

The County Perspective

2020 Federal Priorities

New York State Association of Counties



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For more information NYSAC policy positions, visit www.nysac.org or call 518-465-1473.

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FEDERAL TRANSPORTATION FUNDING

As the 116th Congress convenes again in 2020, a key policy area that can garner bipartisan support is transportation and infrastructure investment. Numerous proposals have been advanced to update and enhance the nation's transportation and infrastructure systems, which all agree require significant investments if we are to maintain our economic and national security. By many standards, our national infrastructure lags many other developed countries, including our key economic competitors. New York's counties support congressional efforts to enact a comprehensive, 21st century, transportation and infrastructure investment and reform package.

RECOMMENDATIONS FROM THE COUNTIES OF NEW YORK STATE

- **Preserve existing federal matching rates to the greatest degree possible under any new transportation package.** Locally-owned roads and bridges account for 87 percent of New York State's 110,000 miles of roadways and 50 percent of the state's 18,000 bridges. These local transportation systems are an essential component of our national transportation network that form the backbone of our economic, public safety and security assets. The maintenance and enhancement of these local systems depends on significant federal support. Counties do not support proposals that dramatically lower existing federal matching shares necessary to maintain and enhance our transportation and other infrastructure.
- **Provide an appropriate balance between federal grant support for transportation projects and public private partnerships.** While New York's counties support public-private partnerships for project development, it is important to recognize that most projects that will attract private investment will gravitate toward mega-projects that draw mass ridership or extensive user fee opportunities. Under these circumstances, transportation projects in most of New York's counties will not be able to attract private investment because they are not of sufficient scale. This would also be the case in most of the nation's more than 3,000 counties. The use of the current federal grants model for areas that cannot attract private investment must be maintained to ensure that we invest appropriately in our transportation systems in the coming century.
- **Preserve the tax-exempt status of municipal bonds.** Tax-exempt municipal bonds are a critical tool for counties to facilitate the budgeting and financing of long-range investments in infrastructure. Without this tax exemption counties would pay more to raise capital, resulting in reduced spending on roads and bridges, decreased economic development, and higher taxes or user fees.
- **Preserve and promote the long-term solvency of the Highway Trust Fund.** Congress must consider an "all of the above" approach to ensure the solvency of the Highway Trust fund including: public private partnerships (where appropriate); infrastructure banks; and user fees that keep pace with inflation, technology advancements and construction costs.
- **Reform the regulatory process to speed the construction of transportation projects that utilize federal funding.** The current federal regulatory process for environmental review and other requirements can add years to the completion time, and significant costs for essential local and regional transportation projects. Reforms can be made to streamline the process and garner faster approvals, while still addressing important environmental, public health and safety concerns. New York counties support proposals that will shorten this approval and review time including a single point of contact for federal project review and approval, and one environmental review, for a green light on construction.

ADDITIONAL BACKGROUND

Counties and local governments play a central role in maintaining, building and ensuring a safe and secure transportation system.

The ability of counties and other municipalities to create and maintain a safe and efficient infrastructure network is necessary for trade, economic development and revitalization, job creation and retention, schools, agriculture, health and hospital facilities and emergency responders, as well as the general traveling public. Strong and efficient regional transportation and infrastructure systems support broad national goals and contribute to the nation's overall GDP, health, safety and security. This is why increased federal funding for local transportation and infrastructure is so vital, and why this issue has remained one of NYSAC's top federal priorities.

The American Society of Civil Engineers 2017 Infrastructure Report provided a D+ grade to the state of our nation's overall infrastructure including roads, bridges, mass transit, water, energy, dams, levees, among others. The report is developed and updated every 4 years and the nation has failed to improve the overall grade for more than 20 years. The lack of investment inhibits our ability to compete economically, threatens the safety of the public, and weakens our national security. We can no longer kick the can down the road on infrastructure investment and the federal government is best situated to take the lead on implementation.

For more information on the NYSAC position regarding this issue, visit www.nysac.org or call 518-465-1473.

