February 13, 2017

Assemblywoman Elizabeth Maher Muoio
144 West State Street
Trenton, NJ 08608

Reference: Assembly Bill No. 4139

Dear Assemblywoman Muoio:

The Health Care Facility Management Society of New Jersey (HCFMS-NJ) is the Northern New Jersey Chapter of the American Society of Healthcare Engineers. Our members direct facility operations at over 60 New Jersey hospitals, nursing homes, assisted living and other health care facilities.

One of our activities is advocacy, where we communicate our concerns and recommendations for improved facility operations to regulatory or standards-writing organizations.

The HCFMS-NJ has serious concerns regarding Assembly Bill No. 4139, which requires health care facilities to test for and remediate lead in drinking water, and disclose test results.

Most studies show that exposure to lead-contaminated water alone would not be likely to elevate blood lead levels in most adults, even exposure to water with a lead content close to the EPA action level for lead of 15 parts per billion (ppb). Risk will vary, however, depending on the individual, the circumstances, and the amount of water consumed. For example, infants who drink formula prepared with lead-contaminated water may be at a higher risk because of the large volume of water they consume relative to their body size.

Drinking water is usually a smaller source of exposure to lead, but this varies greatly among homes, schools, and other buildings, and can add to other lead sources.

Depending on its other chemical characteristics, the water itself dissolves lead from leaded solder or lead pipes in plumbing systems in a process called "corrosion." Since 1991, new buildings to be served by public water suppliers must be certified lead-free before connecting to the system.
Assembly Bill No. 4139 would require all healthcare facilities to test every faucet for lead. Costs for testing lead in water is normally $25, without considering labor cost to collect and transport samples. The cost of this legislation to hospitals is well over a million dollars. The HCFMS-NJ feels that the cost does not justify the risks, as water sampling may not identify the source of the problem.

In a complex water system, the lead may originate from water supply contamination, from corroding pump parts, or from corroding lines in a public water system. If a high level is identified, remediation is difficult and expensive. The amount of lead corroded from metal plumbing generally increases as water corrosivity increases. Water corrosivity is controlled primarily by the water’s acidity and calcium carbonate content. In general, acidic water that has a pH less than 7 and that is low in calcium carbonate is more corrosive than water that has a pH higher than 7 and that is high in calcium carbonate. Treating the water supply with calcium carbonate would adversely affect the disinfectants that are used in hospitals. This would increase the risk of infection in a compromised patient population. Calcium carbonate water treatment would also adversely affect sensitive medical equipment and interfere with proper sterilization of medical instruments.

Dialysis patients are exposed to more water than the average person. As a result, the dialysis water system is treated by reverse osmosis, carbon filters, and micron filters which render the water sterile. The water delivery system is PVC or stainless steel because the treated water is aggressive. No lead is found in this water supply system.

As you can see, a hospital water system is complex. Eliminating one risk increases risks in other areas. When you consider that the average hospital stay is three days, we feel that the risks to our patients are low. Even if you identified an elevated blood lead level, the source could have been from the home, workplace, school, etc. The source could be any building built before 1991.

The question is why did the legislature single out the health care industry?

Sincerely,

Rajendra Shah P.E., President
Health Care Facility Management Society of New Jersey