Date of Hearing: June 17, 2025

ASSEMBLY COMMITTEE ON ENVIRONMENTAL SAFETY AND TOXIC MATERIALS
Damon Connolly, Chair
SB 724 (Richardson) – As Amended May 5, 2025

SENATE VOTE: 38-0

SUBJECT: Public housing: lead testing

SUMMARY: Requires the owner of a public housing unit, if it is owned or managed by a city, county, city and county, or city, county, or city and county housing authority, to provide information to the residents of the public housing unit regarding any applicable existing program that offers free testing for lead in drinking water.

EXISTING LAW:

1) Establishes as policy of the state that every human being has the right to safe, clean, affordable, and accessible water adequate for human consumption, cooking, and sanitary purposes. (Water Code § 106.3)

2) Requires, pursuant to the California Safe Drinking Water Act (SDWA), the State Water Resources Control Board (State Water Board) to regulate drinking water and to enforce the federal SDWA and other regulations. (Health and Safety Code (HSC) § 116275, et seq.)

3) Prohibits the use of any pipe, pipe or plumbing fitting or fixture, solder, or flux that is not "lead free" in the installation or repair of any public water system or any plumbing in a facility providing water for human consumption. (HSC § 116875(a))

4) Prohibits the use of lead for residential use in the United States. (16 Code of Federal Regulations § 1303)

5) Requires the California Department of Public Health (CDPH), by July 1, 2019, to adopt regulations establishing a standard of care whereby all children are evaluated for risk of lead poisoning by health care providers during each child's periodic health assessment. *As of the writing of this analysis these regulations have not been adopted by CDPH.* (HSC § 105285).

FISCAL EFFECT: Unknown.

COMMENTS:

Need for the bill: According to the author, "Lead consumption among youth and disenfranchised communities occurs at a higher rate. Assisting public housing residents with the resources and appropriate standards to ensure the water people drink are safe will help us protect our communities. California should take the responsible steps to ensure public housing residents receive adequate lead testing standards."

Human right to water: In 2012, the Legislature enacted AB 685 (Eng, Chapter 524, Statutes of 2012), making California the first state in the nation with a Human Right to Water law. AB 685 establishes a state policy that every human being has the right to safe, clean, affordable, and

accessible water adequate for human consumption, cooking, and sanitation. However, water supply issues, climate change, contaminants, aging infrastructure, and failing and at-risk systems, especially in disadvantaged communities, are among the multiple factors that continue to challenge progress in implementing the Human Right to Water.

Short- and long-term consequences of childhood lead exposure: According to the Centers for Disease Control and Prevention (CDC), research shows that there is no safe level of lead in drinking water and even very low levels can have negative and irreversible health effects, especially for children and pregnant persons. Because of lead's health impacts, the United States Environmental Protection Agency (US EPA) maintains a maximum contaminant level goal of zero, and some organizations, such as the American Association of Pediatrics, have called for national and state efforts to bring lead levels in drinking water closer to zero parts per billion (ppb). The CDC states that childhood lead exposure can seriously harm a child's health and cause well-documented adverse effects, including brain and nervous system damage, slowed growth and development, learning and behavior problems, and hearing and speech problems. These health impacts can in turn lead to decreased attention and underperformance in school among lead-exposed children. One study by Evens et al. (2015), published in *Environmental Health*, examined data for nearly 58,000 children attending Chicago public schools and found that increasing blood lead levels were associated with increasing failure rates on standardized reading and math tests. Among children with the lowest blood lead levels, even small increases in blood lead levels were associated with what the authors described as "steeper failure rates."

While children, pregnant persons, and developing fetuses are particularly susceptible to the harmful effects of lead, lead in blood can also result in an increased risk of cardiovascular disease, high blood pressure, and kidney and nervous system problems for adults. Because the human body can store lead in bone, even temporary environmental exposures in childhood can result in many years to decades of recurring or ongoing elevations in blood lead levels. One study by Nie et al. (2009), published in the *Journal of Occupational and Environmental Medicine*, reports that lead stored in bone can release back into the blood, resulting in elevated blood lead levels during periods of illness (e.g., with skeletal or dental disease) and during multiple life stages, including childhood, pregnancy, lactation, and menopause.