MEDICAID DISPROPORTIONATE SHARE (DSH) HOSPITAL PAYMENTS

Congress established the Medicaid Disproportionate Share (DSH) program in 1981 to ensure state Medicaid programs provided adequate payments to public hospitals whose patient populations were disproportionately composed of low-income Medicaid and uninsured populations.

New York State receives over \$1.8 billion annually in federal DSH payments, which leverages state funds and provide a total of \$3.7 billion in combined state and federal resources for hospitals.

Even though New York has fewer uninsured people since enactment of the Affordable Care Act, federal DSH payments remain a key funding source for many hospitals across the state. Congress has delayed the implementation of these federal funding cuts each year since 2014, but they are set to begin in May of 2020 if no further action is taken by congress to again delay the cuts. If the DSH cuts are advanced, New York hospitals would lose over \$600 million in federal funds, or 33%, and these cuts would double in size in 2021.

RECOMMENDATIONS FOR THE COUNTIES OF NEW YORK STATE

- **Continue to delay these funding cuts until such time as a sustainable solution for the preservation of the program is reached.**

For more information on the NYSAC position regarding this issue, visit www.nysac.org or call 518-465-1473.

SUPPORT H.R. 1629 / S.1015 “911 SAVES ACT”

H.R. 1629, the 911 Saves Act directs the U.S. Office of Management and Budget to reclassify public safety telecommunicators from “Office and Administrative Support Occupations” to the category of “Protective Service Occupations.”

The federal government’s Standard Occupational Classification System (SOCS) sorts workers into occupational categories for statistical purposes, according to the nature of the work performed and, in some cases, on the skills, education or training needed to perform the work.

The 9-1-1 telecommunicators across the country are currently incorrectly categorized in the SOCS as an “Office and Administrative Support Occupation,” a category which includes secretaries, office clerks, and taxicab dispatchers. This classification fails to recognize the role these individuals play in public safety and homeland security, and their specialized training and skills and the uniquely stressful work environment.

By classifying these county positions into the “Protective Service occupations,” alongside police, firefighters, security guards, lifeguards, and others whose job it is to protect our communities, would better reflect the work they perform, and align the SOCS with related classification systems.

RECOMMENDATIONS FOR THE COUNTIES OF NEW YORK STATE

- **Cosponsor and pass H.R. 1629 / S.1015, the 911 SAVES Act.**

ADDITIONAL BACKGROUND

This legislation has 112 cosponsors in the House of Representatives and 24 cosponsors in the U.S. Senate. There are currently five members from the New York Congressional Delegation who cosponsor this legislation:

- Congressman Anthony Brindisi
- Congressman John Katko
- Congresswoman Elise Stefanik
- Congressman Max Rose
- Congressman Tom Reed

For more information on the NYSAC position regarding this issue, visit www.nysac.org or call 518-465-1473.

SUPPORT H.R. 1329 “MEDICAID REENTRY ACT” & H.R. 1345 “PARTNERSHIP FOR COUNTY HEALTH CARE COSTS ACT”

Current federal law prohibits the use of federal funds and services, such as Medicaid and the Children’s Health Insurance Program (CHIP), for health care provided to inmates of a public institution – a category that includes our local jails. The policy, known as the Medicaid inmate exclusion, was originally enacted under the Social Security Act of 1965 and intended to prevent state governments from shifting inmate care costs to federal programs. However, this practice has had an unintended consequence of cutting off federal health benefits to local jail detainees who are awaiting trial.

Counties nationwide invest \$176 billion annually in community health systems and justice and public safety services, including the entire cost of medical care for all detained individuals. Counties own and operate 91 percent of local jails that see approximately 10.6 million individuals pass through each year with an average length of stay of 25 days. Although two-thirds of those detained in jails are pre-trial and presumed innocent, current federal law prohibits Medicaid and other federal safety-net programs from paying for their medical care, leaving counties responsible for the full cost of their health care, rather than the traditional federal, state and local partnership for safety-net services. As a result of this federal policy and high occurrences of mental and behavioral health issues and substance use disorders among inmates, county jails are now some of the largest behavioral health care providers in our communities.

