

# Frequently Asked Questions on Connecticut bills relating to Medical Waste Incineration

by [Energy Justice Network](#) and [Bristol Residents for Clean Air](#)

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## 1. Does medical waste have to be burned?

No. No states require medical waste in general to be incinerated. Approximately five states require subsets of medical waste be incinerated: chemotherapeutic or pathological waste. These are typically less than 1% of the medical waste stream. In this region, Connecticut state [regulations](#) require that chemotherapeutic waste be incinerated, and Vermont state [regulations](#) require that pathological waste be incinerated. Connecticut is one of three states that requires chemotherapy waste to be incinerated. Safer, non-burn, alternatives exist for both waste streams.

Incineration is one of many options to process medical waste, including autoclaving, alkaline hydrolysis, and chemical deactivation. As safer treatment technologies have been adopted, the number of medical waste incinerators has [fallen dramatically](#), from over 6,200 in the U.S. in 1988 to approximately 20 today.

In addition to harm reduction in waste processing, a range of strategies have been developed to reduce the production of medical waste. These include source reduction, disinfection and reuse, waste segregation, recycling, and composting.

### Source Reduction

- Use of durable and reusable medical supplies instead of single-use items. This includes replacing single-use textiles, gowns, and linens with washable alternatives; using reusable sharps containers to reduce plastic waste; and reprocessing programs for select single-use medical devices.
- Reduce unnecessary packaging for medical products.
- Implement digital recordkeeping and electronic prescriptions to limit paper waste.
- Optimize inventory management to prevent excess supplies from expiring.

### Waste Segregation and Proper Disposal

- Ensure hazardous and non-hazardous waste streams are properly separated.
- Utilize color-coded bins and clear labeling to improve waste sorting.
- Establish recycling programs for non-contaminated plastics, paper, and metals.

### Reusable and Reprocessable Items Training and Policy Implementation

- Provide staff training on best practices for waste minimization and segregation.
- Develop standardized protocols to reduce unnecessary waste generation.
- Adopt sustainable procurement policies favoring long-lasting, low-toxicity materials.

## 2. Is a medical waste incinerator necessary for Connecticut's medical waste?

Connecticut produces an estimated 37,800 tons of medical waste per year. A small fraction of that (1-5%) is chemotherapy waste that is required by state law to be incinerated, totalling 378-1,890 tons/year. Reworld's permit would allow the incinerator to burn up to 20,805 tons/year of medical waste, which is 11-55 times more than what state law requires to be burned.

### **3. Does medical waste need to be autoclaved before burning?**

Once medical waste is treated for its infection risk (typically through autoclaving), medical waste is classified as normal municipal solid waste (MSW) and can be incinerated or landfilled in any normal landfill or incinerator permitted to accept MSW. To burn *untreated* medical waste, a special permit is required, which is the permit that Reworld has been seeking for their Bristol, CT incinerator since at least 2018.

### **4. Will medical waste displace other waste at Reworld Bristol's incinerator?**

Reworld's [testimony](#) on SB 80 states: "The permit change will allow Reworld to manage medical waste in place of regular municipal solid waste, with no more than 8 percent of the facility's existing waste processing capacity being utilized for this nonhazardous biomedical material." According to this testimony, biomedical waste will displace municipal solid waste.

CT DEEP documents indicate that all large incinerators in Connecticut are effectively operating at capacity. Since the closure of the MIRA incinerator in Hartford, the state faces an in-state shortfall in waste disposal capacity and is now exporting large volumes of waste to other states.

Medical waste is a lucrative business and can be expected to displace other, less profitable waste streams. There are no commercial medical waste incinerators northeast of Baltimore, Maryland, so approval to burn biomedical waste in Bristol can be expected to result in Connecticut importing biomedical waste from out-of-state – even though Connecticut faces a waste capacity shortfall and is exporting less dangerous waste to other states.

### **5. Can a state ban medical waste incineration?**

Yes. [Rhode Island](#) banned medical waste incineration with the passage of [HB 5923 of 2021](#). Delaware [banned](#) solid waste incineration, including medical waste incineration with the passage of [SB 280](#) in 2000. Connecticut can do the same.

