penalties.

MAMWA is a statewide association of local governments and wastewater treatment agencies that serve approximately 95% of the State's sewered population. Many of MAMWA's members also operate a PWS. MAMWA urges the Committee to vote **NO** on SB 264 for the following reasons:

- **SB 264 Implementation Costs Would Be Very High**

MAMWA Members who own and operate a PWS provided cost estimates to implement the proposed legislation:

  - **Member #1:** Estimates $40 M in capital for an interim retrofit of filters with granular activated carbon while planning permanent improvements; $5 M in capital to pilot test new equipment; $600,000 to $1.4 B in capital for permanent treatment improvements (this includes cost estimates for PFAS and disinfection byproduct (DBP) precursor treatment to address simultaneous compliance with other Safe Drinking Water Act regulations).

- **Member #2:** Costs for all seven systems could range from $10,000 to $200,000 to implement the residual mandate. In addition, the utility would be required to scale up notification procedures, train staff, submit substantial records, and address a higher volume of inquiries from the Maryland Department of the Environment.

- **Member #3:** Estimates total expenditures for FY27 at $335,776; for FY28 at $242,839; for FY29 at $250,124; for FY30 at $257,628; and for FY31 at $265,357.

- **Member #4:** Costs for compliance could reach $100,000 per year.

- **Member #5:** The Member is working to assess financial impacts but anticipates substantial capital and operational investments to meet the proposed minimum residuals level creating an undue hardship for the system.

As noted below, MAMWA questions whether the financial burden borne by our drinking water customers and your constituents would provide any public health benefit.

- **Increased Risks from Disinfection Byproducts**

Chlorine reacts with naturally present organic materials during water treatment to form DBPs, including trihalomethanes and haloacetic acids. Both are hazardous chemicals regulated under the United States Environmental Protection Agency's (EPA's) Safe Drinking Water Act. If PWS are required to increase residual chlorine levels to the prescribed minimum in the legislation, there will also be a rise in DBP formation.

- **No Measurable Impacts on Public Health**

Protecting public health is the primary objective of operating a PWS. That said, legionnaire's disease typically occurs when chlorine residuals are lost in privately owned buildings, like hospitals, long-term care facilities, and hotels, with poor building management or poor plumbing design. To improve public health impacts, we should be prioritizing best management practices for those facilities, including building management, building and energy efficiency codes, and plumbing infrastructure upgrades. A PWS has very limited jurisdiction beyond the meter—individual, privately-owned plumbing systems are not within our purview.

MAMWA urges the Committee to **Vote NO** on SB 264.

Please feel free to contact me with any questions at Lisa@AquaLaw.com or 804-716-9021.

Sincerely,

Lisa M. Ochsenhirt
MAMWA Deputy General Counsel

cc: Education, Energy, and the Environment Committee Members, SB 264 Sponsor

MBIA Letter of Opposition SB264.pdf
Uploaded by: Lori Graf
Position: UNF

MARYLAND BUILDING INDUSTRY ASSOCIATION
11825 West Market Place | Fulton, MD 20759 | 301-776-6242

February 10, 2026

The Honorable Brian Feldman
Chair, EEE Committee
2 West Miller Senate Office Building
Annapolis, Maryland 21401

RE: SB264 - Drinking Water - Regulation - Control and Prevention of Waterborne Disease)

Dear Chair Feldman,

The Maryland Building Industry Association, representing 100,000 employees statewide, appreciates the opportunity to participate in the discussion surrounding SB264. While we share the goal of protecting public health and reducing the risk of Legionnaires' disease, this bill raises significant concerns related to feasibility, cost, redundancy with existing regulations, and unintended consequences for water suppliers and ratepayers.

Public water systems are already subject to extensive federal and state regulation under the Safe Drinking Water Act and related EPA rules governing disinfectant residuals, monitoring, reporting, and corrective actions. This legislation would layer additional requirements on top of an already complex regulatory framework without clearly demonstrating that existing authorities are insufficient or ineffective. The bill establishes minimum detectable disinfectant residual levels and expanded testing requirements that may not be technically achievable across all parts of a distribution system at all times, particularly during construction, emergency repairs, or in older infrastructure.