Congress is currently considering legislation that would amend the Social Security Act to allow pre-trial jail detainees to keep their federal health benefits while awaiting trial – and restore the federal, state and local partnership in funding and delivering health services to justice-involved individuals. In the U.S. House of Representatives, Reps. Paul Tonko (D-N.Y.) and Michael Turner (R-Ohio) introduced bipartisan legislation, the Medicaid Reentry Act ([H.R. 1329](#)), that would restore Medicaid benefits to inmates for the 30-day period prior to their release from jail. Also in the U.S. House, Rep. Alcee Hastings (D-Fla.) introduced the Restoring the Partnership for County Health Care Costs Act ([H.R. 1345](#)), which would remove limitations on Medicaid, Medicare, Supplemental Security Income (SSI) and the CHIP for pre-trial detainees of jails, detention centers and prisons.

In the U.S. Senate, Senator Ed Markey (D-Mass.) has introduced [proposals](#) with NACo’s support in recent months that would improve care coordination for justice-involved individuals by requiring states to suspend – rather than terminate – Medicaid benefits for inmates.

RECOMMENDATIONS FOR THE COUNTIES OF NEW YORK STATE

As Congress considers reforms to our nation’s justice system, counties encourage federal lawmakers to pass legislation that would repeal the Medicaid inmate exclusion and require states to suspend, instead of terminating, Medicaid coverage for justice-involved individuals.

ADDITIONAL BACKGROUND

H.R. 1329 currently has seven cosponsors, of which none are from New York State other than the sponsor, Congressman Paul Tonko.

H.R. 1345 currently has twenty-one cosponsors, including Congresswoman Yvette Clark (NY-9) and Congressman Jerrold Nadler (NY-10).

For more information on the NYSAC position regarding this issue, visit www.nysac.org or call 518-465-1473.

SUPPORT H.R. 451 “DON’T BREAK UP THE T-BAND ACT”

This legislation repeals section 6103 of the “Middle Class Tax Relief & Job Creation Act of 2012.” That provision currently requires that public safety (police, fire, EMS, emergency management) be removed from the spectrum called “T-band” that the radios operate on. T-Band was specifically created because there was not enough radio spectrum available to meet growing demand for dispatch radio systems.

There are a total of 11 T-band jurisdictions in major metropolitan areas including, New York, Boston, Los Angeles, San Francisco, Houston, Miami, Philadelphia, Chicago, Dallas, Washington/Baltimore, Pittsburgh. Over 90 million people live in these metropolitan areas, nearly 30 percent of the nation’s population.

If enacted, public safety users would have to relocate communication systems, requiring new towers, radios and other infrastructure (<https://www.gao.gov/products/GAO-19-508>). It is universally acknowledged that there is nowhere for public safety communications to move to- even the current FCC has acknowledged as much (per GAO: “In March 2019 FCC officials told us that based on their analysis alternative spectrum relocation options for public safety users are limited or non-existent”). Furthermore, a report published by the GAO in June 2019 reaffirmed this position and noted that the cost to relocate public safety users from T-band would cost between \$5 and \$6 billion.

Forcing public safety functions to move off T-band spectrum so the spectrum can be auctioned to private companies in 2021 will have a disastrous effect on the New York City, surrounding counties, and other metropolitan areas, and the more than 90 million people dependent on this public safety spectrum. The T-band is the lifeblood of NYC public safety communications, used in over 9 million annual 9-1-1 call responses by NYPD and FDNY alone.

RECOMMENDATIONS FOR THE COUNTIES OF NEW YORK STATE

- **Co-sponsor and pass H.R. 451 “Don’t Break Up the T-Band Act”**

ADDITIONAL BACKGROUND

H.R. 451 currently has eighteen cosponsors, of which nine are from New York State, including the sponsor, Congressman Eliot Engel (NY-16).