### **6. Are Connecticut's regulations more stringent than federal regulations?**

No. Federal (EPA) regulations set a "floor" but not a "ceiling" for states, meaning that states may adopt regulations that are more stringent, but not less stringent, than the federal government.

The EPA has taken issue with provisions in Connecticut regulations that fall short of the minimum standards required by the Clean Air Act. In 2023, DEEP initiated a process to make its regulations more stringent to be consistent with federal regulation.

DEEP is not proposing any changes to emissions limits in exchange for approval of medical waste incineration at the Reworld Bristol facility. The emissions limits at the facility are nearly identical to EPA's 2006 emissions limits for large municipal solid waste incinerators.<sup>1</sup> These limits are much more lax than EPA's limits for medical waste incinerators, permitting up to 20 times more toxic emissions, depending on the pollutant.

## 7. Is there a 10% maximum on medical waste burning at trash incinerators?

No. EPA's medical waste incinerator regulations unfortunately contain exemptions that allow certain types of facilities to burn medical waste without having to follow the more protective standards that limit emissions from medical waste incinerators. States are allowed to set more protective standards and can close these loopholes.

These [loopholes](#) include:

- **Co-fired combustors:** A 10% maximum applies to facilities that primarily burn something other than waste, such as coal power plants, and wish to mix in medical waste. Under federal regulations, such "co-fired" facilities may burn up to 10% medical waste without having to follow the more stringent medical waste incinerator standards.
- **Trash incinerators:** Municipal solid waste combustors (trash incinerators) such as Reworld Bristol may burn any percentage of medical waste without having to follow the medical waste incinerator standards. Under this loophole, which has been confirmed with EPA, emissions standards do not depend on what an incinerator burns, but how it was initially classified; thus an incinerator such as Reworld Bristol could burn up to 100% medical waste without having to follow the more stringent medical waste emissions limits because the incinerator was initially classified as a municipal solid waste incinerator.

DEEP has indicated that, because Reworld requested to burn 8% medical waste at their Bristol incinerator, their permit is stricter than the federal maximum of 10%. However, this confuses the 10% exemption for co-firing facilities with the blanket exemption for trash incinerators. Limiting the percentage of medical waste burned does not mean that permitted emissions limits are being lowered. They are not.

Applying the federal regulations for new medical waste incinerators to the Reworld Bristol incinerator would reduce the permit limits for the emissions of most pollutants by 69 to 99.8%.

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<sup>1</sup> The sole exception is a marginally lower nitrogen oxides emission limit at one of the two burners at the Bristol incinerator. This lower limit was enacted in order to test out new equipment and remains in place.

DEEP's recommendation is to treat Reworld Bristol as a municipal solid waste incinerator with far weaker standards than what would be applied if they were held to the stronger federal emissions limits for new medical waste incinerators.

See the [exemptions relating to co-firing and trash incinerators in the federal medical waste incinerator regulations](#).

**8. Do federal emissions limits differ based on incinerator type?**

Yes, EPA regulations set different limits for municipal solid waste incinerators and medical waste incinerators. Emission limits for air pollutants, especially of the most toxic chemicals, are much lower (more protective) for medical waste incinerators than for municipal solid waste incinerators.

| <b>Pollutant</b>                              | <b>Reworld Bristol Permit Limits Issued by DEEP</b><br>(Based on 2006 Federal regulations for existing large trash incinerators) | <b>Large New Medical Waste Incinerators</b><br>(Federal regulations) | <b>Reduction</b> |
|---|--|--|------------------|
| Cadmium ( $\mu\text{g}/\text{m}^3$ )          | 35   | 0.13   | 99.6%            |
| Lead ( $\mu\text{g}/\text{m}^3$ )             | 400  | 0.69   | 99.8%            |
| Mercury ( $\mu\text{g}/\text{m}^3$ )          | 28   | 1.3  | 95%              |
| Particulate Matter ( $\text{mg}/\text{m}^3$ ) | 25   | 18   | 28%              |
| Dioxins/Furans ( $\text{ng}/\text{m}^3$ )     | 30   | 9.3  | 69%              |
| Hydrochloric Acid (ppm)                       | 29   | 5.1  | 82%              |
| Sulfur Dioxide (ppm)                          | 29   | 8.1  | 72%              |
| Nitrogen Oxides (ppm)                         | 120 (Unit 1) / 150 (Unit 2)  | 140  | -17% / 7%        |
| Carbon Monoxide (ppm)                         | 100  | 11   | 89%              |

