



An Act ensuring safe drinking water at schools *Sen. Lovely (S526) & Rep. Lipper-Garabedian (H851)*

Lead is a potent neurotoxin that impairs how our children develop, learn, and behave. Yet, according to the lead testing data from the [Department of Environmental Protection](#), more than 80% of the 62,557 taps tested from 1738 schools and child care centers across Massachusetts since 2016 tested positive for lead. The majority (60%) of those lead levels were in concentrations greater than the 1 part per billion (ppb) limit for lead recommended by the American Academy of Pediatrics.

This bill protects children's health by getting the lead out of the water at all schools and child care centers by requiring the installation of lead certified filters or water filling stations and regular and transparent testing of water at schools. The bill establishes a health-based lead level standard for schools and child care centers of 1 ppb and requires the immediate shut-off of outlets with elevated levels of lead.

The Problem

- **Lead is a potent Neurotoxin**, and exposure to lead has been linked to a variety of health problems, including intellectual and behavioral disabilities, lowered IQ, stunted growth, hearing loss, and anemia.^{1,2}
- **Children are especially at risk** of lead poisoning and health problems related to lead exposure, as physical and behavioral effects have been shown to occur at lower exposure levels in younger people.³
- **There is no safe level of lead exposure** according to the **Center for Disease Control (CDC)**⁴ and the **Environmental Protection Agency (EPA)**.⁵ This is particularly true for children, as lead has been shown to bio-accumulate in the body over time with repeated exposure.⁶
- **No effective treatment exists** to ameliorate the permanent developmental effects of lead toxicity, according to the **American Academy of Pediatrics**. Prevention is the most efficient and most cost-effective means of treating lead poisoning.⁷
- **In Massachusetts**, tests have shown that 80% of the 62,557 taps tested from 1,738 schools and child care centers across Massachusetts tested positive for lead.⁸ The majority (60%) of those lead levels were in concentrations greater than 1 ppb limit recommended by the American Academy of Pediatrics.⁹



The Solution: An Act Ensuring Safe Drinking Water at School ([H.851](#) & [S.526](#))

- **Shut off outlets:** Any drinking water tap or faucet testing above 1 ppb of lead must be shut off.
- **Filters:** Requires schools and child care centers to install and maintain filters certified to remove lead on all faucets used for drinking or cooking, and/or to install filtered water bottle filling stations throughout the building if at least one drinking water tap is found to have lead in excess of 1 ppb.
- **Remove Lead Plumbing:** Schools and child-care centers must identify the source of lead contamination and ultimately remove or replace lead-bearing fixtures and plumbing where feasible and cost-effective.
- **Transparent Testing:** Mandates annual lead testing of water outlets used for drinking or cooking at schools and child-care centers. Test results must be easily accessible to the public. If elevated lead levels are found, the school or child care center is required to notify parents, teachers, and other school staff of: the results of the tests; the remediation measures being taken; and general information about lead in drinking water. The [Department of Environmental Protection](#) currently discloses the voluntary testing data.
- **Funds:** Authorizes funding under the Water Pollution Abatement Revolving Fund administered by the Massachusetts Clean Water Trust. The Fund currently funds programs for water testing, and other programs to remove or remediate lead in water at schools and child care centers. [SWIG](#), (School Water Improvement Grants) for example provides grants to schools and child care facilities for new water filling stations filtered to remove lead.
- **Hardship.** This bill authorizes the Commissioner of the DEP to grant a “hardship waiver” to a school or child care center if that school or center is unable to comply with any or all of the provisions required by the bill, provided the school district or child care center hold a public meeting about the plan to apply for the waiver.

Contact: Deirdre Cummings dcummings@masspirg.org (617) 747-4319 legislative director at MASSPIRG. (4.24.2023)

Sources:

¹ AAP Council of Environmental Health. Prevention of Childhood Lead Toxicity. *Pediatrics*. 2016;138(1):e20161493

² Bellinger, David C. “A Strategy for Comparing the Contributions of Environmental Chemicals and Other Risk Factors to Neurodevelopment of Children.” *Environmental Health Perspectives*, vol. 120, no. 4, 2012, pp. 501–507., doi:10.1289/ehp.1104170.

³ “Lead Poisoning and Health.” *World Health Organization*, World Health Organization, 23 Aug. 2018, www.who.int/news-room/fact-sheets/detail/lead-poisoning-and-health.

⁴ “What Do Parents Need to Know to Protect Their Children?” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 17 May 2017, www.cdc.gov/nceh/lead/acclpp/blood_lead_levels.htm.

⁵ “Basic Information about Lead in Drinking Water.” *EPA*, Environmental Protection Agency, 7 Feb. 2019, www.epa.gov/ground-water-and-drinking-water/basic-information-about-lead-drinking-water#health.

⁶ “Basic Information about Lead in Drinking Water.” *EPA*, Environmental Protection Agency, 7 Feb. 2019, www.epa.gov/ground-water-and-drinking-water/basic-information-about-lead-drinking-water#health.

⁷ AAP Council of Environmental Health. Prevention of Childhood Lead Toxicity. *Pediatrics*. 2016;138(1):e20161493

⁸ Data from Massachusetts Department of Environmental Protection, “Lead and Copper in School Drinking Water Sampling Results,” provided to MASSPIRG via email from DEP on 2/13/2023. Data available: <https://eeaonline.eea.state.ma.us/portal#!/search/leadandcopper>.

⁹ American Academy of Pediatrics, Prevention of Childhood Lead Toxicity, (policy statement), July 26, page 11, available at <http://pediatrics.aappublications.org/content/pediatrics/early/2016/06/16/peds.2016-1493.full.pdf>.