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Emerging Threats in Drinking Water: Microplastics and Pharmaceuticals on the EPA Watchlist

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This brief analyzes the U.S. Environmental Protection Agency's addition of microplastics and pharmaceuticals to its drinking water contaminant watchlist. As emerging contaminants in drinking water gain public and media concern, examining the watchlist's implications serve as a step towards protecting American's wellbeing.

Keywords — **Environmental Protection Agency (EPA), Contaminant Candidate List (CCL), Watchlist, Drinking Water, Microplastics, Safe Drinking Water Act, (SDWA)**

I. Historical Context

With the expansion of industrial manufacturing and public health infrastructure, access to clean drinking water has grown to be a cornerstone of American preventative medicine. However, as the presence of synthetic chemicals has steadily increased, medical and policy stakeholders have begun to reevaluate the current trajectory of water contamination in the United States.

The U.S. water safety framework has undergone a significant transformation over the last four decades. Prior to the April 2026 reforms, the Environmental Protection Agency (EPA) focused national drinking water regulations on individual toxins like lead, arsenic, and other volatile organic compounds. For a public water system following the standard Safe Drinking Water Act of 1974 (SDWA) protocols, the tracking mechanism was limited to a roster of individual chemical and microbial hazards. As long as the specific contaminants listed were not present in the water, distributors would fulfill the EPA's requirements. The act also directed the EPA to publish a list every five years detailing water system contaminants that are highly anticipated to be present in our water systems, but are not yet legally regulated.This starkly contrasts from the newly updated regulatory approach, which targets broad categories and variable groups of pollutants simultaneously. The draft includes 88 contaminants broken down into four chemical groups, 75 individual chemicals, and nine microbes. Policymakers refer to this expanded oversight as a major victory in modern regulatory science that addresses previously unmonitored threats.

The scientific consensus regarding environmental pollution is financially and operationally concerning. Studies tracking aquatic environments estimate that globally, individuals consume anywhere from 11,845 to 193,200 microplastics per year, with treated drinking water identified as a primary exposure source. This pervasive contamination is heavily accelerated by modern farming practices.

Research indicates that plastic-coated fertilizers, greenhouse covers, and silage films break down directly into agricultural fields. During heavy rainfall, agricultural runoff serves as a primary factor, carrying these polymer garments out of soil and washing them into surface water and groundwater systems that eventually feed back into municipal drinking water facilities.

Historically, the pre-MAHA (Make America Healthy Again) legislative policies fell short due to gaps in the structure of the SDWA framework, wording, and laboratory methods. Under the SDWA, the Contaminant Candidate List (CCL) required the EPA to evaluate threats as single, isolated chemicals. This structure missed microplastics because they are chemically heterogeneous, lacking a single chemical definition, shape, or uniform size. This meant that traditional regulatory tools designed for uniform, isolated molecules were completely incapable of tracking them. Furthermore, older policies had reactive triggers for complex materials, waiting for data on human casualty rather than acting on preventative cellular screening and other proactive measures.

The most recent shifts in federal policy, spearheaded by the joint EPA and Health and Human Services (HHS) April 2026 draft of the Sixth Contaminant Candidate List (CCL 6), have established a new public health precedent by listing microplastics and pharmaceuticals as entire priority contaminant groups. Medical experts suggest that regulating these compounds now is critical for youth health. Children consume more water per kilogram of body weight than adults, making them highly vulnerable to development-altering chemicals found in microplastics, namely endocrine-disruptants like phthalate and bisphenol A.

The historical expansion of the U.S. water contaminant watchlist highlights a critical intersection between environmental safety and shifting public health priorities. As the 2026 watchlist additions begin to go into effect, the history of U.S. water contamination policy provides essential context for navigating the current debates surrounding this issue.

II. Current Policy Changes/Effects

The EPA has taken a consistent degree of action regarding microplastics and pharmaceuticals in drinking water, even prior to both items' addition to the contaminant watchlist. Apart from the Safe Drinking Water Act (SDWA), the Clean Water Act of 1972 (CWA), requires the EPA to set nationwide standards for drinking water and regulate the discharge of water pollutants. The EPA also has a team of scientists that regularly collects data on microplastics and pharmaceuticals in drinking water to monitor and research its health effects.

