Maryland
DEPARTMENT OF HEALTH

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

February 4, 2026

The Honorable Marc Korman
Chair, Environment and Transportation Committee
Room 251, House Office Building
Annapolis, MD 21401-1991

RE: HB 204 – Drinking Water - Regulation - Control and Prevention of Waterborne Disease – Letter of Opposition

Dear Chair Korman and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of opposition to House Bill (HB) 204 – Drinking Water - Regulation - Control and Prevention of Waterborne Disease.

HB 204 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, HB 204 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.

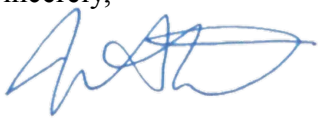
In addition, several existing policies already align with the bill's stated goals. Hospitals and nursing homes are required by the Centers for Medicare and Medicaid Services (CMS) to maintain water management plans addressing *Legionella* risk. Other large building operators, including certain hotels, 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.

HB 204 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, HB 204 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