

# PUBLIC HEALTH IMPACTS FROM FLAT FUNDING Public Water System Supervision (PWSS) Program



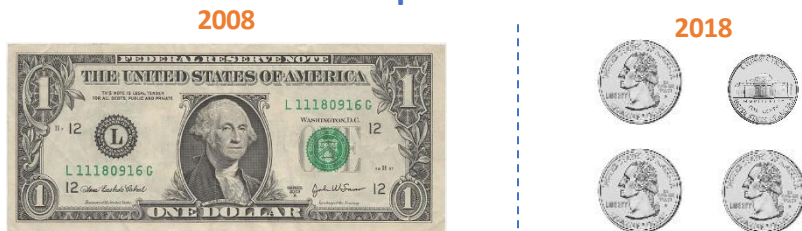
**States Need Your Help:** The current trend of flat federal funding for state drinking water programs means that the ability to protect public health is at risk. Adequate federal funding for the PWSS program (one of the principal funding sources for states) is essential to ensure that the public health protection requirements of the Safe Drinking Water Act (SDWA) are met. Over the past decade, state and territorial drinking water programs have seen a tremendous growth in programmatic demands without adequate resources to address those demands.

**Who ASDWA Is:** The Association of State Drinking Water Administrators (ASDWA) represents the drinking water program administrators in the 50 states, the five territories, the Navajo Nation, and the District of Columbia.

**What the PWSS Program Is:** State and territorial drinking water programs are responsible for ensuring the approximately 150,000 public water systems across the U.S. protect public health and comply with National Primary Drinking Water Regulations under SDWA. Funding for the states' ability to fulfill this mission comes from four sources. The two primary sources are from EPA's PWSS program and the set-asides from EPA's Drinking Water State Revolving Loan Fund (DWSRF). The other two funding sources vary considerably from state to state and include funding from the state's general fund and fees from water systems for plan review, inspections, etc.

PWSS funding increased in the 1980s and 90s to reflect the increased regulatory workload for states and territories, brought on by updates to SDWA, but has plateaued over the past 10 years. Since 2008, the PWSS appropriation has hovered around \$100 million and has created a significant funding gap – inflation has increased states' costs by 20% over the past decade. The America's Water Infrastructure Act (AWIA) of 2018 increased authorizations for the PWSS grant to \$125 million for FY 2020 and 2021. Even if this amount is fully appropriated this would still leave a significant funding gap.

## Impacts of Inflation



**Flat PWSS Funding Threatens Public Health:** Despite flat funding for the PWSS program over the past 10 years, PWSS implementation costs for the states and territories have continued to rise. When the 1996 SDWA amendments were promulgated, state drinking water programs implemented public health protection regulations for 83 contaminants. Today, they implement regulations for more than 90 contaminants, and the newer regulations are considerably more complex and challenging to implement than the older regulations. At the same time, states realized the benefit of protecting public health more proactively, and implemented these