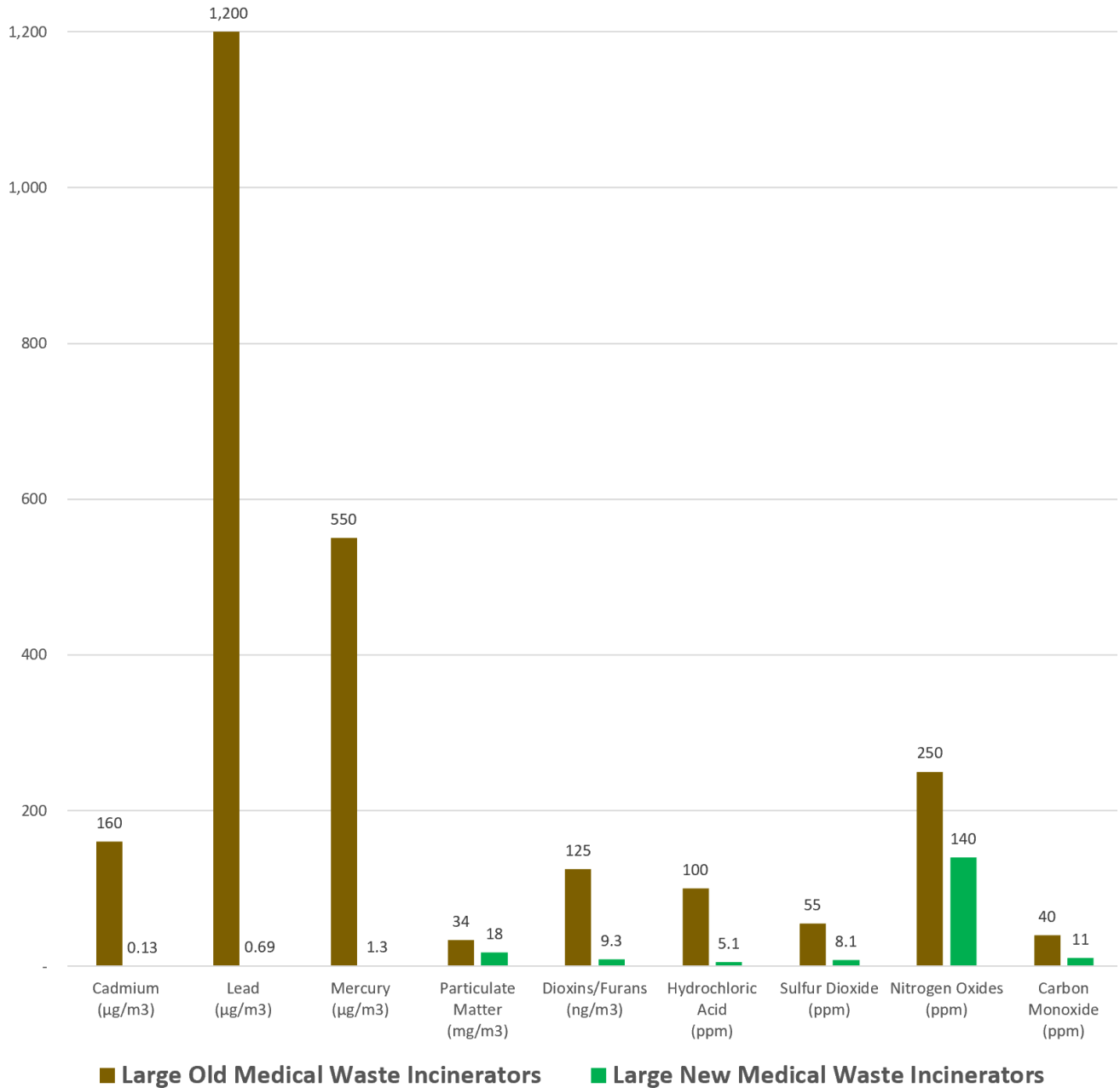
**9. Are the regulations different for existing incinerators vs. new ones?**

For both municipal solid waste (trash) and medical waste incinerators, there are less protective standards for existing facilities than for new or modified facilities.