- Congressman Lee Zeldin
- Congressman Pete King
- Congressman Max Rose
- Congresswoman Nita Lowey
- Congresswoman Nydia Velazquez
- Congresswoman Carolyn Maloney
- Congresswoman Grace Meng
- Congresswoman Kathleen Rice
- Congressman Adriano Espaillat

For more information on the NYSAC position regarding this issue, visit www.nysac.org or call 518-465-1473.

STRENGTHENING THE TENTH AMENDMENT THROUGH ENTRUSTING STATES (STATES) ACT

Nearly three dozen states have legalized medical marijuana or the recreational use of marijuana for adults. New York State lawmakers are expected to consider the legalization of recreational marijuana during the 2020 Legislative Session. Legalization is anticipated to have implications for public health, public safety, criminal justice, the economy, and even the environment. Because marijuana is illegal under federal law, it is a cash-intensive industry. This makes “cannabusinesses” a target for internal and external theft and hinders its development as a regulated and accepted business—if a state so chooses to legalize the industry within its borders.

RECOMMENDATIONS FOR THE COUNTIES OF NEW YORK STATE

Because of the disconnect between federal and state laws, and the expectation that New York State will soon legalize the recreational use of marijuana, New York counties support the enactment of legislation like the Strengthening the Tenth Amendment Through Entrusting States (STATES) Act and the Secure and Fair Enforcement (SAFE) Banking Act to ensure any legalization of marijuana in New York, and other states, is done under a process that facilitates a regulated and safe environment that balances public health and safety concerns while supporting economic development opportunities.

SUMMARY OF THE STATES ACT

The Strengthening the Tenth Amendment Through Entrusting States (STATES) Act, introduced by Senator Elizabeth Warren (D-Massachusetts) and Senator Cory Gardner (R-Colorado), ensures that each state has the right to determine for itself the best approach to marijuana within its borders. To address financial issues caused by federal prohibition, the bill clearly states that compliant transactions are not trafficking and do not result in proceeds of an unlawful transaction. The bill also extends these protections to Washington D.C, U.S. territories, and federally recognized tribes, and contains guardrails to ensure that states, territories, and tribes regulating marijuana do so in a manner that is safe and respectful of the impacts on their neighbors.

The bill amends the Controlled Substances Act (21 U.S.C. § 801 et seq.) (CSA) so that—as long as states and tribes comply with a few basic protections—its provisions no longer apply to any person acting in compliance with State or tribal laws relating to the manufacture, production, possession, distribution, dispensation, administration, or delivery of marijuana. It does not alter CSA Section 417 (prohibition on endangering human life while manufacturing a controlled substance) and maintains the prohibition on employing persons under age 18 in marijuana operations, two federal requirements with which states, territories, and tribes must continue to comply. The bill does not allow for the distribution or sale of marijuana to persons under the age of 21 (Section 418) other than for medical purposes. It also prohibits the distribution of marijuana at transportation safety facilities such as rest areas and truck stops (Section 409).

SUMMARY OF THE SAFE ACT

The Secure and Fair Enforcement (SAFE) Banking Act would solve a key logistical and public safety problem in states that have legalized medicinal or recreational cannabis and prevent federal banking regulators from: (1) prohibiting, penalizing or discouraging a bank from providing financial services to a legitimate state-sanctioned and regulated cannabis business, or an associated business (such as a

lawyer or landlord providing services to a legal cannabis business); (2) terminating or limiting a bank's federal deposit insurance solely because the bank is providing services to a state-sanctioned cannabis business or associated business; (3) recommending or incentivizing a bank to halt or downgrade providing any kind of banking services to these businesses; or (4) taking any action on a loan to an owner or operator of a cannabis-related business.

The bill also creates a safe harbor from criminal prosecution and liability and asset forfeiture for banks and their officers and employees who provide financial services to legitimate, state-sanctioned cannabis businesses, while maintaining banks' right to choose not to offer those services.

The bill would require banks to comply with current Financial Crimes Enforcement Network (FinCEN) guidance, while at the same time allowing FinCEN guidance to be streamlined over time as states and the federal government adapt to legalized medicinal and recreational cannabis policies.