The bill would impose new and potentially significant costs on water suppliers, many of which would ultimately be passed on to ratepayers. These costs are not accompanied by a clear funding mechanism, technical assistance, or flexibility for smaller or resource-constrained systems. For these reasons, we respectfully oppose the bill as drafted and urge the Committee to consider alternative approaches that:

- Provide flexibility based on system size and conditions
- Clarify responsibility between public water systems and private building owners
- Focus on targeted, evidence-based interventions rather than broad new mandates

For these reasons, MBIA respectfully requests the Committee give this measure an unfavorable report. Thank you for your consideration.

For more information about this position, please contact Lori Graf at 410-800-7327 or lgraf@marylandbuilders.org.

OPPOSE SB264.pdf
Uploaded by: Mark Meyerovich
Position: UNF

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

SB 264 - EEE - MDH- LOO.docx.pdf
Uploaded by: Meghan Lynch
Position: UNF

Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

February 10, 2026

The Honorable Brian J. Feldman
Chair, Education, Energy, and the Environment Committee
2 West Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 264 – Drinking Water - Regulation - Control and Prevention of Waterborne Disease – Letter of Opposition

Dear Chair Feldman and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of opposition to Senate Bill (SB) 264 – Drinking Water - Regulation - Control and Prevention of Waterborne Disease.

SB 264 would require public water supplies to maintain minimum chlorine disinfection levels and to notify users and the Maryland Department of the Environment (MDE) of disruptions that could increase the risk of *Legionella* exposure. The bill also requires the Department to investigate reported cases of legionellosis and to advise individuals diagnosed with Legionnaires' disease regarding the availability of *Legionella* testing for fixtures, water–using equipment, and water samples at the Department's State Public Health Laboratory. Additional provisions require the Department to establish a case registry, share data with MDE, and develop an outreach and education program. The bill would also require building owners and operators to establish water management programs.

While the Department supports efforts to reduce the risk of *Legionella* in Maryland, SB 264 would significantly increase costs with limited public health impact, given the ubiquity of Legionella in the environment. *Legionella* bacteria are naturally present in freshwater sources and water systems, and *Legionella pneumophila* bacteria is found in an estimated 30-50% of U.S. homes and buildings.[1,2] *Legionella* becomes a health concern primarily when aerosolized. The bill would require the Department to test fixtures and equipment at water exposure points identified by impacted individuals. Each year, the Department investigates approximately 200

[1] Donohue, M. J., King, D., Pfaller, S., & Mistry, J. H. (2019). The sporadic nature of Legionella pneumophila, Legionella pneumophila Sg1 and Mycobacterium avium occurrence within residences and office buildings across 36 states in the United States. Journal of Applied Microbiology, 126(5), 1568–1579. https://doi.org/10.1111/jam.14196
[2] Donohue, M. J., O'Connell, K., Vesper, S. J., Mistry, J. H., King, D., Kostich, M., & Pfaller, S. (2014). Widespread Molecular Detection of Legionella pneumophila Serogroup 1 in Cold Water Taps across the United States. Environmental Science & Technology, 48(6), 3145–3152. https://doi.org/10.1021/es4055115

confirmed Legionnaires' disease statewide. Identifying sources of exposure is often difficult or impossible, as individuals may have multiple potential exposure locations during the two-week incubation period. Without genetic sequencing, which requires adequate clinical cultures, the presence of *Legionella* at a particular site cannot definitively link that site to an individual's infection.

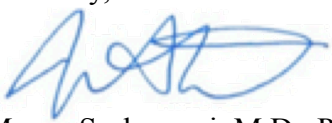
In addition, several existing policies already align with the bill's stated goals. Hospitals and nursing homes are required by the Centers for Medicare and Medicaid Services (CMS) to maintain water management plans addressing *Legionella* risk. Other large building operators, including certain hotels, apartment buildings, and condominiums, are encouraged to implement water management programs under guidance from the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) and the Centers for Disease Control and Prevention (CDC). These facilities typically rely on private laboratories certified under the CDC's Environmental Legionella Isolation Techniques Evaluation (ELITE) Program for testing. Requiring the Department to take on the performance and/or cost of all sampling and testing would impose a substantial operational and financial burden.