Inequities in childhood lead exposure: According to the CDC, people with low incomes and people of color are more likely to live in neighborhoods with outdated infrastructure, and are thus more likely to be exposed to lead-based paint and pipes, faucets, and plumbing fixtures containing lead. Evens et al. (2015) found that among nearly 58,000 children attending Chicago public schools, blood lead levels were highest in black children (relative to Hispanic and white children) and higher in low-income children.

Children from low-income families and communities of color can also be further disadvantaged through the cumulative impacts of lead and other challenges they may face, including higher rates of poverty, malnutrition, exposure to multiple pollutants, and enrollment in under-resourced schools. A 2020 study published in *Nature Medicine* (Marshall et al.) reported that the combination of lead exposure and being from a low-income family can result in worse impacts for children, when compared to children who have only one of these risk factors. Specifically, children from low-income families and with the highest risk levels for lead exposure showed reduced cognitive performance and changes in parts of the brain that regulate the capacity for problem solving, planning, critical thinking, and memory.

Environmental justice concerns with lead: Lead pollution is particularly prevalent in disadvantaged communities and communities of color. In public comments submitted by California Attorney General Rob Bonta on the U.S. EPA's Lead Strategy, the Attorney General wrote, "Lead exposure in the United States is a public health crisis, and one that we urgently need to address. The EPA's Lead Strategy recognizes a simple fact: That lead pollution disproportionately impacts low-income communities and communities of color. At the California Department of Justice, we've fought to reduce lead levels in consumer products and the environment, but we need strong federal action to address longstanding inequities in lead exposure."

Sources of childhood exposure to lead: The US EPA states that children can be exposed to lead in paint, dust, soil, air, and food, as well as drinking water, and that drinking water can make up 20% or more of a person's total lead exposure. According to a 2012 article published in the CDC's *Morbidity and Mortality Weekly Report* (Brown and Margolis), lead is unlikely to be present in source water, unless a specific source of contamination exists. More commonly, lead enters drinking water through the corrosion of plumbing materials and solder that contain lead. Lead can enter a building's drinking water by leaching from lead service lines, lead solder used in copper piping, and from brass fixtures. The amount of lead in tap water can depend on several factors, including the age and material of the pipes and fixtures, concentration of lead in water delivered by the public utility, and corrosiveness of the water. More corrosive water can cause greater leaching from pipes. The most common sources of lead in drinking water are lead pipes, faucets, and fixtures. In homes with lead pipes that connect the home to the water main, also known as lead services lines, these pipes are typically the most significant source of lead in the water. Lead pipes are more likely to be found in older cities and homes built before 1986. Among homes without lead service lines, the most common problem is with brass or chrome-plated brass faucets and plumbing with lead solder.

The CDC recommends that public health actions be initiated when the level of lead in a child's blood is 3.5 micrograms per deciliter or more. It is important to recognize all the ways a child can be exposed to lead. Children are exposed to lead in paint, dust, soil, air, and food, as well as drinking water. If the level of lead in a child's blood is at or above the CDC action level of 3.5 micrograms per deciliter, it may be due to lead exposures from a combination of sources. US EPA estimates that drinking water can make up 20 percent or more of a person's total exposure to lead. Infants who consume mostly mixed formula can receive 40 percent to 60 percent of their exposure to lead from drinking water.

California's Childhood Lead Poisoning Prevention Program: The Childhood Lead Poisoning Prevention Program (CLPPP), administered by CDPH, provides services to the community for the purpose of increasing awareness regarding the hazards of lead exposure, reducing lead exposure, and increasing the number of children assessed and appropriately blood tested for lead poisoning. The CLPPP program offers home visitation, environmental home inspections, and nutritional assessments to families of children found to be severely lead poisoned. The CLPPP provides telephone contacts and educational materials to families of lead-poisoned and lead-exposed children. The CLPPP also provides information and education to the general public, medical providers, and community-based organizations.