For more information on the NYSAC position regarding this issue, visit www.nysac.org or call 518-465-1473.

PRESERVING THE AFFORDABLE CARE ACT AND THE STATE/FEDERAL MEDICAID PARTNERSHIP

Federal entitlement reform is always under consideration in Washington, and in the 115th Congress the Affordable Care Act and Medicaid were targeted for cuts. Major health legislation introduced in 2017 would have cut federal funding for Medicaid by one-fourth, or \$800 billion over the next decade. While these efforts were ultimately unsuccessful, they normalized methods for changing the Medicaid program through models such as a per capita funding cap or a fixed dollar block grant.

Under a per capita cap, states would receive a fixed amount of federal funding per beneficiary category. Under a block grant, states would receive a fixed amount of federal funding each year, regardless of changes in program enrollment and mandates. If these cuts had been implemented it would have been devastating to the finances of New York's counties and New York City, as the burden of caring for the low income and disabled populations would fall directly on them.

In New York, counties and New York City are required to contribute \$7.6 billion annually to pay for the costs of Medicaid. This annual contribution (not including disproportionate share matching payments to health facilities) is more than all counties combined nationally spend for direct Medicaid program costs. In addition, New York City and several counties maintain public hospitals that provide care for the indigent and needy. More than a dozen counties and New York City maintain and operate 22 nursing homes that are often a provider of last resort for the needy in their communities.

RECOMMENDATIONS FOR THE COUNTIES OF NEW YORK STATE

Oppose Block Grants and Per Capita Caps or Other Federal Funding Cuts to Medicaid.

New York counties support protecting the federal-state partnership structure for financing and delivering Medicaid services while maximizing flexibility to support local systems of care. Counties are opposed to measures that would further shift Medicaid costs from the federal government to states and counties, including proposals to institute block grants or per capita caps.

Support Stabilizing the Affordable Care Act and Maintaining Enhanced Federal Medicaid Matching. New York and its counties have benefited fiscally from the provisions of the Affordable Care Act related to the enhanced federal Medicaid match that is currently generating more than \$400 million annually in additional federal funding for counties to support Medicaid expansion costs under the Affordable Care Act. Overall, New York has seen a significant reduction in the number of uninsured due to the provisions of the Affordable Care Act. The uninsured rate in 2018 was just under five percent statewide, less than half of what it was before the Affordable Care Act (ACA) was enacted, and premiums in the individual market have remained more than 50% lower, after adjusting for inflation and before the application of federal tax credits, than they were before the ACA. Counties oppose federal actions that undermine the stability of the health insurance marketplaces established under the Affordable Care Act.

For more information on the NYSAC position regarding this issue, visit www.nysac.org or call 518-465-1473.

ADDRESSING UNFAIR SALT FEDERAL TAX REFORM LIMITS

Recent federal tax reforms enacted by congress included a significantly unbalanced tax change that overturned 150 years of federal-state fiscal precedent under which the federal government agreed and understood that it was counterproductive and unfair to impose a “defacto” double tax on state residents. To avoid unfair “double taxation” the federal government provided a federal tax deduction for state and local taxes paid to specifically avoid the application of federal taxes on top of state and local taxes already paid—effectively taxing income that is never available to the taxpayer. A large share of these state and local taxes are raised to meet federal laws and policy objectives that provide for the public good including health care, a free and appropriate education, and public safety and security.

The state and local tax (SALT) deduction cap also falls disproportionately on a small number of states, effectively requiring these states to finance a large share of the entire cost of the federal corporate and individual tax cuts according to joint committee on taxation estimates. The cost also falls disproportionately on many two income middle class households by creating a federal tax penalty for married people.

RECOMMENDATIONS FOR THE COUNTIES OF NEW YORK STATE

Because the federal SALT tax deduction limits will negatively impact the entire state of New York, regardless of whether an individual tax filer is personally impacted, the New York State Association of Counties supports congressional efforts to correct the most imbalanced features of the SALT deduction limits that disproportionately impact a large segment of middle income taxpayers in a handful of states.