Though there have not been any recent, concrete policy changes regarding microplastics and pharmaceuticals in drinking water, this is subject to change. Recently, the EPA has made multiple modifications to the Drinking Water Contaminant Candidate List (CCL), including the addition of microplastics and pharmaceuticals as noted chemical groups. The Contaminant Candidate List (CCL), details pollutants that, while not currently included in principal drinking water regulations, are very likely present in our public water systems. Contaminants listed on the CCL may require future regulation under the SDWA. If the current draft of the CCL is approved, the EPA will evaluate additional data on all of the CCL contaminants. Then, the EPA decides which contaminants have sufficient information to be evaluated against the three criteria listed in SDWA for making a regulatory determination. These criteria are as follows:

1. The degree of adverse effects that the contaminants can have on a person's health,
2. The frequency in appearance of the contaminant public drinking water systems to be a matter for concern,
3. The restriction of the contaminant will meaningfully reduce the health risk for those using public water systems.

With the emerging presence of both microplastics and pharmaceuticals within our water ecosystems, it is quite likely that they will pass the regulatory determination process, opening the door for the EPA to set maximum contaminant levels for both of them. However, poor enforcement and compliance monitoring, paired with the one-by-one examination process of the EPA, has meant that progress on creating such regulations has been slow and inadequate to face future health challenges. As a result, many states have opted to implement stricter regulations on certain contaminants, independent of the EPA. For example, 11 states have already set limits for certain Per- and Polyfluoroalkyl Substances, known as PFAS, in public water systems. Other states have adopted health advisories or notification levels. This helps states ensure the quality of local water systems when federal regulations fail to do so.

Regardless, federal measures regarding nationwide wellbeing are still important. Knowing this, the U.S. Department of Health and Human Services (HHS) announced the Systematic Targeting Of MicroPlastics program (STOMP), a nationwide $144 million program to create the definitive toolbox for measuring, researching, and affordably removing microplastics and nanoplastics (MNPs) in the human body. It is hoped that through this program researchers can achieve a better understanding of the health impact of microplastics and develop innovative solutions to minimise their consumption.

III. Perceived Benefits

Microplastics are associated with a range of chronic diseases. Chemicals from plastics are associated with metabolic conditions, neurodevelopmental disorders, and reproductive issues. Microplastics can also increase the permeability of the gastrointestinal lining, leading to systemic inflammation, which contributes to metabolic disease and impaired liver function. Despite their connection, researchers caution that a causal relationship between microplastics and disease processes has not been made. To study this, researchers would require longitudinal cohort studies and standardized biomarkers.

Schools can benefit from cleaner water monitoring programs. Hydration is critical to child development, and even mild dehydration can cause memory problems and reduced attention. Prior efforts to provide cleaner water to schools have shown positive impact. Colorado's Test and Fix Water for Kids Program tested ~97% of 1,552 schools and childcare sites by late 2024, which reduced lead exposure for approximately 600,000 children; another state helped 360 schools replace contaminated fixtures. Regular, repeated testing is the only reliable method to catch problems early.

Traditional drinking-water treatment plants typically remove 70–90% of microplastics. Achieving a greater microplastic filtration rate requires technological innovation. Recently, 18 year old Mia Heller developed a filtration system that was able to remove 95.5% of microplastics without using disposable membranes. Instead her system uses ferrofluid, a magnetic liquid that binds to plastic particles and can be recovered and reused. At scale, ferrofluid remains expensive, and

pollution-free disposal of captured microplastics remains a challenge.

Reducing microplastics in water would especially benefit communities closest to contamination sites. Low income, rural, and indigenous populations are more likely to live downstream from industrial sites or landfills, and more likely to have older, poorly maintained water infrastructure. Moreover, they tend to have more fish-heavy diets, providing another avenue of microplastics exposure. Minority communities, who already have a greater distrust of the safety of their drinking water compared to the white population, rely on bottled water for drinking, even though bottled water is not necessarily safer. This adds a large financial burden on these communities as well as a large environmental burden on the environment, both of which could be alleviated by improving water safety.

