Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services
Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-8016; Fax: (207) 287-9058
TTY Users: Dial 711 (Maine Relay)

Commission to Study the Incidence of and Mortality Related to Cancer
Questions from November 8, 2013 Meeting

1. The Commission would like to know if any federal grants are up for renewal in 2013 or 2014? And if so, which ones?

   Response: The US CDC grant that supports the Partnership For A Tobacco Free-Maine is currently in the final year of a five year grant cycle, ending in March 2014. The program anticipates that a competitive funding opportunity supporting a new grant cycle (beginning in April 2014) should be released in early December.

   The US CDC grant that supports various aspects of the Cancer Program including the Comprehensive Cancer, Cancer Registry and Breast and Cervical Health, is in the second year of a five year grant cycle. Renewal applications for each Cancer component for the next funding year of the cycle (year three) are expected to be due to the US CDC in March 2014.

2. Is the colorectal screening program funding ending this year (SFY 14)?

   Response: Federal funding for the Colorectal Program ends June 29, 2014. To date, US CDC has not announced whether there will be a new competitive Funding Opportunity Announcement.

3. It is our understanding that without intervention, Maine's Radon Program (State Indoor Radon Grant from federal EPA) will be discontinued June 30, 2014. What is Maine CDC doing, if anything, to assure that funding for the program continues?

   Response: The President's proposed budget for the past two years has not included any funding to support state indoor radon programs. Continuing resolutions have provided annual radon funding during this time. Federal funding for Maine's Indoor Radon Program is scheduled to end on June 30, 2014. It is unknown whether federal funding will be available beyond this date. The Radon Program is working with CDC senior management and the DHHS finance team, exploring ways to accomplish its core work as set out in Maine statute and rule if the funding ends in June 2014.

4. Please provide additional historical information about the Radon grant program.

   Response: Maine began participation in the State Indoor Radon Grant program in 1990. The average federal grant award for all the years since 1990 has been $170,105. In SFY 2012, the radon section of the Radiation Control Program received $190,800 from the US EPA's federal State Indoor Radon Grant, and $24,000 in regulatory fee revenue.

Prior to 1990, all radon outreach and education was funded through the General Fund. All General Fund monies for radon were eliminated when the 1989 Radon Registration Act (22 MRS Ch. 165) was passed, believing that the regulatory program revenue would be sufficient to offset the costs of the regulatory program, continued education and outreach. However, the increased revenue was not as high as projected. The difference between expected and actual revenue was offset by continuing to participate in the federal State Indoor Radon Grant Program. The number of companies regulated to provide radon services in Maine has gradually increased since 1993, with 165 currently registered or in the process of renewing their registration. Revenue collected has increased from less than $10,000 annually to $25,000 in SFY 2013.

Our obligation under the statutory requirements of 22 MRS chapter 165 and 14 MRS §6030-D, has not changed, so as noted in question five, we are exploring what our options may be related to continued funding, in case the Federal funding is discontinued.

5. Has Maine CDC explored the possibility that the State Revolving Renovation Fund could be used to conduct radon testing and remediation when needed in all public schools?

   Response: It is our understanding that the Department of Education has made this option available to schools because radon testing and mitigation are items identified on the School Facilities Management Template as areas that should be investigated. The Department of Education would be better equipped to respond with any additional detail.

6. Are there any other anticipated changes to funding sources in the coming years in your Division?

   Response: Grant funding is constantly changing within CDC due to the variability of the grants we receive. We anticipate that variations in funding will continue in the future, and we will deal with each change on a case by case basis.

7. Are there any current State programs relating to arsenic? One in 10 wells in Maine has arsenic which can cause cancer.

   Response:
   Private Well Water
   In 2013, Maine CDC successfully competed for federal funding to initiate a new pilot project to promote private well water testing for arsenic.

   This two-year grant of $150,000 annually will enable Maine CDC to fund three Healthy Maine Partnerships to undertake local efforts to promote well water testing, and will provide 450 free arsenic test kits for distribution. This grant will also support MeCDC' s efforts to expand on a series of one-page informational tip sheets about arsenic in well water available for download from program websites and distribution by local partners. It will also support development of a new video on how to test well water.

   In anticipation and in support of this new initiative, MeCDC has been using resources from a separate federal grant to develop a web-based well water data display (maps and data tables) to enable communities to easily identify towns of Maine with high counts of elevated arsenic wells. The objective is to help better target intervention efforts to those most at risk.

Aside from these two recent initiatives, MeCDC previously developed a well water testing brochure which continues to be distributed to town offices in communities. Using survey methods, MeCDC tracks overall progress statewide in promoting testing of private wells for arsenic: in 2003, only 26 percent of surveyed well owners reported having tested for arsenic; in 2009, this had increase to 42 percent. Me CDC scientists are completing a study assessing the effectiveness of bottled water and common treatment systems to reduce exposure to arsenic. MeCDC toxicologists respond to over 1,000 calls per year from private well water owners with questions about their well water test results. The MeCDC Cancer Registry Program has been participating in a ME-NH-VT bladder cancer study led by the National Cancer Institute that is investigating a possible link with arsenic in water along with other possible hypotheses.

Public Water Systems

The MeCDC Drinking Water Program implements laws and regulations to reduce the exposure of public water system customers to harmful contaminants. Arsenic and disinfection by-products are carcinogenic contaminants of particular concern in Maine.

Arsenic is found naturally in the bedrock throughout much of Maine. In 2006, the US EPA lowered the arsenic standard from 50 micrograms per liter down to 10 micrograms per liter. When the change occurred in 2006, an estimated 100 public water systems had one or more water sources with arsenic above 10 micrograms per liter. All of these water systems have addressed the arsenic issue by installing treatment, abandoning the source, or blending with higher quality water.

Disinfection by-products are formed when a chemical disinfectant, such as chlorine, reacts with natural organic matter in the drinking water. This is predominantly an issue related to surface water treatment.

Maine has approximately 50 community public water systems that use surface water as the source of drinking water. Large public water systems (serving more than 10,000 people) have needed to comply with some disinfection by-product standards since 1979. In 2000, EPA promulgated rules lowering the standards, increasing the number of contaminants of concerns and applying the standards to all community and non-transient, non-community public water systems using a chemical disinfectant.

Compliance deadline began in 2002 for systems serving more than 10,000 people and in 2004, also included smaller systems. Approximately one dozen mostly small water systems had to make adjustments to their disinfection treatment practices, filtration treatment or find alternative sources of supply since the rule modification took effect in 2004.