\$101.9  
million

FY 18 PWSS Funding

\$125  
million

Authorized PWSS Funding  
for FY 2020 & 2021

56

State and Territorial  
Drinking Water Programs

150,000+

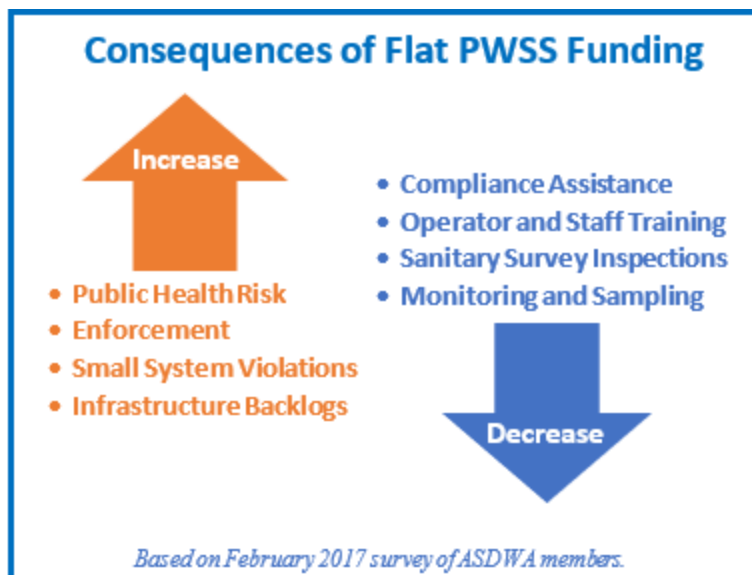
Regulated  
Public Water Systems

90+

Regulated Contaminants

\$308  
million

FY 2013 Estimated  
State Drinking Water  
Program Funding Gap



effective initiatives, such as source water assessments and protections; technical assistance; and enhancement of overall water system performance capabilities. States have also been proactive in allocating significant time and resources to unregulated contaminants, such as harmful algal blooms and perfluorinated compounds. Without additional resources, states are forced to take efforts away from existing regulatory programs to manage the non-regulatory tasks that are being added to their workload, which is described in ASDWA’s [Beyond Tight Budgets](#).

Decreasing PWSS funding, or continuing flat funding, for already constrained state budgets further impairs the ability for state administrators to fulfill their mission of protecting public health. Flat or reduced funding forces administrators to make spending choices with

considerable financial, legal, health and social risks, such as, reducing water system inspections and delaying approvals for engineering plan review. The most critical of these risks is the one to public health. Put simply, decreasing these funds, or keeping them flat, puts the health of our citizens in jeopardy. Following are two state examples:

- **Pennsylvania:** Pennsylvania’s Department of Environmental Protection sent a [letter to EPA Administrator Scott Pruitt in March 2017](#) that outlined the potential impacts of substantial PWSS cuts on the citizens and businesses of Pennsylvania, including the statement, “...at least 30% fewer inspections for the Commonwealth’s 8,500 public water systems [would occur], hampering our ability to detect contaminants like lead, waterborne pathogens, and putting Pennsylvania’s 10.7 million water customers at risk.”
- **Colorado:** On August 10, 2017, the Water Quality Control Division in Colorado’s Department of Public Health and Environment posted a [fact sheet describing staff and service level reductions](#) should Federal funding decrease for the drinking water program.

*A shortfall in PWSS funding will NOT be offset by other state funding*

**Lead and Copper Rule Example:** Another consideration is EPA’s planned Long-Term Revisions to the Lead and Copper Rule (LT-LCR). In assessing EPA’s regulatory options, ASDWA conducted a [Costs of States’ Transaction Study](#). The study estimated that the costs of states’ staff time for the LT-LCR would be in the range of 72% to 95% of current PWSS funding. This effort to protect public health is clearly unachievable without additional federal funding support.

**A Funding Increase is Needed:** Continued flat funding for the PWSS program is not sustainable. This table represents the estimated FY 2013 funding gap, without including inflation, from the ASDWA Report, [Insufficient Resources for State Drinking Water Programs Threaten Public Health](#), where a comprehensive program includes additional activities undertaken by states to achieve the public health protection vision and goals established by SDWA.

FY 2013	Available Resources (from all sources)	Needed Resources (from all sources)	Funding Gap
Minimum Base Program	\$385 million	\$625 million	\$240 million
Comprehensive Program	\$440 million	\$748 million	\$308 million

Increased funding for the PWSS program is critical will allow states and water systems to achieve the public health goals envisioned by SDWA. Adding the existing funding gap in 2013 to inflation and non-regulatory activities and potential LT-LCR yields a total funding gap of 73.3%, which threatens public health. Continued flat funding is not sustainable and we urge Congress to appropriate \$125 million for PWSS funding to match the increased authorization in AWIA.

For more information, contact ASDWA at 703-812-9505 or [info@asdwa.org](mailto:info@asdwa.org).