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March 6, 2026

The Honorable Delegate Bagnall
Chair, House Health Committee
241 Taylor House Office Building
Annapolis, Maryland 21401

RE: HB 1022 PFAS Chemicals – Product Phase Outs and Registration Requirements (Oppose)

Dear Chair Bagnall:

On behalf of the Consumer Healthcare Products Association (CHPA)[1], we respectfully submit this testimony in opposition to HB 1022. Although we share the Legislature's commitment to safeguarding public health and the environment, we believe this bill, as currently drafted, would introduce significant compliance uncertainty, disrupt operations, raise costs for Maryland consumers, and conflict with existing interstate frameworks.

Inconsistent State Definitions Create Compliance Burdens for National Manufacturers

We support the bill's definition of "intentionally added" PFAS, which largely mirrors the approach taken by other states. However, significant inconsistencies remain nationwide in several critical areas: the definition and application of "currently unavoidable use" (CUU), which products are covered, what exemptions exist, and when requirements take effect.

Nationally operating companies are already contending with a fragmented and evolving state-by-state PFAS regulatory landscape. Further divergence — particularly around what qualifies as an "unavoidable use" — would only deepen that complexity, creating additional regulatory uncertainty and operational burdens for businesses working across state lines.

If the Committee moves this legislation forward, we urge Maryland to anchor its framework to an existing state model that manufacturers are already complying with or actively preparing for. Creating Maryland-specific standards would force companies to develop entirely separate compliance infrastructure, further fracturing an already disjointed regulatory environment.

Ambiguous CUU Standards and an Unrealistic Compliance Timeline

Section 6-1606 includes a helpful provision allowing states with information-sharing agreements to submit testing data. However, this does not resolve the core issue: CUU determinations differ considerably across states, meaning manufacturers may still face inconsistent interpretations of what qualifies as an "unavoidable" use. Section 6-1605 adds to this ambiguity by leaving unclear when the Maryland Department of the Environment (MDE) will identify approved unavoidable uses. Although CUU regulations are slated for January 1,

[1] Consumer Healthcare Products Association is the Washington, D.C. based national trade organization representing the makers of over-the-counter medications, dietary supplements, and consumer medical devices

2027, there is no assurance that approved uses will be finalized and communicated to industry before that deadline.

The implementation timeline presents serious practical challenges. The 12-month compliance window — from January 2027 to January 2028 — is insufficient for companies to complete the full scope of required adjustments: redesigning products, drawing down existing inventory, sourcing and qualifying new suppliers, reformulating materials, running validation and safety tests, and returning products to market.

When regulatory clarity is absent and lead time is inadequate, companies are left exposed to supply disruptions and the unintended removal of products from commerce.

Expansive Registration Mandates Risk Harming Consumers and Essential Public Health Products

Mandatory product registration requirements and PFAS fund fees will drive up compliance costs — burdens that will likely be passed on to consumers and result in uneven pricing across regions. Registration obligations should be limited to products the bill explicitly prohibits from sale, rather than applied broadly to all products containing intentionally added PFAS. This distinction is particularly critical for products that serve essential public health and safety functions.

Registration Framework Imposes Undue Burdens and Invites Federal Conflict

HB 1022 would impose ongoing product registration requirements, prohibit the sale of any product not in full registration compliance, and authorize the Maryland Department of the Environment to request product-specific PFAS testing results within 30 days. The costs associated with these testing mandates could be substantial, and the 30-day response window may prove operationally unworkable for many companies.

Further complicating matters, unresolved questions around federal preemption — particularly for federally regulated products — introduce additional compliance risk. Should a registration framework be retained, we urge the committee to consider narrowing the range of products subject to registration, limiting testing triggers to clearly defined and bounded circumstances, and aligning reporting and registration requirements with existing state systems to prevent the creation of a duplicative, Maryland-specific compliance structure.

Medications & Medical Devices

Though HB 1022 contains federal preemption language on page 12, this provision does not offer enough clarity to provide regulated industries with the certainty they require. The majority of states exclude medical devices and drugs from PFAS regulation, and a significant number of oral care products fall into these categories — toothbrushes are classified as medical devices, while many toothpastes and oral rinses carry drug classifications. Should Maryland decline to exempt drugs and medical devices — or more broadly, federally regulated products, as numerous other states have chosen to do — we respectfully ask that the bill eliminate the oral care section entirely rather than extending PFAS restrictions to product categories that manufacturers are not already managing for compliance elsewhere. This

concern is particularly acute for electric toothbrushes, where no viable PFAS-free alternative currently exists for certain internal components.

We therefore strongly urge the Committee to either adopt explicit exemptions for FDA-regulated pharmaceuticals and medical devices, or remove the oral care category from the bill altogether, in order to ensure regulatory clarity and avoid potential conflicts with federal law.

Conclusion

We share the Committee's dedication to environmental stewardship and public health. However, HB 1022 as currently drafted creates considerable uncertainty, administrative burden, and operational challenges that could ultimately restrict product availability and increase costs for Maryland consumers. Should the Committee choose to advance the bill, any resulting legislation should avoid imposing compliance obligations beyond those already established in other states, align definitions, scope, exemptions, timelines, and reporting requirements with existing state frameworks, and promote interstate consistency and regulatory predictability.

For these reasons, we respectfully request an unfavorable report on HB 1022 in its current form. If the bill moves forward, meaningful amendments will be essential to ensure clarity, feasibility, and consistency with other states. We appreciate the Committee's time and thoughtful consideration of these concerns.

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