For medical waste incinerators, the chart below compares federal emissions limits for older facilities where construction was commenced prior to 6/20/1996 (brown) to the emissions limits for new facilities which commenced operation since 12/1/2008 or were modified after 4/6/2010 (green).

Reworld Bristol's facility went online as a trash incinerator in 1987. Since Reworld Bristol will have to be modified to burn medical waste, legislation to tighten emissions limits should refer to the federal standards for a new or newly modified medical waste incinerator as cited in the answer to the next question.

### Old vs. New Medical Waste Incinerator Emissions Limits



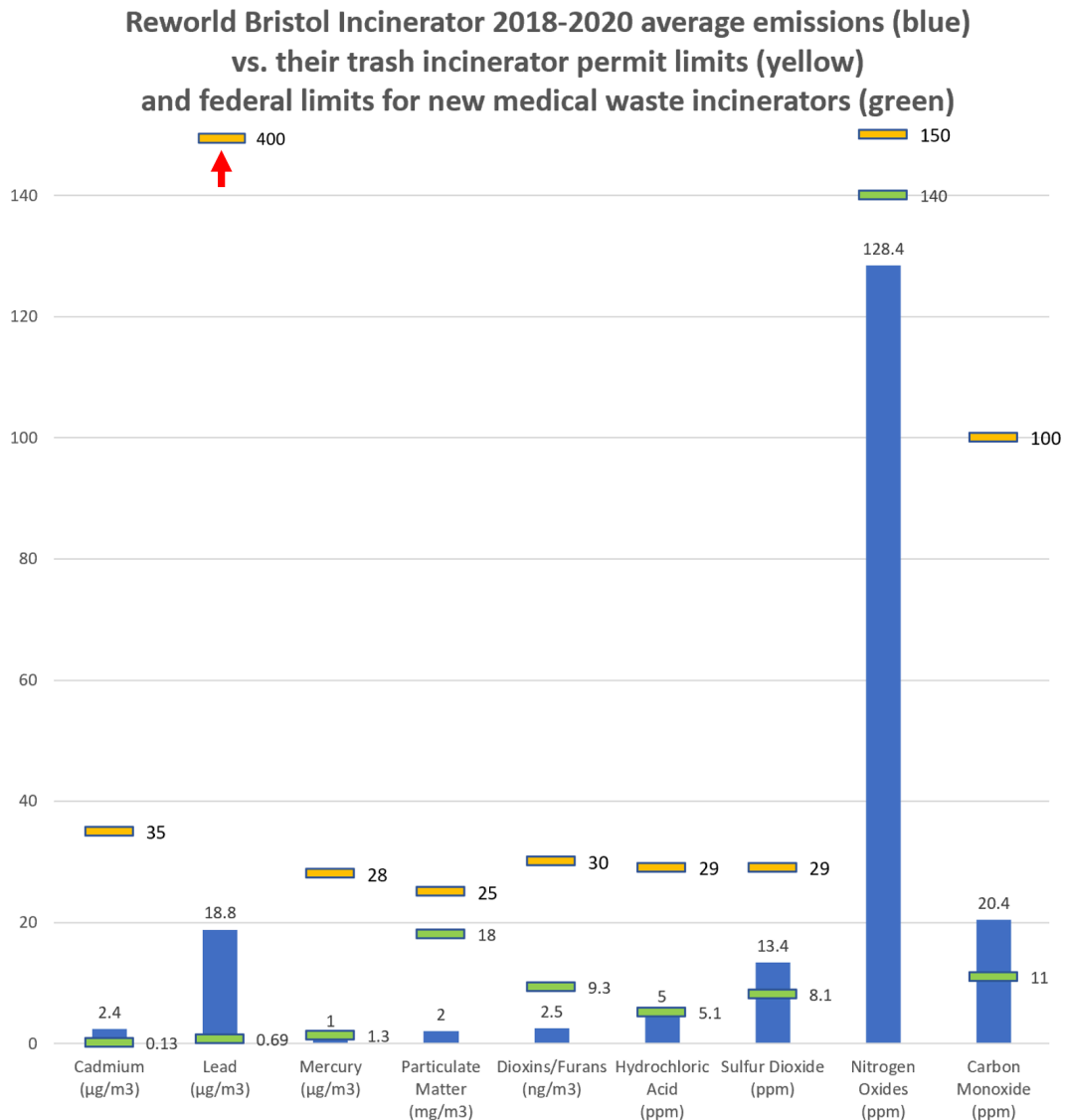
**10. How do we pass a bill that closes the loopholes and makes sure that medical waste is burned under appropriate standards?**

Carefully review the [testimony](#) by Mike Ewall at Energy Justice Network for details.