At a minimum, congress should eliminate the marriage penalty created under the current SALT deductibility cap that imposes the same \$10,000 cap on an individual as it does on a married couple. For a married couple the SALT cap should be no less than \$20,000. Nearly all parts of the federal tax code work to avoid penalizing marriage by doubling individual tax deductibility limits, estate tax thresholds and gift limits to ensure balance. Alternatively, provisions that eliminate the SALT deductibility cap entirely, or for incomes under a certain income threshold, should be considered.

ADDITIONAL BACKGROUND

While many New Yorkers will benefit from several provisions in the Federal Tax Reforms enacted in December of 2017, many other New Yorkers will be hurt by the \$10,000 cap on the state and local tax deduction. New Yorkers pay some of the highest property taxes in the nation, along with a progressive income tax rate. As a result, many homeowners (particularly in downstate areas where home prices are generally very high) pay much more than \$10,000 in combined income and property taxes. It is important to note that the federal tax changes related to SALT will impact downstate areas much differently than most of upstate. However, the negative fiscal impacts generated downstate, because of their size, will hurt the whole state and over time these impacts will grow. They will also undermine the ability of local governments to raise revenue to support state and federally mandated spending.

For decades, New York State has been a donor state to the federal government. This means we send far more in federal income taxes to Washington than we get back in federal grants and aid. In the most recent year this imbalance was nearly \$40 billion. The new federal SALT limitations unfairly

shift even more revenues from New York State, and a handful of others, and redistributes that money to the rest of the nation. The imbalance experienced by donor states like New York, reduces our overall GDP growth, while enhancing the GDP of “donee” states that receive a larger share of federal payments (which allows them to have lower state and local taxes). A better balance needs to be found on the SALT provisions going forward.

We support the House passage of the “Restoring Tax Fairness Act” to undo the cap on SALT deductibility and we hope to work with our Federal partners to secure a long-term solution that protects the taxing authority and responsibilities of states and local governments.

For more information on the NYSAC position regarding this issue, visit www.nysac.org or call 518-465-1473.

RURAL CELLULAR COVERAGE

Large portions of New York State, like many other states across the nation, are either underserved or not served at all by cellular phone carriers preventing residents and visitors from accessing emergency services through E-911. The lack of cellular service has also become an impediment to economic advancement in underserved areas.

Americans are increasing their dependency on cellular phones for voice communications. According to a study released in May of 2017 by the Center for Disease Control, 50.8% of US households rely solely on cellular phones - up from 24.5% in 2009. The percentage of young adults and renters who rely solely on cellular phone service is significantly higher with those aged 25-29 years old at 72.7% cellular reliance and adult renters at 71.5% cellular reliance. Consumers are moving to cellular reliance at a considerable rate, yet many rural areas throughout the United States remain either unserved or underserved by cellular carriers.

The sizable percentage of individuals who rely solely on cellular phone service, combined with the unserved and underserved areas of rural areas presents a substantial concern for public safety. Cellular phones and the requisite cellular coverage are, in many cases, the first link of our emergency response chain. Without adequate service, Americans who live in the unserved or underserved areas, along with visitors and travelers through these areas, cannot reach emergency services when they become necessary.

The Federal Communications Commission (FCC) designates the Universal Service Administrative Company (USAC) to administer the Universal Service Fund. The USAC established the High Cost Program to provide funding to telecommunications carriers for the purpose of delivering service to rural areas where the market alone cannot support the cost to provide telecommunications services. In 2017, the USAC through Mobile Fund Phase II (MFII) project allocated \$4.53 billion in support over 10 years to preserve and expand mobile coverage throughout rural portions of the United States.

RECOMMENDATIONS FOR THE COUNTIES OF NEW YORK STATE

We urge Congress to continue to apply pressure to the FCC to expand the MFII grant program to include explicit funding for rural cellular deployment; expedite the process to distribute these grant funds; and clearly and accurately identify areas within the United States that require this investment.

If the federal government reaches an agreement on comprehensive infrastructure investment legislation, additional funding for cellular service must be included as part of a final agreement.

