Environmental Protection Network

(202) 656-6229
environmentalprotectionnetwork.org
info@environmentalprotectionnetwork.org

EPN Comments on Plan to Revise PFAS Drinking Water Standards
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The Environmental Protection Network (EPN) harnesses the expertise of more than 600 former Environmental Protection Agency (EPA) career staff and confirmation-level appointees from Democratic and Republican administrations to provide the unique perspective of former regulators and scientists with decades of historical knowledge and subject matter expertise. We are providing these comments on EPA's planned revisions of the PFAS drinking water standards for consideration by the National Drinking Water Advisory Council.

Extension of PFOA and PFOS Compliance Date to 2031

EPN strongly disagrees with EPA's plan to delay compliance with PFOA and PFOS MCLs for 7 years. Since the 2013 – 2015 UCMR3 monitoring program, the American people have been aware that millions of people are exposed to these carcinogenic compounds in their drinking water. The June 2025 release of UCMR5 data covering 75% of the monitored public water systems reveals 2,991 more sites with detectable levels of PFAS, for a total of 9,323 PFAS-contaminated sites serving 165 million people.

There is no justification for EPA to further delay treatment for these carcinogenic compounds. Congress was clear in the Safe Drinking Water Act that compliance extensions should not exceed 5 years. Section 1412(b)(10) requires that national drinking water standards take effect 3 years after the date they are promulgated unless the Administrator determines that an earlier date is practicable. Section 1412(b)(2) authorizes the Administrator or a State (in the case of an individual public water system) to allow up to 2 additional years to comply with an MCL if the Administrator or state determines additional time is necessary for capital improvements. In the 2024 rule EPA already provided the additional 2-year extension for capital improvements. EPA justified SDWA's maximum 5-year compliance period by giving public water systems the first 3 years to monitor for PFAS and then 2 more years to construct the necessary treatment system. EPA provided this 3-year monitoring period in addition to allowing systems to satisfy this requirement using previously collected monitoring data from UCMR5 or equivalent state-led programs. All systems serving more than 3300 people will have UCMR5 data, and many smaller systems have state-led monitoring data, so they will be able to use more of the 5-year period to design and install the necessary treatment system. They do not need 7 years to begin treatment of PFAS.

EPA should not violate SDWA's maximum 5-year compliance period by extending the national compliance period for another 2 years. In order to give relief to individual public water systems with compelling circumstances requiring a longer compliance period, states can give exemptions to those individual systems if they meet specific conditions. EPA should encourage States that have not already done so to adopt the 1998 Variance and Exemptions Regulation and grant exemptions from the 2029 compliance date for individual public water systems that meet those requirements.

Rescinding MCLs for PFHxS, PFNA, GenX, and Hazard Index

EPN urges EPA not to rescind these MCLs, thereby delaying public water system treatment for years while revised MCLs are proposed and finalized. PFHxS, PFNA, GenX, and PFBS are all persistent per- and polyfluoroalkyl acids that can disrupt signaling of multiple biological pathways, resulting in a shared set of adverse effects, including effects on thyroid hormone levels, lipid synthesis and metabolism, infant development, immune effects, and liver function. While production of PFHxS and PFNA has been phased

out in the U.S., legacy stocks may still be in use, including in firefighting foam, and production continues in other countries whose products may be imported into the U.S. GenX and PFBS continue to be actively produced and used in the U.S., so contamination from these chemicals will continue and may increase due to disposal and breakdown in the environment. GenX and PFBS are short chain PFAS chemicals that are surrogates for the thousands of other short chain PFAS chemicals currently in production and use in the U.S. Successful treatment of those two chemicals will result in reductions in the many unregulated short chain PFAS currently in public drinking water supplies throughout the country. It is critical that EPA retain the 2029 compliance date for treatment of these toxic chemicals.

EPA has not provided reasons why these MCLs are being rescinded so EPN will comment on possible reasons. If EPA is rescinding these standards because of concerns about the legality of having proposed a preliminary determination to regulate these chemicals simultaneously with proposing the MCLs, EPN notes that the legal basis for that action was well-justified in the 2024 rule. EPN agrees with EPA's 2024 interpretation of Section 1412(b)(1)(E) as allowing concurrent processing of a preliminary determination with a proposed rule. This interpretation fulfills Congressional intent for the Agency to adjust its stepwise processes where appropriate to avoid unnecessary delay in regulating contaminants that meet the statutory criteria. As EPA explained in the final rule, SDWA makes no mention of a separate process to propose and finalize a determination and never uses the term final determination. In fact, the 2024 rule makes the point that public comment on the preliminary determination is facilitated by knowing the potential MCLs.