SB 264 also requires the Department to establish a publicly accessible registry of Legionnaires' disease cases, including approximate location information such as the nearest city block or general neighborhood. However, this information may not accurately reflect true sources of exposure and raises concerns related to individual privacy.

In summary, SB 264 would significantly increase costs and duplicate existing efforts while providing limited additional public health benefits, given the challenges described above. The Department currently works closely with MDE, local water suppliers, local health departments, and high-risk facilities to raise awareness of *Legionella* risk and promote safe water practices. The Department estimates a cost of $1,327,560 in Fiscal Year 2027 to implement the bill's requirements, including conducting required investigations, coordinating communications with local health departments and MDE, developing and maintaining the case registry , and implementing the outreach and education program. This estimate reflects the staffing, equipment, software, and materials necessary to assume these additional responsibilities.

If you would like to discuss this further, please do not hesitate to contact Meghan Lynch, Director of Governmental Affairs at meghan.lynch@maryland.gov.

Sincerely,



Meena Seshamani, M.D., Ph.D.
Secretary

2026-02-06 SB 264 Written Testimony signed.pdf
Uploaded by: Susan Betts
Position: UNF

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February 6, 2026

Senator Feldman, Chair
Senate Education, Energy and the Environment Committee
2 West Miller Senate Office Building
Annapolis, MD 21401

***RE: Oppose Senate Bill 264* – Drinking Water – Regulation – Control and Prevention of Waterborne Disease**

Dear Chair Feldman & Members of the Committee:

Artesian Water Maryland (AWMD) provides water utility service to over 2,700 customers in Cecil County and is dedicated to ensuring reliable, safe, and high-quality water. We write to express our serious concerns regarding the proposed ***SB 264 – Drinking Water – Regulation – Control and Prevention of Waterborne Disease*** and request an **UNFAVORABLE** vote.

We understand SB 264 to be well intended in addressing Legionella, a serious public health concern, but it does so in a way that is overly broad, operationally unworkable, and likely to create unintended compliance and public health consequences. A summary of four major concerns are as follows.

1. Mandated disinfectant residual levels (Page 6, lines 17 to 20) are not aligned with Maryland's existing regulatory framework or system specific water quality conditions. SB 264 would require a minimum free chlorine residual of 0.5 mg/L in all active parts of the system, or 1.0 mg/L monochloramine. Many Maryland water systems currently operate at lower residual targets to balance microbial control with compliance under the disinfection byproduct rules. A statutory floor of 0.5 mg/L could increase formation of regulated disinfection byproducts and increase the likelihood of violations, driving costly treatment upgrades and higher rates. This approach mandates costly treatment improvements without clear evidence of a meaningful reduction in Legionella risk at the point of use.

2. The monitoring language (Page 6, lines 21 to 24) is vague and invites inconsistent and potentially burdensome implementation. The bill requires disinfectant residual testing at frequent and regular intervals and at different points in the public water system, but it provides no objective frequency, locations, or performance criteria. This ambiguity could result in either insufficient monitoring that does not improve protection, or excessive monitoring that diverts staff and resources from higher value risk management activities.

664 Churchmans Road, Newark, Delaware 19702, P.O. Box 15004 Wilmington, Delaware 19850 Phone: (302) 453-6900 Fax: (302) 453-6957
14701 Coastal Highway, Milton, Delaware 19968 Phone: (302) 645-7751 Fax: (302) 645-8233
email: artesian@artesianwater.com Website: artesianwater.com

3. The definition of disruption (Page 5, line 27 to Page 6, line 13) and the customer notice requirements (Page 8, lines 14 to 32) are extraordinarily expansive and would create constant notices and unnecessary alarm. SB 264 defines disruption to include routine and frequent activities such as valve, hydrant, or meter replacements, changes in directional water flow, lead service line replacement, new construction tie ins, and common repairs. The bill would require timely written notice to all customers located in the area affected by the disruption, but the affected area is not defined nor is what constitutes timely notice. Furthermore, it suggests physical mailings which are expensive, will not be timely, and are often ignored by customers. In practice, the hydraulic area impacted by a main break may be uncertain, and a treatment process change could implicate the entire system. Requiring written notices for these routine events would create notice fatigue, undermine the credibility of truly urgent public health messages, and impose significant administrative costs.

