OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 27 – 2025

Introduced by: Medical Student Section

Subject: Advancing Public Health Protections Against Per- and Polyfluoroalkyl Substances (PFAS)

Referred to: Resolutions Committee No. 1

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WHEREAS, per- and polyfluoroalkyl substances (PFAS), are a group of synthetic chemicals first introduced in the 1940s that are highly resistant to water, heat, grease, and oil[1]; and

WHEREAS, these substances are now commonly found in a variety of products, including drinking water, cleaning products, water-resistant fabrics, stain-resistant carpets, fire-extinguishing foams, nonstick cookware, food packaging, and personal care products like shampoo and dental floss[2]; and

WHEREAS, the extensive use of PFAS, combined with their persistence in the environment, has led to growing contamination of air, water, and soil from both past and ongoing applications of these chemicals[3]; and

WHEREAS, PFAS enters the environment by being disposed of or spilled near surface water, such as lakes and ponds, and can seep into the soil and into groundwater which contaminates drinking water[4]; and

WHEREAS, PFAS have been shown to bind to proteins in the blood, including albumin and fatty acid transporters, allowing them to circulate throughout the bloodstream in the human body[5]; and

WHEREAS, certain PFAS have been found to accumulate in the blood of both humans and animals and have been linked to serious health issues, such as altered immune and thyroid function, liver damage, kidney disease, lipid dysregulation, adverse reproductive and developmental outcomes, and cancer[6]; and

WHEREAS, according to the Agency for Toxic Substances and Disease Registry, PFAS exposure can lead to a range of health issues, including fertility problems, pregnancy-induced hypertension/preeclampsia, increased cholesterol, changes in the immune system, elevated risk of certain cancers (such as testicular and kidney cancer), developmental changes in fetuses and children, liver damage, increased risk of thyroid disease, and a heightened risk of asthma[7]; and

WHEREAS, several research studies have demonstrated that PFAS can penetrate the blood-brain barrier and accumulate in both infant and adult brains[8]; and

WHEREAS, PFAS have been found to pass through the placenta via the mother's bloodstream, and additional research indicates that prolonged exposure to these chemicals can raise the risk of neurodevelopmental delays and future motor function issues[9]; and

WHEREAS, the diversity and complexity of PFAS chemicals present challenges in clinical recognition, intervention, and toxicity assessment, as the biological effects of PFAS may vary by sex, species, and life stage, complicating clinical recognition and intervention[10]; and

WHEREAS, PFAS toxicity is not linked to specific signs or symptoms, so patients with known exposure may be asymptomatic, show signs of other health issues, or be uncertain of their exposure despite living in an affected community[11]; and

WHEREAS, there are no approved medical treatments available to remove PFAS in the body[11]; and

WHEREAS, many factors play into the possible development of symptoms due to PFAS exposure, which includes the duration, frequency, and the amount of PFAS they were exposed to at any given time[12]; and

WHEREAS, in deciding whether to order PFAS blood testing, clinicians can take into account an individual's exposure history, such as the patient's water supply, food, or other pathways, and determine if the results could help guide exposure reduction and health promotion when deciding whether to order testing[13]; and

WHEREAS, patients and clinicians can weigh the risks and benefits of using PFAS blood test results to guide care, considering factors like disease risk, the need for extra screenings, and the potential for false positives leading to unnecessary tests or treatments[13]; and

WHEREAS, individuals may be unknowingly exposed to PFAS, including industrial workers in factories where PFAS are present and people living near PFAS-producing facilities[14]; and

WHEREAS, the likelihood of children being exposed to PFAS increases as they come into contact with common household items, such as carpets and toys[14]; and

WHEREAS, community water systems contaminated with PFAS disproportionately serve higher percentages of Hispanic/Latino and non-Hispanic Black populations and are located in watersheds with a greater number of PFAS sources[15]; and

WHEREAS, Governor DeWine released Ohio's first PFAS Action Plan in 2019, which aimed to sample public drinking water, identify PFAS contaminations in private water systems, establish drinking water action levels, and provide PFAS educational information to the public[16] ; and

WHEREAS, Ohio continued with the PFAS Action Plan 2.0, which revises Action Levels for drinking water and expands Ohio's focus on PFAS through enhanced sampling, investigations, funding, and monitoring[17]; and

