

**Congress of the United States**  
**Washington, DC 20515**

June 30, 2016

The Honorable Gina McCarthy  
Administrator  
U.S. Environmental Protection Agency  
1200 Pennsylvania Avenue, N.W.  
Washington, DC 20460

Dear EPA Administrator McCarthy:

As the Environmental Protection Agency (EPA) completes revisions of the Lead and Copper Rule (LCR), we urge you to ensure it reflects the latest science on incidence and health effects from lead in drinking water and effective notification of elevated levels.

We understand the LCR currently requires public water systems (PWSs) to take certain actions to minimize lead and copper contamination in drinking water (i.e., reduce water corrosivity to prevent the leaching of these metals), monitor lead levels at the customer tap, and conduct public education if there is a lead action level exceedance. When other measures are not sufficient for the water system to avoid an action level exceedance of 15 parts per billion (ppb) in more than ten percent of tap water samples collected during any monitoring period, the rule requires water systems to replace lead service lines.

The current lead action level was developed in 1991 based on the practical feasibility at that time of reducing lead through controlling corrosion. Corrosion control technologies and our understanding of the negative impacts of lead at low doses have advanced significantly since that time.

In 1991, the Centers for Disease Control and Prevention (CDC) used 10 micrograms per deciliter ( $\mu\text{g}/\text{dl}$ ) as a level of concern for blood lead levels in children. However, in 2012 the CDC recognized that parents may not be notified of blood lead levels below 10  $\mu\text{g}/\text{dl}$  and so established a reference level for lead representing the 97.5th percentile of blood lead levels in children. CDC will update this reference level every four years. Currently it is 5  $\mu\text{g}/\text{dl}$ , and it will hopefully continue to decrease as we remove sources of lead exposure from the environment, including from drinking water contamination.

The LCR currently aims to keep lead levels in water below 15 ppb at the 90th percentile home. In 2011, the World Health Organization established guidelines of 10 ppb for lead on the basis of treatment performance and analytical achievability. The European Union Council Directive on drinking water quality also established 10 ppb in its standards for public notification. Therefore, we strongly urge you to bring the current rules and action level in line with the most up-to-date scientific research on lead levels and corrosion controls as you finalize revisions to the LCR.

While we understand the action level does not represent a health based standard, it is an important tool for triggering public notification and other actions to reduce the public's exposure to lead drinking water contamination. Major public health officials, federal and state public health agencies, and international public health organizations have long recognized there is no safe level of lead exposure. This consensus has formed based on decades of scientific research and public health documents demonstrating that it does not matter if a person breathes-in, swallows, or otherwise absorbs lead, there are negative health impacts from lead exposure. Further, the health effects from exposure to lead are especially of concern for pregnant women, infants, and young children and often disproportionately impact minority communities and low income individuals. In fact, the CDC reports that there are at least four million households where children reside that are being exposed to high levels of lead. Additionally, the CDC estimates there are approximately 500,000 U.S. children ages one through five with blood lead levels above 5 µg/dl, the reference level at which CDC recommends public health actions be initiated.

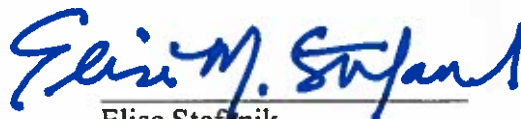
We urge you to establish a national clearinghouse of information for the public, as recommended in the Lead and Copper Rule Working Group report drafted by the National Drinking Water Advisory Council. We believe it is critical that the public and all levels of government are notified when a significant number of tests come back above the LCR's action level.

Leadership by the EPA is essential to improving the effectiveness of corrosion control treatments and other actions needed to reduce exposure of lead in drinking water. While we understand this cannot be achieved by EPA regulation alone, we must put strong regulations in place to protect the public's health and ensure that our drinking water is safe. We look forward to working with you in the future as EPA updates and implements the LCR. Thank you for your consideration.

Sincerely,



Bill Pascrell, Jr.  
Member of Congress



Elise Stefanik  
Member of Congress



Daniel T. Kildee  
Member of Congress



Candice S. Miller  
Member of Congress



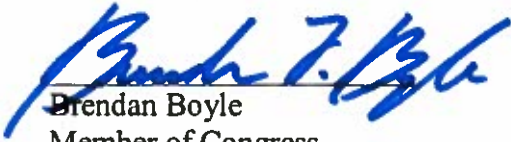
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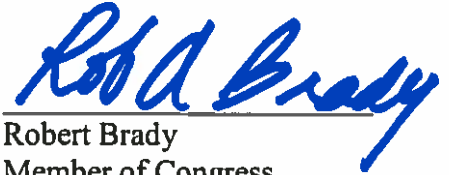
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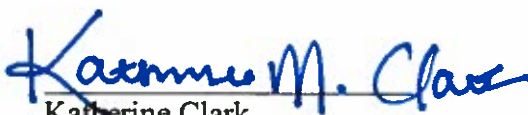
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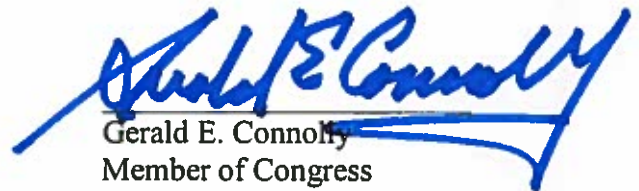
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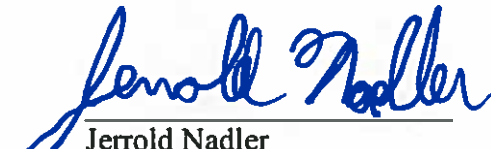
  
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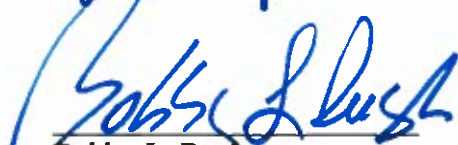
  
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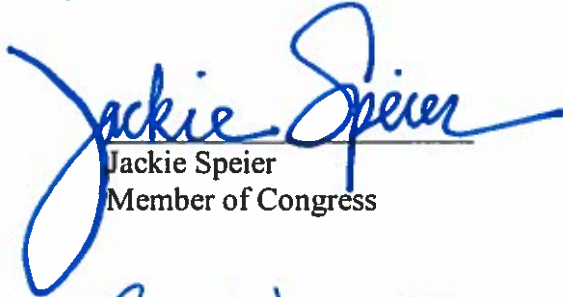
  
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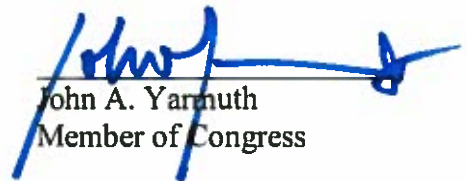
  
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