**Any bill should explicitly reference the standards in [40 CFR Part 60, Subpart Ec, Table 1B](#), titled “Emissions Limits for Small, Medium, and Large HMIWI at Affected Facilities as Defined in [§ 60.50c\(a\)\(3\) and \(4\)](#)” regardless of the exemptions such as [§ 60.50c\(e\)](#) (which exempts trash incinerators).**

**11. Can Reworld meet the standards for new medical waste incinerators?**

The chart below shows how close Reworld is to meeting these standards:



The emissions limits in Reworld Bristol's air permits from DEEP are in yellow. Note that the limit for lead is far off the chart, at 400 µg/m<sup>3</sup>. Also note that the nitrogen oxides (NO<sub>x</sub>) limit for one of the two burners is 120 ppm while the other is 150 ppm. The federal standards for new medical waste incinerators are the bars in green. Reworld Bristol's average reported emissions over the three year period of 2018-2020 are the blue bars. (Note that for dioxins, hydrochloric acid, particulate matter, and heavy metals, these figures reflect once-yearly tests rather than continuous monitoring through the year and could be significantly underestimated. Only the last three pollutants are continuously monitored.)

This chart shows that Reworld Bristol would not meet the standards for a new medical waste incinerator for cadmium, lead, sulfur dioxide, or carbon monoxide with their current operations. This incinerator is more than 27 times over the limit for lead and more than 18 times over the limit for cadmium. It is also 65% over the sulfur dioxide limit and 85% over the carbon monoxide limit. In addition, the incinerator is operating very close to the limits on mercury and hydrochloric acid and would likely be violating those limits much of the time unless the plant did more to reduce emissions and meet the medical waste incineration standard.

With improved operations and technology, Reworld could meet the standards for a medical waste incinerator. However, given the age of the Bristol incinerator, it is unclear whether Reworld would be willing to make the investments necessary to reach this level of performance.

A common business strategy is to pump as much money out of these aging facilities before they retire, by attracting more lucrative waste streams such as medical waste, which can fetch a per-ton price about seven times higher than the tipping fee for municipal solid waste.

## **12. What happens if the Trump administration waters down incinerator regulations?**

This concern is easily addressed by passing state legislation that specifies that any facility burning medical waste in Connecticut must follow the federal regulations for a new medical waste incinerator that were in effect as of 1/1/2025, or any newer federal regulations that may be more protective.

Connecticut has not adopted its own emissions limits but uses current (2006) federal emissions limits for trash incinerators. These regulations are required to be updated every five years, but EPA has not done so, and a federal court order required that they update (strengthen) the regulations on large municipal waste combustors like Reworld Bristol by December 2024. At the tail end of the Biden administration, that deadline was pushed back to December 2025. They could be further delayed by the Trump administration. If not delayed, they would not go into effect until around 2029.



If the Trump administration manages to weaken the federal incinerator regulations (in violation of the Clean Air Act and the federal court order), it would take a few years to do properly, then would be a few more years before it could be in effect, at which point a new administration would likely reverse it.

States may adopt standards that are more (but not less) stringent than federal regulations, and Connecticut DEEP would not be required to rewrite and weaken the emissions limits in their issued permits.

The concern that the Trump EPA could try to weaken standards is well founded, and would pave the way for incinerators in Connecticut to emit more pollution, exacerbating health risks and environmental impacts.

The new EPA Administrator, Lee Zeldin, previously served as congressional Representative for New York District 1. The League of Conservation Voters gave him a 14% lifetime score based on his votes, reflecting a general opposition to environmental legislation during his political career. Mr. Zeldin is on record having voted to:

- delay emissions limits for mercury, arsenic, and chromium from brick manufacturing facilities
- delay emissions limits for particulate matter, nitrogen oxides, volatile organic compounds (VOCs), and carcinogens including benzene and formaldehyde from wood stoves and boilers
- exempt coal power plants from emissions limits for hydrogen chloride and sulfur dioxide

On the other hand, Zeldin voted to halt the (first) Trump administration's attempt to undermine emissions limits for mercury and other toxic pollutants from power plants.