Judging the safety of water is difficult because contaminants are often microscopic, odorless, and colorless. Moreover, the general public are often unaware of water safety standards or the organizations responsible for addressing water safety. Encouraging clear, consistent transparency in monitoring systems would be impactful in building public trust. Surveys show that respondents who remembered receiving recent communication from water utilities were three times more likely to say the safety of their water supply has gotten better over the past five years.

Regulation also tends to encourage market development. When the EPA first put PFAS chemicals on its watch list, new detection tools and treatment technologies emerged on the domestic market. Some US filtration devices that meet the new EPA standards for microplastic reduction have already been developed. If an official federal limit is set for microplastics in drinking water, this could provide the clarity needed to spur further filtration system development in the US. A similar pattern is appearing for pharmaceutical companies, with the EPA's publication of 374 pharmaceutical compounds found in drinking water pushing the industry to innovate additional filtration systems.

IV. Potential Drawbacks

The inclusion of microplastics and pharmaceuticals by the EPA to the Contaminant Candidate List (CCL 6) may form new compliance burdens. Furthermore, despite the prioritization of the list of contaminants on the CCL, there is still a lack of comprehensive regulation imposed on water systems for these contaminants. This regulatory uncertainty adds significant pressure on local governments and utilities providers.

A major drawback to regulatory uncertainty is its financial cost. Unclear regulation leaves local governments to invest in sampling, laboratory testing, staff training, and treatment upgrades without a clear understanding of the anticipated federal standards. Environmental regulations are often unfunded mandates, which means an increase in regulatory costs typically leads to an increase in local taxes, a burden that could hit lower-income communities the hardest.

Another drawback that can prove difficult is implementation, which could have unequal success across districts and communities. The implementation could include more financial or technical requirements. For municipal systems, who already manage bacteria, lead, PFAS, and other contaminants, another layer of monitoring without federal financial support could overwhelm their capabilities. In practice, certain low-resource areas are, in particular, unable to fully adopt detection technology or filtration upgrades without state or federal assistance, which could create significant delays.

Additionally, concerns about administrative overload are raised when considering new regulations. This is because the CCL process requires focus on possible future contaminants, thus removing needed attention to present environmental issues. The EPA's own framing suggests that the list, rather than being a completed solution, is the first step to a better understanding of future risks, meaning the CCL often raises regulatory expectations faster than it delivers tangible, direct protection.

Obstacles to implementation can also come in the form of legal challenges. For example, when the EPA moves toward enforceable standards, industry groups—comprised of plastic manufacturers and pharmaceutical companies— use public comments and litigation to hinder future rulemaking. Legal challenges like these are designed to delay final CCL-related action and extend the uncertainty of water systems that want to plan ahead.

V. Future Policy/Outlook

The implications of the EPA's addition of microplastics and pharmaceuticals to its drinking water contaminant watchlist are undoubtedly going to transform the priorities of future public health decisions. The designation of microplastics and pharmaceuticals as drinking water contaminants is simply the first step in developing a pathway towards proper water legislation. This section of the brief will outline the potential details of this pathway in order to illuminate how the EPA's drinking water contaminant watchlist is utilized, as well as how public health can be adequately protected through those utilizations.

A. *Regulations*

Current water policy enacted in conjunction with the EPA addresses drinking water sanitization by establishing legal definitions and facilitating action. Fulfilling this role, regulations for contaminants that are legally enforceable include the EPA's National Primary Drinking Regulations, a set of primary standards and treatment methods that are incorporated into public water systems. Taken directly from the EPA's website, these standards and treatments "protect public health by limiting the levels of contaminants in drinking water." Microplastics and pharmaceuticals have yet to be incorporated into these regulations, as adding them to the aforementioned watchlist is only the first step of further research. The addition would accelerate research on health effects, polymers, and drug compound specifics such as antibiotics or hormones that will inform future regulatory legislation. However, these future decisions depend heavily on whether the EPA is able to prove that specific types of microplastics and pharmaceuticals cause significant harm at detectable levels in our public water systems. Latham & Watkins LLP, an Environment, Land & Resources Practice that legally advises administrative proceedings, legislative matters, and much more, details the questions that the EPA are seeking to answer regarding microplastics in order to move to the next stage of regulation. Questions include what microplastics are most associated with adverse health effects, how entities should test for microplastics, what can be done about microplastics in certain mixtures, and where microplastics actually come from. Latham & Watkins also asserts that potentially significant data gaps identified by the EPA could suggest a "relatively long timeline until EPA would have sufficient data to evaluate whether to impose drinking controls for particular microplastic compounds and sources."