If EPA is rescinding these standards because they do not meet the 3 statutory criteria for making a determination to regulate, EPN strongly disagrees. With regard to the first criterion that the contaminant may have an adverse effect on the health of persons, the 2024 rule documented that the health-based values for PFHxS, PFNA, GenX, and PFBS are based on the best available science and were finalized based on extensive peer and public review. With regard to the second criterion that the contaminant is known to occur or there is a high chance that it will occur in public water systems often enough and at levels of concern, the 2024 rule documented that only PFBS failed to meet this criterion. EPA was able to demonstrate the frequency and severity of PFHxS, PFNA, and GenX contamination of public drinking water systems using primarily UCMR3 and state monitoring data. We now have the benefit of much more UCMR5 data with lower detection limits and many more small systems monitored. The most recent release of UCMR5 data in June 2025 revealed 2,991 more sites with detectable levels of PFAS, bringing the total number of contaminated sites to 9,323. When the remainder of the UCMR5 data is available, it is reasonable to expect many more sites to be identified. EPN notes that there should not be a bright line threshold for occurrence in drinking water that triggers whether a contaminant is a public health concern justifying a national drinking water standard. In addition to frequency of occurrence, the decision to regulate must also consider the potency of the chemical, its geographic distribution, the impacted population, and the type of health effects. With regard to the third criterion of whether regulation of the contaminant presents a meaningful opportunity to reduce health risks for persons served by public water systems, the UCMR5 data support regulation by indicating 165 million people are drinking water with detectable PFAS that can be treated with readily available technology.

If EPA is rescinding these standards because of concerns they are already outdated, SDWA recognizes that EPA may act in the face of imperfect information and provides a 6-year review process to update standards as more science becomes available. Rather than rescinding the current standards and conducting a multiyear replacement rulemaking, EPA should use the 6-year review process to decide whether PFBS should be regulated individually and whether any of the MCLs should be revised based on new science. EPA's Office

of Research and Development (ORD) recently finalized a new chronic reference dose for PFHxS based on developmental and immune effects which is much lower than the PFHxS MCL reference dose based on adverse thyroid effects. EPA's ORD is also in the final stages of developing a chronic reference dose for PFNA which may differ from the one used for the PFNA MCL. It is critical for public health protection that EPA allow the current standards to stay in place so that incremental reductions in these toxic chemicals can be made with treatment beginning in 2029.

If EPA is rescinding these standards because of concerns about the legal and scientific defensibility of the hazard index MCL, the Agency needs to relook at the 2024 rule justification for this MCL and the peer-reviewed "Framework for Estimating Noncancer Health Risks Associated with Mixtures of Per- and Polyfluoroalkyl Substances (PFAS)". EPN agrees with the 2024 rule's legal justification that mixtures of PFAS qualify as a contaminant under the broad Section 1401(6) definition of contaminant to mean "any physical, chemical or biological or radiological substance or matter in water". EPN notes that previous drinking water standards were promulgated for other mixtures, including PCBs and radionuclides. EPN agrees with the 2024 rule's scientific justification that oral exposure to PFHxS, PFNA, and GenX individually and in combination with PFBS in mixtures can result in a variety of similar or shared adverse effects on biological systems, including endocrine, cardiovascular, developmental, immune and hepatic systems. These 4 chemicals will affect common target organs, tissues, or systems to provide dose-additive effects from co-exposures. UCMR5 data indicate that 66% of sampling locations with at least one PFAS result at or above the MCL have results for multiple PFAS at or above the MCL. It is critical that EPA account for this dose additivity in order to comply with the SDWA requirement to set standards with an adequate margin of safety.

The 2024 rule's use of a general Hazard Index rather than a target-organ specific HI is preferable for PFAS because it allows for component chemicals to have different health endpoints as the basis for their chemical reference values. The general HI approach has been used for years in the Superfund program to address multiple contaminants at a single site. A target-organ specific HI is less health protective when contaminants like PFAS impact multiple organs, and the target-organ is not the most sensitive endpoint for all the component chemicals. In addition, the HI MCL is implementable and feasible. The 2024 rule appropriately identified the best available treatment technology for achieving this HI of one as GAC, AIX, RO and NF. HI of one is also implementable and feasible for analytical methods 537.1 and 533 which have quantitation levels (ranging from 3 to 5 ppt) below the MCLs and health-based reference value for PFBS. These low quantitation levels allow public water systems to take early action to modify treatment if monitoring data indicate concentrations of the 4 PFAS are approaching the health-based levels.

Conclusion

EPN urges EPA to reconsider their decision to delay the PFOA/PFOS MCL compliance date and to rescind the MCLs for PFHxS, PFNA, GenX, and the Hazard Index. UCMR5 data indicate that millions of people are exposed every day to these toxic chemicals in their drinking water, causing serious health risks for children and adults. We have known for years that available treatment technology will reduce these risks, and Congress has begun making funds available to help pay for that treatment. It is unconscionable that EPA is now considering delaying critically needed health protections for years into the future without any legal or scientific justification for that delay.