4. Several consumer measures listed in the required notice (Page 9, lines 1 to 12) are not appropriate as utility directed recommendations. Advising consumers to install a water filtration system or treatment device certified to remove Legionella bacteria shifts costs to customers without clear standards, applicability, or evidence of necessity for typical residential use. Legionella is most often associated with building plumbing and hot water systems. As such, risk reduction is best achieved through building water management programs, proper hot water system operation, and appropriate backflow protection for higher risk facilities. As just one example, AWMD would not find it appropriate to instruct a customer to maintain "a temperature of at least 130 degrees Fahrenheit at the water heater outlet" as a temperature set too high creates a scalding risk and is contrary to energy conservation efforts. The bill already includes water management program requirements for covered buildings consistent with ASHRAE Standard 188, which is a more direct and evidence-based approach.

In addition, SB 264 contains implementation timing and compliance issues that warrant caution. As drafted, it establishes a compliance date of January 1, 2026 for new residual requirements, which is not practicable and conflicts with the Act's stated effective date of October 1, 2026. Core drinking water standards and monitoring requirements are best developed through the established regulatory and primacy processes so they can be coordinated with existing State and federal requirements and calibrated to system specific conditions.

Thank you for considering this testimony. For the reasons described above, AWMD respectfully requests an **UNFAVORABLE** vote on SB 264. Please feel free to contact me at dkonstanski@artesianwater.com or (302-803-1226).

Sincerely,

Daniel Konstanski, P.E., BCEE
Vice President of Engineering

SB 264 - Control and Prevention of Waterborne Dise

Uploaded by: Tom Ballentine

Position: UNF

NAIOP
MARYLAND CHAPTERS
THE ASSOCIATION FOR COMMERCIAL REAL ESTATE

February 6, 2026

The Honorable Brian J. Feldman, Chair
Senate Education, Energy, and the Environment Committee
2 West Senate Office Building
Annapolis, Maryland 21401

Unfavorable: SB 264 – Drinking Water Regulation – ASHRAE 188

Dear Chair, Korman and Committee Members:

The NAIOP Maryland Chapters represent approximately 700 companies involved in all aspects of commercial, industrial, and mixed-use real estate. On behalf of our member companies, I am writing to request your unfavorable report on SB 264 which would require the Maryland Department of Health and the Maryland Department of Environment to adopt regulations for detecting and controlling Legionella bacteria in public water systems and the plumbing systems of public and private buildings.

NAIOP members draw on multiple resources from the CDC, OSHA, EPA, MDE, state and local health departments, as well as building and mechanical codes to safely operate buildings. Our members take seriously their responsibility for the health and safety of tenants and visitors to our buildings. Nevertheless, we are concerned that the breadth and prescriptive nature of SB 264 will lead to over-regulation of low-risk buildings and therefore oppose the bill as introduced.

The Legionella bacteria can cause a severe type of pneumonia called Legionnaires' Disease in persons at risk. Those at risk include people who are at least 50 years old or those with underlying medical conditions such as chronic lung disease or immunosuppression. Most people experience minimal to no impacts from exposure to Legionella bacteria.

Legionella bacteria is found at low levels in source water like reservoirs and often lives in the biofilm of pipes throughout water distribution systems. According the CDC and EPA, detection of Legionella bacteria does not reliability predict disease risk.

The Safe Water Drinking Act (SWDA) is the primary federal law regulating drinking water quality. The EPA regulates 90 pathogens through the SWDA but has decided not to include Legionella in the monitoring rules for public water systems. EPA concluded that the expense of the monitoring was not warranted given the limited utility of the data.