B. *Infrastructure & Systemic Changes*

The EPA has used a similar regulatory process before with PFAS. When PFAS were first added to the CCL in 2008, it seemed minor at the

time, but over the next sixteen years, that listing lead to increased scientific research, nationwide monitoring requirements, EPA health advisories, enforceable drinking water standards such as Maximum Contaminant Levels (MCLs), and billions of dollars in lawsuits and compliance costs for industries dealing in these contaminants. It directly led to the establishment of the National Primary Drinking Regulations in April of 2024. Based on this precedent, the addition of microplastics and pharmaceuticals to the water contaminant watchlist could follow a similar path, even if truly systemically enforceable legislation and regulation could still be years away. For pharmaceuticals, the EPA has been studying them in drinking water since 2012. The agency recently released screen-level health benchmarks for 374 pharmaceutical compounds. This signals that the EPA is building the scientific groundwork that could later support proper regulation. For microplastics, public concern is rapidly increasing because numerous studies have detected microplastics in drinking water, food, and even human bodies. This led a coalition of governors from Connecticut, Delaware, Illinois, Maryland, Michigan, New Jersey, and Wisconsin who all petitioned the EPA to include microplastics in their Unregulated Contaminant Monitoring Rule (UCMR 6) in late 2025. Because of this, the EPA is measuring whether to include these contaminants in the next UCMR cycle, spanning from 2027 to 2031, therefore mandating nationwide monitoring of our water systems. This shows how political pressure and importance is growing, especially with the "Make America Healthy Again" (MAHA) movement increasing attention on environmental and public health risks. All of the current pressure on the EPA, as well as their current response to the issue in adding microplastics and pharmaceuticals to their watchlist, could lead to an accelerated rate of action towards the structural and systemic ways in which we police our water systems.

C. Stakeholders & Strategies

Industry groups such as the American Chemistry Council are not outright opposing research as precedent would suggest; instead, they are pushing for standardized testing methods, clearer definitions of microplastics, stronger scientific evidence, and coordinated federal research before actual regulation occurs. In April of 2026, the ACC released a statement emphasizing that any monitoring programs, such as ones sponsored by the EPA, must address hurdles such as developing consistent and nationwide sampling of water systems as well as strengthening the capacity of our laboratories to handle these samples. The ACC has also continually asked Congress to pass the Plastic Health Research Act (PHRA) in order to "establish a coordinated federal agency approach to microplastics research and support sound science-based policymaking." This would potentially establish guidelines to the development of policy and regulation, rather than jumping to regulation based on constantly evolving data that has been criticized for being largely unreliable. However, despite their critical approach, the ACC also states that they "stand ready to share their expertise with EPA and HHS as this work moves forward." Their input could set the stage for not only better enforcement methods, but also a more appealing industry view of regulating microplastics and pharmaceuticals; this development could potentially set the stage for increased collaboration across all sectors, private and public, in tackling the proposed presences of these contaminants, and improving public health overall.

To conclude, the most likely immediate step toward future EPA policy is expanded federal monitoring of microplastics and pharmaceuticals in public water systems through programs like UCMR, helping the EPA gather more occurrence data on both contaminants. The

EPA could continue funding toxicology studies and developing health benchmarks in order to determine what concentrations may be dangerous, which compounds are most harmful, and how exposure affects humans long term. If the evidence strengthens over time, the EPA could potentially create enforceable, national drinking water standards similar to what happened with PFAS. While the CCL listing is an early-stage step, it has often marked the beginning of much larger regulatory and legal consequences. Through the addition of microplastics and pharmaceuticals to their water contaminant watch list, the EPA is signaling that microplastics and pharmaceuticals are becoming emerging priorities in drinking water policy, even if enforceable rules could still be many years away.

VI. Acknowledgement

The Institute for Youth in Policy wishes to acknowledge Sarah Hutchison for editing this policy brief.

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