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On behalf of First Focus on Children, thank you for the opportunity to comment on the proposed rule concerning national regulations for lead and copper levels in our drinking water. Lead poses unique health risks to developing children and can cause complications that may follow them for a lifetime. Low-income children are especially at risk of lead exposure, and regulating lead levels in their water can help narrow the health disparities that they face. We applaud the EPA for taking the steps to update America’s outdated infrastructure and provide clean, safe drinking water for all.

Health Impacts on Children

There is no safe blood lead level (BLL) for children, meaning that any and all lead exposure could potentially lead to severe health consequences. Children drink more water per pound of body weight than adults, making them more susceptible to smaller levels of lead. Additionally, lower blood levels of lead cause greater impacts on children than in fully-developed adults.¹ Infants are perhaps at the most risk of consuming lead in drinking water, as those who consume formula may receive up to 60% of their lead exposure via water (as compared to 20% for the average person).²

Elevated BLLs are associated with myriad health complications among children. Children exposed to even low levels of lead may develop stomach aches, headaches, and digestive disruptions.³ They may experience slower development and neurological damage that can lead to clumsiness, drowsiness, and

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https://www.epa.gov/ground-water-and-drinking-water/basic-information-about-lead-drinking-water.

² Ibid.

convulsions.⁴ Even low BLLs are associated with attentional issues, decreased academic performance, and behavioral challenges.⁵ In the most severe case, it can lead to coma or death.⁶

These complications can cause long-term damage both physically and socio-economically. Children who experience severe lead poisoning during childhood may develop lasting behavioral and intellectual disabilities that will follow them for a lifetime.⁷ Additionally, academic challenges may lead to poorer economic outcomes for children as adults. Research shows that children who were exposed to lead are more likely to have lower socioeconomic statuses than their parents in adulthood.⁸

How Children are Exposed to Lead

Drinking water remains children's largest source of lead exposure. Lead seeps into our drinking water via lead pipes, which corrode over time and release lead particles into passing water. They are most prevalent in older homes and buildings. Certain water properties (like acidity, temperature, and mineral content) can increase the risk of lead entering the water system.⁹

Aging school buildings often serve as a significant source of lead exposure for children as well. There is currently no mandated lead testing for school buildings, and some schools may bypass testing to avoid having to fix a revealed lead problem. An estimated 400,000 schools and child care centers may have elevated levels of lead in their water.¹⁰ Research conducted by the U.S. Government Accountability Office (GAO) found that more than half of schools did not test for lead or did not know if they had ever tested for lead.¹¹ Of the 43% that did test, more than one-third found elevated lead levels in their water.¹²

This new regulation requires all community water systems (CWS) to replace 10% of their lead pipes annually, resulting in the total elimination of lead pipes in CWSs by 2037. The rule also proposes requiring CWSs to test for lead in all schools and childcare centers, allowing students and families to be informed about their lead exposure at schools.

Inequities in Lead Exposure

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⁴ Ibid.
⁹ Basic Information about Lead in Drinking Water.”
¹² Ibid.
Research shows that children of color and children in poverty are more likely to have greater BLLs. Specifically, Black children are at the greatest risk of lead exposure and are more likely to have elevated BLLs than their white peers. The same is true for children in low-income homes and communities compared to their peers in higher-income communities. Black and low-income families are more likely to occupy older homes, which are more likely to contain lead pipes.

Replacing lead pipes, as required by this rule, will lead to tremendous benefits for the children most impacted by lead exposure in communities of color and impoverished communities across America. We also applaud EPA’s work to ensure that this process is equitable and addresses environmental injustices. This regulation requires that water systems prioritize replacements for those who are disproportionately impacted by lead exposure, meaning that these historically excluded communities will see positive health impacts quickly.

**Conclusion**

Thank you for the opportunity to submit comments on this proposed rule. We are grateful that EPA is taking responsible steps to manage lead contamination and provide safe, clean drinking water for all. Please reach out to Abbie Malloy, Director, Health, Environmental, and Nutrition Policy, at abbiem@firstfocus.org with any questions.

Sincerely,

Bruce Lesley
President, First Focus on Children

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