Legislation to improve testing for children for lead: AB 1316 (Quirk, Chapter 507, Statutes of 2017) required CDPH, as part of the CLPPP, to adopt regulations, by July 1, 2019, establishing a standard of care, at least as stringent as the most recent CDC screening guidelines, whereby all

children are evaluated for risk of lead poisoning by health care providers during each child's periodic health assessment. *As of the writing of this analysis, these regulations have not been adopted by CDPH.*

State and federal laws regulate the lead content of fixtures. Beginning January 1, 2010, California law (AB 1953, Chan, Chapter 853, Statutes of 2006) banned for sale and use any pipe, pipe or plumbing fitting, or fixture intended to convey or dispense water for human consumption through drinking or cooking that is not "lead free." "Lead free" is defined as not more than 0.2% lead when used with respect to solder and flux; not more than a weighted average of 0.25% when used with respect to the wetted surfaces of pipes and pipe fittings, plumbing fittings, and fixtures; and not more than 8% when used with respect to pipes and pipe fittings. This definition applies to kitchen faucets, bathroom faucets, and any other endpoint device intended to convey or dispense water for human consumption through drinking or cooking.

Federal drinking water regulation of lead: The Safe Drinking Water Act requires US EPA to determine the level of contaminants in drinking water at which no adverse health effects are likely to occur with an adequate margin of safety. These non-enforceable health goals, based solely on possible health risks, are called maximum contaminant level goals (MCLGs). US EPA has set the maximum contaminant level goal for lead in drinking water at zero because lead is a toxic metal that can be harmful to human health even at low exposure levels. Lead is persistent, and it can bioaccumulate in the body over time.

On October 8, 2024, US EPA promulgated the Lead and Copper Rule Improvements (LCRI), which updates the federal Lead and Copper Rule, a body of regulations under the SDWA that governs the management of lead in drinking water. Under the LCRI, drinking water systems will be required to proactively replace lead services lines within 10 years. This requirement removes the greatest nationwide source of lead in drinking water. The rule also strengthens requirements to locate lead pipes, improve testing for lead in water, and ensure that exposure is minimized while lead pipe replacement efforts are underway.

This bill: Requires the owner of public housing, whether it's a city or county; city and county; or local housing authority, to provide information to residents of the public housing unit regarding any applicable existing program that offers free testing of drinking water for lead. Given the health risks associated with lead exposure, especially to children, providing information about the levels of lead in drinking water in public housing seems very reasonable.

Double-referral: Should this bill pass this committee, it will be re-referred to the Assembly Housing Committee.

Related legislation:

1) SB 1076 (Archuleta, Chapter 507, Statutes of 2022). Requires CDPH to promulgate regulations governing lead-related construction work to conform to US EPA's Lead Renovation, Repair, and Painting Rule.

2) AB 100 (Holden, Chapter 692, Statutes of 2021). Requires, commencing January 1, 2023, manufacturer compliance with a specified lower lead leaching standard for faucets and other end point devices used for providing drinking water; prohibits sales of products that do not

meet the new standard beginning July 1, 2023; and, requires labeling of products that comply with the definition of "lead free" to indicate compliance in an easily identifiable manner.

3) AB 2370 (Holden, Chapter 676, Statutes of 2018). Requires licensed child day care facilities to, upon enrolling any child, provide parents or guardians with certain written information related to the risks and effects of lead exposure and blood lead testing recommendations and requirements, and subjects certain child day care centers to requirements related to testing drinking water for lead.

4) SB 862 (Budget Committee, Chapter 449, Statutes of 2018). Appropriated $5 million to the State Water Board to provide grants or contracts for drinking water testing for lead at licensed child day care centers, remediation of lead in plumbing and drinking water fixtures, and technical assistance for licensed child day care providers to apply for testing and remediation.

6) AB 1316 (Quirk, Chapter 507, Statutes of 2017). Requires, by July 1, 2019, CDPH to define "risk" in the regulations for the Childhood Lead Poisoning Prevention Program (CLPPP). *As of the writing of this analysis, these regulations have not been adopted by CDPH.*

7) AB 746 (Gonzalez Fletcher, Chapter 746, Statutes of 2017). Requires a community water system that serves a school-site built before January 1, 2010 to test for lead in the potable water system of the school-site on or before July 1, 2019.

8) AB 1953 (Chan, Chapter 853, Statutes of 2006). Banned for sale and use any pipe, pipe or plumbing fitting, or fixture intended to convey or dispense water for human consumption through drinking or cooking that is not "lead free."

REGISTERED SUPPORT / OPPOSITION:

Support

None on file

Opposition

None on file

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