

January 8, 2024

Pesticide and Environmental Toxicology Branch
Office of Environmental Health Hazard Assessment
California Environmental Protection Agency
P.O. Box 4010, MS-12B
Sacramento, California 95812-4010
Attention: PHG Program, Ms. Hermelinda Jimenez

Submitted electronically at <https://oehha.ca.gov/comments>

RE: Proposed Health-Protective Concentration for the Noncancer Effects of Hexavalent Chromium in Drinking Water

Dear Ms. Jimenez:

The undersigned organizations appreciate the opportunity to comment on the Office of Environmental Health Hazard Assessment's (OEHHA's) first Public Review Draft of the Proposed Health-Protective Concentration for the Noncancer Effects of Hexavalent Chromium in Drinking Water (First Public Review Draft). The California Association of Mutual Water Companies (CalMutuals) represents over 400 drinking water providers in California, most of which are small, but must meet all Maximum Contaminant Levels (MCL) and regulatory requirements the same as other drinking water systems. The Community Water Systems Alliance is a group of large and small water agencies organized to advocate for and assist small water systems and low-income water consumers. The California-Nevada Section of the American Water Works Association represents nearly 500 drinking water providers and over 5,000 water professionals that serve most of the California population. Our organizations submitted joint comments in response to the second data call-in for the Hexavalent Chromium Public Health Goal Update. Our members have a strong interest in the process and outcome as the State Water Resources Control Board (SWRCB) proposes a new MCL for hexavalent chromium (Cr(VI)), which relates directly to OEHHA's review of the Public Health Goal, and the subject Noncancer Health-Protective Concentration (NCHPC).

The process in which OEHHA and the SWRCB's Division of Drinking Water (DDW) are currently engaged is inconsistent with the Safe Drinking Water Act (SDWA). DDW has proposed a new Cr(VI) MCL of 10 micrograms per liter (or parts per billion) based on the 2011 hexavalent chromium PHG. The review of that same PHG by OEHHA was initiated after the MCL was proposed, which is a distortion of the process stated in the Health and Safety Code (Sec. 116365). In the SWRCB's August 2, 2023 public hearing on the proposed MCL, Assistant Deputy Director Darrin Polhemus asserted that the PHG update would be completed by the time the final MCL would be adopted. Now that the PHG review has been split, it is unclear when the PHG will ultimately be approved. OEHHA and the SWRCB have deviated from the statutory process to an extent that the public may question the validity and integrity of the results.

We request that OEHHA explain the rationale for changing the toxicokinetic adjustment factor for intraspecies differences from 10 to 30, as noted in footnote b to Table 4 (page 33). A change in an uncertainty factor of this magnitude could have a significant effect, warranting more transparent justification.

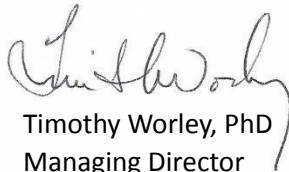
The outcome of the OEHHA-SWRCB process, culminating in adoption of a Cr(VI) MCL is also of great concern to our organizations. For many reasons, consumer water bills have risen much faster than inflation in recent years, hitting the hardest on low-income and fixed-income households. To understand how the proposed Cr(VI) MCL of 10 ppb would affect these households, our organizations obtained an independent study by two noted experts. The study found that if the costs of treatment are passed through on water rates, financial assistance of \$110 – \$123 million would be needed each year to keep water affordable for the low-income consumers, and the impact would occur in both small and large water systems. Currently the state has allocated \$130 million annually for all water systems that can't afford compliance with other contaminant and operational standards and/or are at risk of collapsing.

The Public Health Goal sets a public health baseline for contaminants in drinking water. From that starting point, the SWRCB is required to set the MCL as close to the PHG as possible, after considering technological and economic feasibility. Economic feasibility is not identical to affordability for all households, but affordability is certainly an important consideration. In this context, we are concerned that OEHHA may be again diverging from health authorities in other states and countries, such as Health Canada. We respectfully submit these comments and look forward to gaining a better understanding of the process and direction of OEHHA for the completion of the remaining PHG review.

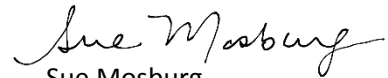
Sincerely,



Karina Cervantez
Managing Director
CalMutuals



Timothy Worley, PhD
Managing Director
CWSA



Sue Mosburg
Executive Director
CA-NV AWWA