Only small number of states currently require use of ASHRAE 188. Most (Michigan, Ohio, Illinois, Washington, and Virginia) are sector-specific focusing on at risk populations in healthcare facilities nursing homes and schools. New York and New Jersey take a broader approach, but SB 264 requires stricter adherence to ASHRAE 188, covers more building types, and requires higher disinfectant levels in drinking water, making it the most expansive law of its kind in the country.

U.S. Mail: 12 Francis Street, Annapolis, Maryland 21401 **Phone:** 410.977.2053 **Email:** tom.ballentine@naiop-md.org

Neither EPA nor MDE generally regulate the water quality of "premise plumbing" in buildings. SB 264 would mandate that covered buildings develop Legionella Water Management Plans consistent with ASHRAE Standard 188. The bill also requires that MDE issue a report within a year making recommendations on regulation of other pathogens and on whether to increase the disinfectant levels prescribed in the bill. MDE has previously objected to the proposed disinfectant levels citing public health concerns.

ASHRAE 188 would apply to tens of thousands of commercial and multifamily buildings. The Water Management Plans require establishing control levels, monitoring at multiple locations, conducting validation testing for Legionella and documenting the results. Tens of thousands of commercial and multifamily buildings would maintain this regime in perpetuity.

We see few ways to demonstrate a plan is effective and in compliance without adopting costly perpetual testing regime for Legionella. In the fiscal notes for prior year bills, MDE noted that EPA does not have an approved testing methodology for Legionella and warned of a lack of qualified in-state testing laboratories.

Additionally, the bill requires written notice to all commercial and residential customers in an area before commencing common construction activities such as water service line connections or meter placement. MDE is further required to adopt regulations for water quality monitoring during these construction activities.

While we appreciate the intent behind SB 264, the scope of the bill presents significant practical, financial, and regulatory concerns that warrant reconsideration.

For these reasons, NAIOP respectfully requests your unfavorable report on SB 264.

Sincerely,

Tom Ballentine, Vice President for Policy
NAIOP – Maryland Chapters, *The Association for Commercial Real Estate*

cc: Education, Energy, and the Environment Committee Members
Nick Manis – Manis, Canning Assoc.

SB264_MHLA_INFORMATIONAL.pdf
Uploaded by: Amy Rohrer
Position: INFO

MARYLAND HOTEL LODGING ASSOCIATION

410.974.4472
MDLodging.org
20 Ridgley Avenue, Ste. 309
Annapolis, MD 21401

SB 264 - Drinking Water - Regulation - Control and Prevention of Waterborne Disease
Education, Energy, and the Environment Committee
February 10, 2026
Position: Informational Only

*MHLA is the sole statewide organization dedicated to advocacy on behalf of Maryland's lodging industry. Our industry is a powerful economic engine - **765 hotels** support more than **115,000 jobs** statewide, generate **$7.2 billion in wages and salaries**, contribute **$2.4 billion in state and local tax revenue**, and drive **$10.6 billion in guest spending** that strengthens communities across Maryland.*

MHLA supports the life-safety measures and public health goals of SB 264 and submits this **information-only testimony to highlight implementation considerations and seek clarity on compliance expectations.** As drafted, the bill leaves significant uncertainty for covered buildings - especially hotels - regarding scope, timelines, and cost. This makes it difficult to plan and prepare for compliance until requirements and expectations are clearly defined. Although only one section of the bill directly applies to buildings, SB 264 raises expectations around Legionella prevention and effectively elevates ASHRAE Standard 188 from a voluntary best practice to a **statutory compliance mandate** for covered hotels.

Is the October 1, 2027, compliance deadline achievable?
The proposed deadline appears ambitious given:

- Typical 12–18-month capital planning and budgeting cycles, and
- The absence of guidance on what "implementation" entails, such as whether it means only program development or also full operational monitoring, documentation, staff training, and corrective actions.

Without finalized guidance, regulated entities cannot reasonably begin capital planning, procurement, or workforce training. For these reasons, MHLA respectfully requests that any compliance timeline begin only after clear, Maryland-specific guidance is issued.

What does compliance require in practice?
Additional clarity is needed regarding:

- Required program elements, including potential equipment modifications,
- Documentation, monitoring, and recordkeeping expectations, and
- Whether compliance will be phased in.