For more information on the NYSAC position regarding this issue, visit www.nysac.org or call 518-465-1473.

SET MAXIMUM CONTAINMENT LEVELS (MCLs) FOR PFOA/PFOS AND CLASSIFY THESE CHEMICALS AS HAZARDOUS SUBSTANCES

In partnership with the New York State Association of County Health Officials (NYSACHO), counties across the state have been urging the U.S. Environmental Protection Agency (EPA) to set maximum containment levels for perfluorooctanoic acid (PFOA) and perfluorooctanesulfonic acid (PFOS) and classify these chemicals as hazardous substances. New York has already classified PFOA/PFOS as hazardous substances on the state level in recognition of their negative environmental and public health impact.

Establishing a MCL for these chemicals and classifying them as hazardous substances is vital to protecting the health, safety, and welfare of New Yorkers. Exposure to PFOA and PFOS has been linked to kidney cancer, testicular cancer, pre-eclampsia, thyroid disease, developmental defects in fetuses, liver tissue damage, and immune system impairments, among other potentially life-threatening conditions. Additionally, a report recently released by the federal Agency for Toxic Substances and Disease Registry (ATSDR) finds that human health risks may occur at levels significantly lower than the current federal recommendations. ATSDR's report recommends setting a MCL to protect the 16 million Americans in 33 states whose drinking water systems are contaminated by PFAS.

RECOMMENDATIONS FOR THE COUNTIES OF NEW YORK STATE

The United States has an obligation to provide for the health and welfare of its citizens by setting a country-wide MCL that limits exposure to these dangerous chemicals.

Additionally, the EPA should classify PFOA/PFOS as hazardous substances to allow states and local governments to drawdown funds necessary for remediation.

We recognize the significant efforts that have been made across the United States to address the dangers associated with these chemicals in our landfills, drinking water, surface water and environment. The federal government, in partnership with the state government, should be commended for their care and ongoing concern. Establishing an enforceable MCL and classifying these substances as hazardous are the logical next steps and should be taken as soon as possible.

ADDITIONAL BACKGROUND

EPA has established health advisories for PFOA and PFOS based on the agency's assessment of the latest peer-reviewed science to provide drinking water system operators, and state, tribal and local officials who have the primary responsibility for overseeing these systems, with information on the health risks of these chemicals, so they can take the appropriate actions to protect their residents. EPA is committed to supporting states and public water systems as they determine the appropriate steps to reduce exposure to PFOA and PFOS in drinking water. As science on health effects of these chemicals evolves, the EPA will continue to evaluate new evidence.

To provide Americans, including the most sensitive populations, with a margin of protection from a lifetime of exposure to PFOA and PFOS from drinking water, EPA has established the health advisory levels at 70 parts per trillion.

While a health advisory is an initial step in combatting this crisis, a health advisory is not adequate enough to effectively remediate these chemicals. The EPA must set an MCL for PFOA and PFOS.

SUPPORT H.R. 3883 “RESTORE THE PARTNERSHIP ACT” & H.R. 300 “UNFUNDED MANDATES INFORMATION AND TRANSPARENCY ACT”

County governments are responsible for the implementation of federal and state policies and regulation at the local level. Their engagement between intergovernmental partners is essential to the execution of policies and programs. H.R. 3883, Restore the Partnership act was introduced to facilitate dialogue between federal, state, local and tribal government officials by creating the Commission on Intergovernmental Relations of the United States. County governments would also benefit from the provisions of H.R 300, Unfunded Mandates Information and Transparency Act, which would increase transparency to unite all levels of government.

RECOMMENDATIONS FOR THE COUNTIES OF NEW YORK STATE

- **Co-sponsor and pass H.R. 3883 / S. 2967 “Restore the Partnership Act” & H.R 300**

ADDITIONAL BACKGROUND

H.R. 300 currently has five cosponsors, including Congressman Thomas Suozzi (NY-3).

For more information on the NYSAC position regarding this issue, visit www.nysac.org or call 518-465-1473.