### **13. Is the state barred from changing emissions limits after a permit has been issued?**

No. Industrial emissions regulations are not like land use regulation, where a property owner has the right to continue a land use even when the zoning changes (a preexisting nonconforming use is "grandfathered").

Under the Clean Air Act, emissions limits are updated based on advances in science and technology. Within a certain timeframe, existing, permitted facilities must bring their operations into compliance with these new limits.

**14. Should stricter regulations apply to the burning of *untreated* medical waste as well?**

Treatment of medical waste, which sterilizes it, only eliminates infection risk. It does not eliminate the chemical risk. Sterilization kills pathogens (viruses and bacteria), but it does not remove chlorinated plastic, heavy metals, or PFAS. Treatment does not reduce the chemical risks posed to public health and the environment by the combustion of these materials.

Burning of treated medical waste is just as chemically dangerous as burning untreated medical waste, and could be more dangerous if the treatment involves addition of chlorine bleach solution. Chlorine, when burned, produces hydrochloric acid emissions and dioxins/furans, which are pollutants largely emitted by waste incinerators.

**15. Aren't emissions already continuously monitored?**

Following the minimum requirements, Reworld Bristol only continuously monitors three pollutants, and none of the toxic ones.

Continuously monitored:

Carbon monoxide (CO)  
Nitrogen oxides (NO<sub>x</sub>)  
Sulfur dioxide (SO<sub>2</sub>)

They also continuously monitor darkness of their emissions ("opacity") which is a proxy for particulate matter (PM) emissions, but is not a true measure of PM.

Various operating parameters (that are not pollutants) are also monitored continuously, like oxygen, temperature, steam load, and the rate of injection of activated carbon for pollution control.

Tested once per year:

Dioxins and furans (D/F)  
Particulate matter (PM)  
Hydrochloric acid (HCl)  
Toxic heavy metals: cadmium (Cd), lead (Pb), and mercury (Hg)  
Ammonia (NH<sub>3</sub>)

Tested once every five years:

Sulfuric acid (H<sub>2</sub>SO<sub>4</sub>)  
Total fluorides  
Polycyclic aromatic hydrocarbons (PAH)  
Ammonium (NH<sub>4</sub>)

Never tested:

Carbon dioxide (CO<sub>2</sub>)

Polychlorinated biphenyls (PCBs)

Per- and polyfluoroalkyl substances (PFAS)

Volatile Organic Compounds (VOCs)

Other heavy metals, such as arsenic, beryllium, chromium, manganese, nickel, selenium, and zinc.

Source: Part V.A.1, and Part VI in DEEP draft air permits for [Unit 1](#) and [Unit 2](#)

This minimal testing is based on the federal regulations for municipal waste combustors (trash incinerators) like Reworld Bristol, which only [require](#) continuous emissions monitoring of three pollutants: carbon monoxide (CO), nitrogen oxides (NO<sub>x</sub>), and sulfur dioxide (SO<sub>2</sub>). The regulations also require trash incinerators to continuously monitor oxygen (not a pollutant) or the greenhouse gas, carbon dioxide (CO<sub>2</sub>), and state-issued permits typically only require oxygen to be monitored. Also, the requirement to continuously monitor particulate matter is typically allowed to be measured only through monitoring opacity. Federal regulations do not require monitoring the most toxic emissions, including dioxins/furans, heavy metals, and PFAS, but they also do not prohibit states from requiring monitoring of these in state regulations. Equipment to continuously monitor dioxins and heavy metals is commercially available and is required to be used in Oregon and the European Union.

**16. Do federal medical waste incineration regulations require continuous emissions monitoring of additional pollutants?**

No. Federal regulations for medical waste incinerators allow additional toxic pollutants to be monitored on a continuous basis, but do not require it.

**17. Why is continuous emissions monitoring important?**

Testing just once per year underestimates actual emissions and allows companies to game the system.

