

SB 1125 (2021-22 Legislative Session)
Testimony Presented to The Senate Environmental Resources & Energy Committee
By
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IDEXX Water
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Good morning, Chairman Yaw, Chairwoman Comitta and the esteemed members of the Senate Environmental Resources & Energy Committee. I appreciate the opportunity to appear before you today to testify in support of SB1125 sponsored by Senator Pittman and Senator Fontana. My name is Patsy Root, and I am the Sr. Manager of Government Affairs with IDEXX Water. IDEXX, and my colleagues in attendance with me today, are appreciative of the Senate Environmental Resource & Energy Committee and the sponsors of SB 1125 for holding this important public hearing and their support for implementing public policy to mitigate the risk of Legionnaires' disease that protects the citizens and visitors of the Commonwealth.

My area of expertise and employment with IDEXX directly correlate to the content and intent of SB 1285. Throughout my tenure with IDEXX, I have participated in writing national standards, guidelines, and have provided free education on effective Water Management Plans (WMPs) that protect people from water containing *Legionella pneumophila* bacteria, the causative agent of Legionnaires' disease¹. I am one of the original authors and member of the executive committee of the ASHRAE 188 industry standard, which is included in SB1125. IDEXX Water has collaborated with many other scientific experts in this specific field, and we are pleased to share what we have learned over years and offer support to develop policies that protect public health, are cost effective and can be easily implemented in the Commonwealth.

By way of background, *Legionella pneumophila* is the #1 waterborne disease bacterium in the US, according to EPA and CDC, and it is the causative agent of Legionnaires' Disease^{2a, 2b}. Legionnaires' disease is a severe form of pneumonia contracted by breathing in water mist or vapor that contains *L. pneumophila* bacteria into the lungs. The disease is not spread person to person nor from merely drinking bacteria-contaminated water. Exposure to *L. pneumophila* in water can occur when inhaling shower mist, cooling tower or hot tub vapor or inhaling aerosolized water from similar devices. Those at highest risk include people over 50, men, current or former smokers, and especially immunocompromised individuals, including those who have recovered from COVID-19. However, Legionnaires' disease can affect anyone: ~25% of victims do not fall into any of the risk categories. And, according to the National Academy of Science, the death rate from Legionnaires' disease can be as high as 33%¹, dramatically higher than so many of the diseases we talk about every day.

Fortunately, the US CDC states **Legionnaires' disease is 90% preventable**³ through the implementation of water management plans that effectively reduce the risk of bacteria in the water. Many countries around the globe, and some US states and local municipalities have adopted regulations to prevent

Legionnaires' disease, some with more success than others. Those areas doing the best at prevention have focused their regulations specifically on reducing *L. pneumophila* in water.

Addressing the roles of both buildings **and** drinking water systems in preventing Legionnaires' disease is the approach recommended by the US CDC and EPA. This how SB 1125 is written. This source to outlet perspective is also aligned with the primary recommendations of the National Academy of Science Engineering & Medicine's Committee on Legionella Management, a committee made up almost entirely of researchers and academics, not private sector representatives. This 'one water' approach of SB1125 is most likely to achieve success because it addresses both the original source of the *L pneumophila* and the locations where people are getting exposed to the bacteria, in buildings with poorly managed, complex water systems. In fact, the impetus for developing the ASHRAE 188 standard, on which SB1125 is based, was to address the risk of disease **as close to the potential victims and sources of exposure as possible to allow immediate actions to prevent disease and death**. This position is fully supported by the CDC, U.S. Veterans' Administration and the Centers for Medicare and Medicaid Services (CMS). Like all of us, these organizations want the most efficient, lowest-cost way to reduce known risks and protect the public *with minimal burden on the community's resources and finances*.

Per SB 1125, only buildings which meet criteria defined by ASHRAE 188 will require a water management plan and the choice of whether to test lies with the building's own Water Management team. This bill **will only apply** to those buildings that have specific risks for exposure, such as having a cooling tower, centralized hot water, fountains, spa, etc. Within that group, only those buildings with certain risks will require a water management plan, and that plan is expected to be rightsized to the building's specific risks. In addition to addressing the underlying causes of *Legionella pneumophila* growth in its water systems, a building's water management team **may choose** to use low-cost routine testing to provide an **early warning** of what still needs to be addressed, for example by raising temperatures or running unused showers, to help avoid disease cases and outbreaks before they happen. This approach is backed by years of peer-reviewed research and has proven to be an effective way to prevent Legionnaires' disease cases and outbreaks. Although testing is not required in SB 1125, it is the quintessential *prevention is less expensive than cure* scenario which the bill will encourage.

If SB 1125 is enacted and building owners follow its provisions, they will be protected. Buildings identified as potential sources of cases or outbreaks of Legionnaires' disease not only can incur major expenses from being shut down and/or remediated, this situation can also cause significant damage to their reputation and, potentially, liability and litigation. For this reason, SB 1125 includes the opportunity for buildings owners/managers to secure **civil liability immunity** if they comply with the Bill's provisions. On the contrary, not taking the simple ASHRAE 188 steps outlined in SB 1125 can lead to remediation which is very expensive, disruptive to business, and reputationally damaging. It is far more cost-effective to perform routine water management and testing to identify and respond to risks early, **before** someone ends up in the hospital and facing death or a long-term disability.

Finally, Pennsylvania is receiving millions of dollars through the federal infrastructure act. SB 1125 leverages this and other federal funding and provides a Restricted Account administered by the Department of Environmental Protection for grants to assist owners and operators of public water systems and the covered buildings with costs associated with meeting the bill requirements.

In summary, Pennsylvanians are getting sick and dying from a disease we know how to prevent and it's in our power to change that situation. It doesn't take much, but it will take the Senate's setting expectations that owners of buildings that are putting the public at risk take minimal steps to reduce that risk. The data and research support, and IDEXX endorses, SB 1125 to prevent Legionnaires' disease because it takes a pragmatic approach, not eradicating, but *reducing* risks from both public water systems and buildings through the implementation of common-sense, scientifically supported measures to control *Legionella pneumophila* in our water.

I welcome the opportunity to answer any questions that may arise with regard to my testimony. IDEXX looks forward to seeing SB 1125 move forward and seeing the Commonwealth set reasonable, cost-effective measures to protect public health.

Respectfully submitted,



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