What costs and enforcement mechanisms should hotels plan for?
Hotels need clarity on:

- Expected cost drivers (including whether testing or third-party validation will be required),

- How cure periods will apply, and
- Which agency will enforce compliance.

The language on page 13, lines 10-12, gives enforcement and inspection authority to "ANY OTHER STATE OR LOCAL DEPARTMENT WITH LICENSE OR INSPECTION AUTHORITY". This broad language creates the potential for inconsistent interpretation, duplicative inspections, and uncertainty for regulated entities, and should be narrowed to identify the specific agency responsible for enforcement.

How will updates to ASHRAE standards affect compliance?
We understand the bill may be amended to reference **ASHRAE Standard 188-2021** rather than 188-2018. While we support alignment with updated safety standards, clarification is needed on:

- Substantive differences between the editions,
- How enhanced expectations related to verification, validation, and documentation may affect costs and obligations, and
- Whether clear, Maryland-specific guidance will be issued to ensure consistent enforcement.

What lessons can be learned from prior statewide standards?
Other statewide technical standards, such as Maryland's Building Energy Performance Standards (BEPS) under the Climate Solutions Now Act, required substantial regulatory development and stakeholder engagement before compliance expectations were fully understood. That experience underscores the importance of clear, Maryland-specific guidance before compliance deadlines are imposed.

- Are any hotel-specific case studies or implementation models available that could inform compliance planning?

Thank you for the opportunity to provide information-only testimony. We look forward to continuing to work with the General Assembly and relevant agencies as well as other stakeholders to support effective implementation of SB 264 should this legislation advance.

For more information, please contact:
Amy Rohrer, President & CEO
Maryland Hotel Lodging Association
amy@MDLodging.org

SB264_USM_INFO.pdf
Uploaded by: Andy Clark
Position: INFO

UNIVERSITY SYSTEM of MARYLAND

SENATE EDUCATION, ENERGY, AND THE ENVIRONMENT COMMITTEE
Senate Bill 264
Drinking Water - Regulation - Control and Prevention of Waterborne Disease
February 10, 2026
Information

Chair Feldman, Vice Chair Kagan and members of the committee, thank you for the opportunity to offer testimony on Senate Bill 264. Senate Bill 264 establishes a wide-ranging statewide framework to prevent waterborne diseases – particularly Legionella bacteria – by regulating public water systems and mandating building-level water management practices. The bill sets "minimum detectable disinfectant residual levels," establishes "disinfectant testing requirements," and directs water suppliers to maintain records and provide mandatory public notices following disruptions in the water distribution system, including pressure drops, service line replacements, or treatment changes. The bill also requires "mandatory investigations" of all reported Legionnaires' disease cases. In addition, the bill requires owners/operators of "covered buildings" – as defined under ASHRAE 188-2018 – to implement a compliant "Water Management Program (WMP)" by October 1, 2027, outlining building water systems, risk points, monitoring plans, and corrective action protocols.

The University System of Maryland (USM) is comprised of twelve distinguished institutions, and three regional centers. We award eight out of every ten bachelor's degrees in the State. Each of USM's 12 institutions has a distinct and unique approach to the mission of educating students and promoting the economic, intellectual, and cultural growth of its surrounding community. These institutions are located throughout the state, from Western Maryland to the Eastern Shore, with the flagship campus in the Washington suburbs. The USM includes three Historically Black Institutions, comprehensive institutions and research universities, and the country's largest public online institution.

The University of Maryland, College Park (UMCP) operates its own extensive water distribution system, which serves tens of thousands of people daily. Although its water is provided by WSSC, the university would have to now comply with Senate Bill 264's expanded testing and reporting requirements across approximately "250 buildings." To meet these obligations – particularly maintaining and documenting minimum disinfectant residual levels – the campus anticipates the need to hire additional plumbers dedicated to water testing and monitoring ensuring compliance with state-mandated standards.