If we regulated car drivers the way we monitor most incinerator emissions, motorists would be allowed to drive all year with no speedometer. Once a year, a speed trap would be set on the highway with signs warning “slow down... speed trap ahead,” and a friend of the driver would be running the speed trap, as companies choose who to hire to do their testing. Without continuous monitoring, incinerators can “speed” the 364 days of the year when no one is looking. Reworld (then Covanta) has been known to rig their emissions testing. They were [fined](#) by the Connecticut Attorney General in 1994 for tampering with their continuous emissions monitors to pass an audit, and in more recent years,

we know that they have collected cleaner-burning waste (like cardboard) to use in their annual stack test at some of their other facilities.

At Reworld Delaware Valley, the nation's largest waste incinerator, located in Chester, PA, they continuously monitor hydrochloric acid (HCl) emissions. This data shows that HCl emissions are 62% higher than annual stack tests show. At incinerators in Europe, studies using continuous sampling have found that air emissions of the most toxic chemicals known to science – dioxins and furans – are 30 to 1,300 times higher than annual stack tests show.

### **18. Do federal regulations require continuous monitoring?**

Federal regulations only require continuous monitoring of carbon monoxide, nitrogen oxides, sulfur dioxide, and opacity.

Federal emissions standards for municipal solid waste incinerators are supposed to be updated every five years, but the latest standards – which currently apply to Reworld's Bristol incinerator and which DEEP proposes to apply, unmodified, for the burning of medical waste – have not been updated since 2006. Consequently, the standards do not reflect more recent developments in epidemiological science or testing technology. Continuous monitoring or sampling systems are commercially available from several vendors and can track a large range of toxic pollutants, including dioxins/furans and heavy metals.

Oregon now requires continuous monitoring/sampling of dioxins/furans and heavy metals at all trash incinerators. The European Union also requires continuous sampling of dioxins/furans at all incinerators.

### **19. Is Oregon a good model for continuous monitoring?**

In 2023, Oregon enacted SB 488. This law requires that trash incinerators in the state continuously monitor emissions for nine toxic metals and continuously sample for dioxins/furans and PCBs.

Newer legislation on continuous monitoring has been introduced in Hawaii ([HB 1258](#) / [SB 1302](#)). These bills improve on the Oregon law by providing a more thorough and accurate list of chemicals to monitor, plus important additional detail on how continuous monitoring/sampling and data disclosure should be carried out.

### **20. Is it adequate to “require PFAS testing?”**

Without greater specificity, no. It is unclear how such language would be applied by regulators or interpreted by courts. Ambiguity should be cleared up before enacting any bill into law.

At a minimum, any requirements to test for PFAS should address:

- Which PFAS/PFOA are to be measured?
- Where is the test conducted? Stack emissions? Ash?
- How frequent is the testing?
  - For air, is it continuous monitoring/sampling? Or quarterly or annual stack tests? We're not aware of any continuous monitoring technology in use for PFAS yet, though EPA has documented a test method ([OTM-45](#)) for air testing of PFAS.
  - For ash, is it more than the current quarterly testing requirement? Is it for fly ash, bottom ash or combined ash? Is it testing the ash contents, or just what leaches out under a certain pH, as the current TCLP test requires?
- Is the data intended to be used for enforcement? If so, what should the limits be?
- How will violations be reported and corrected?
- How will data be made available to the public?

## **21. Do incinerators produce renewable energy?**

No. In fact, incinerators release 65% more greenhouse gas emissions per unit of energy generated than the next least climate-friendly energy source, coal-fired power plants.

Despite this, Connecticut law treats waste incinerator electricity as “renewable” propping it up through the state’s Renewable Portfolio Standard (RPS), which requires that 4% of the state’s electricity be sourced from trash incinerators. This subsidy undermines progress towards the state’s climate goals and adds cost to residents’ power bills.

Medical waste disproportionately consists of plastics, which are made from oil. While natural gas and oil are excluded from the state’s RPS, plastics are not. Reworld stands to receive renewable energy subsidies for the burning of petroleum in the form of biomedical waste.

## **22. What will happen if the state puts a moratorium on new medical waste burning permits until comprehensive public health and environmental impact studies are done to assess risks associated with medical waste burning?**

A moratorium will have no impact if permits have already been issued, unless the bill explicitly applies to any burning of medical waste, regardless of when permits are/were issued.