WHEREAS, in June 2022, the U.S. Environmental Protection Agency (EPA) issued interim updated drinking water health advisories for perfluorooctanoic acid (PFOA) and perfluorooctane sulfonic acid (PFOS) at 4 parts per quadrillion due to their potential adverse health effects even at very low exposure levels, and final advisories for GenX Chemicals and perfluorobutane sulfonic acid (PFBS)[18]; and

WHEREAS, in April 2024, the EPA finalized National Primary Drinking Water Regulations for six PFAS compounds, including Maximum Contaminant Levels (MCLs) of 4 parts per trillion for PFOA and PFOS, individual MCLs of 10 ppt for perfluorononanoic acid (PFNA), perfluorohexane sulfonic acid (PFHxS), hexafluoropropylene oxide dimer acid (HFPO-DA), as well as a Hazard Index MCL for mixtures containing PFHxS, PFNA, HFPO-DA, and PFBS[18]; and

WHEREAS, in November 2024, the EPA released its three-year progress report on the PFAS Strategic Roadmap, highlighting advancements in their goals to protect drinking water, address PFAS contamination, improve chemical safety, protect lakes, rivers, and other water bodies, and expand PFAS-related research[19]; and

WHEREAS, the American Medical Association (AMA) supports continued research on the impact of perfluoroalkyl and polyfluoroalkyl chemicals on human health[20]; and

WHEREAS, the AMA advocates for states to follow guidelines presented in the EPA's Drinking Water Health Advisories for PFOA and PFOS, with consideration of the appropriate use of Minimal Risk Levels[20]; and

WHEREAS, our OSMA currently supports investigating endocrine-disrupting chemical substances that are in food, agriculture, and household products[21]; and therefore be it

RESOLVED, that our OSMA supports continued research on the impact of perfluoroalkyl and polyfluoroalkyl chemicals on human health; and be it further

RESOLVED, that our OSMA will amplify physician and public education around the adverse health effects of PFAS chemicals and potential mitigation and prevention efforts; and be it further

RESOLVED, that our OSMA will advocate, at minimum, for guidelines presented in the Environmental Protection Agency's Drinking Water Health Advisories; and be it further

RESOLVED, that our OSMA encourages the integration of environmental health advocacy into clinical practice by encouraging physicians to be informed regarding risks of PFAS exposure on patient health.

Fiscal Note: $500+ (Sponsor)
$50,000 (Staff)

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RELEVANT OSMA POLICY

Policy 7 – 2023 – Establishing Support for the Regulation of Endocrine Disrupting Chemicals in Food, Agricultural, and Household Products
OSMA supports the investigation and regulation of the use of endocrine-disrupting chemicals in food, agricultural, and household products.

Policy 03 – 2018 – Pursuit of a Strategic Partnership with the Ohio Public Health Association
1. The OSMA create a formal partnership, establishing an open line of communication, with the Ohio Public Health Association for medical students and physicians. 2. The OSMA support policies and initiatives that may, based on reasonable evidence, produce population health improvements, as well as incentivize healthcare providers, hospitals, clinics, and other healthcare facilities to engage in health promotion

RELEVANT AMA POLICY

H-135.916 – Per- and Polyfluoroalkyl Substances (PFAS) and Human Health
1. Our American Medical Association supports continued research on the impact of perfluoroalkyl and polyfluoroalkyl chemicals on human health. 2. Our AMA supports legislation and regulation seeking to address contamination, exposure, classification, and clean-up of PFAS substances. 3. Our AMA will advocate for states, at minimum, to follow guidelines presented in the Environmental Protection Agency's Drinking Water Health Advisories for perfluorooctanoic acid (PFOA) and perfluorooctane sulfonic acid (PFOS), with consideration of the appropriate use of Minimal Risk Levels (MRLs) presented in the CDC/ATSDR Toxicological Profile for PFAS. 4. Our AMA will amplify physician and public education around the adverse health effects of PFAS chemicals and potential mitigation and prevention efforts.

H-135.939 – Green Initiatives and the Health Care Community
Our AMA supports: (1) responsible waste management and clean energy production policies that minimize health risks, including the promotion of appropriate recycling and waste reduction; (2) the use of ecologically sustainable products, foods, and materials when possible; (3) the development of products that are non-toxic, sustainable, and ecologically sound; (4) building practices that help reduce resource utilization and contribute to a healthy environment; (5) the establishment, expansion, and continued maintenance of affordable, accessible, barrier-free, reliable, and clean-energy public

transportation; and (6) community-wide adoption of 'green' initiatives and activities by organizations, businesses, homes, schools, and government and health care entities.