Towson University (TU) Towson anticipates significant operational and capital impacts. Although Senate Bill 264 does not require monochloramine treatment, TU is considering an enhanced compliance model involving "building-level monochloramine booster stations" in roughly 60 buildings. This represents a $3 million one-time investment and $500,000–$620,000 in annual operating costs beginning in FY27. This approach provides stronger engineered controls and greater regulatory defensibility but goes beyond the minimum statutory requirements.

The University of Maryland, Baltimore (UMB) would face substantial staffing and operational demands due to the bill's requirements for formal water management planning, routine water testing, and documentation and anticipates hiring an external consultant at $100,000 annually, plus an additional $150,000 for testing and another $20,000 for supplies, bringing total the anticipated total annual costs to roughly $400,000.

The University of Baltimore (UBalt) expects increased operational responsibilities connected to building-level water management systems. This includes acquiring new water treatment equipment, water testing instruments, and software needed to administer a compliant Water Management Program. Efforts will also require regular monitoring of cooling towers, tanks, and other "high-risk" systems under ASHRAE 188-2018. The institution anticipates both initial capital investments and ongoing maintenance and testing costs, though precise totals remain undetermined.

Lastly, the University of Maryland, Baltimore County (UMBC) expects that Senate Bill 264 may increase drinkable water delivery costs statewide and will require all "covered buildings" on campus to develop water management programs aligned with ASHRAE 188-2018. Given that UMBC houses numerous high-risk systems – such as cooling towers – the institution anticipates significant new compliance obligations around system descriptions, hazard identification, water monitoring, and corrective actions. Although UMBC cannot yet quantify exact costs, they may be significant and include both upfront planning expenses and continued testing and administrative workload. Raising water heater set points to 130°F, as proposed, would also necessitate replacing or upgrading scald-protection components on existing systems set at lower temperatures.

The USM appreciates the opportunity to provide this information regarding Senate Bill 264.


Bowie State University
1865
Coppin State University
Est. 1900
Frostburg State University
Salisbury University
Towson University
University of Baltimore
University System of Maryland
University of Maryland Baltimore
UMBC
University of Maryland Center for Environmental Science
University of Maryland Eastern Shore
University of Maryland
University of Maryland Global Campus
The Universities at Shady Grove
USMH
University System of Maryland | Hagerstown
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Position: INFO

BRANDON M. SCOTT
MAYOR

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Annapolis, Maryland 21401

SB 0264

February 10, 2026

TO: Members of the Education, Energy and Environment Committee

FROM: Nina Themelis, Director, Mayor's Office of Government Relations

RE: **SB0264 - Drinking Water - Regulation - Control and Prevention of Waterborne Disease**

POSITION: LETTER OF INFORMATION

Chair Feldman, Vice Chair Kagan, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) has **concerns with** Senate Bill 264.

Senate Bill 264 (SB0264) establishes minimum detectable disinfectant residual level requirements, disinfectant residual testing requirements, and related requirements for the control of Legionella bacteria and other pathogens in the public water supply. The bill also requires suppliers of water to provide certain notices and records regarding disruptions in the water distribution system and establishes requirements for the investigation of reported cases of Legionnaires' disease.

As written, SB264 would mandate higher chlorine levels and additional reporting, despite existing daily system-wide sampling requirements. Raising chlorine levels will likely increase the possibility of harmful disinfection byproduct levels, creating new water quality issues. It would also require costly upgrades, such as new treatment processes, water main rehabilitation, and/or chlorine booster stations throughout the distribution system. Low or zero chlorine is not the sole cause of Legionnaires' disease, which occurs in warm or stagnant water within buildings such as hospitals and schools—conditions outside the public water distribution system. Additionally, the notification and third-party requirements are overly burdensome, unrealistic, and would require dedicated outreach staff, further increasing system administration costs.

The BCA has significant concerns with SB264 as this legislation represents a major expansion of regulatory responsibility, public notification duties, and enforcement exposure for water utilities by establishing rigid state-wide operational standards, treating routine system work as reportable health-risk events, and shifting risk, cost, and public perception burdens onto utilities without dedicated funding or operational flexibility. Given the absence of reported outbreaks in Baltimore City, we believe this legislation is unnecessary at this time.

For these reasons, the Baltimore City Administration respectfully requests **consideration of the above information** on SB264.