Agencies like DEEP and DPH do not have the expertise to assess health risks from medical waste incineration. DEEP has engineers who can tell if a facility is

meeting regulatory requirements but does not have the expertise or resources to conduct such an assessment. DPH has public health experts in various fields, but would not be able to fully assess health risks of a complex mixture of chemical pollutants because of a lack of scientific data on the cumulative impacts of chemical mixtures. There is also inadequate data available on what the exposures could be, due to a history of inadequate monitoring at incinerators and other industrial facilities where the most toxic chemicals released from waste incineration (dioxins) are underestimated by as much as 1,300 times due to a failure to continuously sample those emissions. Also, most risk assessment studies look at air emissions and fail to assess ingestion pathways – which are critical because 93% of exposure to dioxins/furans is through eating meat and dairy products because they rapidly climb up the food chain. Similarly, mercury and PCBs also accumulate in fatty tissue and expose people through their diet, which studies like this typically ignore.

Consultants typically hired to do health risk assessments are accustomed to putting out reports that never find unacceptable health risks. Former U.S. EPA Administrator, William Ruckelshaus once stated:

*“We should remember that risk assessment can be likened to the captured spy: if you torture it long enough, it will tell you anything you want to know.”*

It would be highly unusual for any consultant to come back and find an unacceptable health risk from medical waste incineration, especially if hired by agencies that reflexively do not seem to find any problem with large-scale incineration of trash, tires, medical waste, and other solid wastes. At best, this sort of policy-making would just buy a 1-2 year delay before Connecticut becomes home to one of the nation’s largest medical waste incinerators.

### **23. Can we ask DEEP and DPH to come up with appropriate standards for medical waste incineration?**

DEEP has not shown interest in revisiting incinerator standards. Indeed, when, in 2023, EPA identified deficiencies in DEEP’s regulation of incinerators and initiated a process to make DEEP to address them, DEEP sent a letter to EPA pushing back. DEEP has not addressed any of EPA’s concerns.

Given the health impacts of air and noise pollution, DPH arguably should have a role in the regulatory and permitting process. DPH currently has no role. However, it is not clear that there is a need for Connecticut to develop its own standards when EPA has already developed standards for medical waste incinerators through an extensive rulemaking process that factored in health and environment impacts, technical feasibility, and economic viability.

Similarly, other states, such as Rhode Island and Oregon, have enacted legislation that can serve as a model for Connecticut.

EPA's medical waste incinerator standards and laws from other states can spare Connecticut from having to reinvent the wheel.

**24. Is it helpful to call for public hearings to inform the development of new health and safety standards?**

DEEP already held public hearings and heard detailed testimony on the proposed medical waste incineration permits for Reworld Bristol. Despite widespread public concern – including opposition from neighboring communities, negative press coverage, and over 600 letters objecting to the proposal – and the raising of numerous, substantive environmental, health, and legal issues, DEEP has recommended approving the draft permits with NO changes.

At present, DEEP has not requested additional opportunity for public comment, nor has it given any indications that it would come to a different recommendation if another hearing process were held.

DEEP permits and regulations are based on state law, so if the public wants DEEP to come to different conclusions, state law needs to change – which is the job of legislators.

**25. Can a permit be renewed, or a new permit issued, to a facility with outstanding violations?**

Yes. While a motorist may not be able to re-register their car under Connecticut state law if they have not passed emissions tests, no such requirements currently apply to incinerators in the state. In fact, CT DEEP is currently recommending renewal of Reworld Bristol's air permits and issuance of a new waste permit for medical waste despite ongoing permit violations regarding the exceedance of noise pollution controls in the air permits.

Connecticut law could be changed so that new permits and permit renewals cannot be issued if a facility has outstanding violations, unless the permit is for monitoring, emissions control upgrades, or to facilitate correction of ongoing violations. The details of this would need to be worked out to ensure that corrections are lasting, and violations do not recur.

Any such legislation should specify which types of violations are relevant (all? just ones that impact emissions?) and should specify a time frame over which no violations have occurred, such as requiring no violations in the previous three year period prior to issuance of a permit. Otherwise, an agency is likely to deem any new violation quickly resolved in most cases, and then the applicant is deemed to have a clean record, even if violations keep occurring but are resolved each time.