

Senate Local Government & Housing

03/09/2023 Upon Adjournment

SB23-148 Illegal Drug Laboratory Property & Certification

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Eric Herrera  For  themselves	<p data-bbox="565 506 1453 730">Thank you Madam Chair, members of the committee, my name is Eric Herrera. I am representing myself and my wife Jennifer Herrera who couldn't be here today. I would like to thank Senator Cutter for working with us to bring forward this important bill. On March 21, 2020, our family moved into what we thought was our dream home in a neighborhood in Littleton, Colorado.</p> <p data-bbox="565 821 1453 1234">A week after moving into the house, I came across some drug paraphernalia in the backyard and again in the attic over the garage. After having conversations with neighbors, and finding additional concerning evidence, we had a test performed in the house on April 2, 2020. The test came back showing levels above the safe limit for meth residue. The areas of the home that were contaminated were the garage, laundry room and HVAC system. Due to these results, the house was condemned for occupancy by the county and state. We were required to quickly leave the home we had moved into only three weeks before and our family was made to be homeless at the beginning of the stay at home order from the pandemic.</p> <p data-bbox="565 1325 1464 1696">The house was remediated in June of 2020. Another test was performed in August of 2020 and the contaminated areas passed the legal standards. Once we got clearance we listed the house to sell. In our listing we disclosed that the house had previous meth contamination and we had lab results available for the future home buyers to see the new results of the testing. The reason we disclosed this information is that we did not want any new owner to go through the experience we went through and finding out from neighbors what had happened regarding the meth contamination. We wanted them to be aware of a chemical toxin that had once contaminated the home.</p> <p data-bbox="565 1787 1453 1925">We did have an offer after a month of being on the market in October of 2020. The new buyers wanted to perform their own meth test in the areas that had previously failed the original test. They knew the results of the new test after remediation, but they still wanted a peace of mind.</p>

	<p>Unfortunately, their test came back with levels higher than the legal standards in the garage even after the area had been cleaned and retested to be safe! They decided to still purchase the home after negotiating a lower purchase price.</p> <p>This proves that the testing is subjective and that the meth contamination can still exist in the area even after cleaning.</p> <p>I am ready to answer any question you may have in regards to my testimony.</p>
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**RE: Senate Bill 23-148**

Written Testimony: Meth Contamination in Colorado Homes is Very Common

Norris Minick, Retired Real Estate Broker, Ph.D. ( [norrisminick@gmail.com](mailto:norrisminick@gmail.com): 720-839-4801)

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I write in support of Senate Bill 23-148 because I believe it is likely to: (1) improve the quality and reliability of testing and remediation of meth contaminated properties and, (2) increase public access to information regarding meth contaminated properties.

More specifically, I write to ensure that committee members are aware that meth contamination in Colorado's residential properties is not rare, but common, creating substantial health risks and financial risks for Colorado citizens. This justifies reasonable expenditures of time, effort and money to improve related statutes and regulations, and increase public awareness regarding the risks of purchasing, or living in, a meth contaminated home.

I will begin by stating that our data suggest that:

1. 16,000 Colorado home buyers purchase meth contaminated properties annually.
2. 4,000 to 5,000 of these homes are likely contaminated in excess of state standards.
3. 288,000 residential properties in Colorado are probably contaminated with meth.
4. 75,000 to 85,000 of these homes are likely contaminated in excess of state standards.

I retired recently but worked as a real estate broker in Colorado from 1992 through 2022, representing buyers with their home purchases. I opened my own 2-4 agent office in in 2005. In 2010, we learned through a newspaper article that meth was probably smoked in a modest, 1700 square foot tri-level, that a client had under contract. We paid to have the property tested by an industrial hygienist who was certified by the state for meth testing. He found contamination levels at slightly over the state standards. The owner paid \$26,000 to clean and retest the property, roughly 15% of the home's value at the time.

Over the next few years, we worked with two certified industrial hygienists to develop an "affordable" (\$425 to \$500) screening test for meth contamination. This screening was based on the same sampling techniques and labs used in the testing protocol approved at that time by the state. We made our screening test affordable (1) by reducing number of samples taken and processed by the lab, and, (2) by reducing reporting requirements. Once we began sharing the cost of testing with our clients, nearly all clients tested as part of the inspection process.

From 2013 to 2022, 97% of the residential properties our clients put under contract were tested for meth contamination. These homes ranged from low end condos to houses priced at over a million dollars, from homes built in 1900 to new-builds, and homes located from Arvada to Loveland, Thornton to Johnstown. Neither our general inspectors, nor the experienced

industrial hygienists testing these properties, noted any visible signs of drug use or manufacture in these homes.

From 2013 through 2022, we tested 288 homes, of which 46 (16%) tested positive for meth contamination, about 1 in 6 of the homes tested. Thirty-three of these homes (72%) were re-tested using the state's gold standard testing protocol (i.e., the "Preliminary Assessment"). This testing confirmed meth contamination in 80% of the homes. All the homes that tested positive in our screenings, but negative the Preliminary Assessment, were well below state standards on the screening test. In fact, 5 of the 7 showed only trace levels in our screening tests, levels less than 1/10<sup>th</sup> the state standard..

Of the 46 properties that tested positive based with our screenings, the high sample for 12 (26%) was over the state standard. Of the 33 that were followed up with a Preliminary Assessment, the high sample for 10 (30%) was over the state standard. Of these 10 homes, 5 had at least one sample at more than 20 times the state standard. The high samples for the two most contaminated homes were 364 times the standard and 9300 times the standard. Most homes that test over the state standard cost \$15,000 to \$30,000 for mitigation and retesting. Based on reports from the listing agents involved, the owners of the two worst homes mentioned above paid over \$100,000 each for remediation and retesting.

Publicly available data indicate that about 100,000 residential properties sell through Colorado's MLS systems each year and that there are about 1.8 million residential housing units in the state. Based on our data, this suggests that roughly 16,000 buyers are moving their families, or tenants, into newly purchased, meth contaminated homes each year, while 288,000 Colorado families are living in contaminated homes. Of these contaminated homes, our data suggest that 4,000 to 5,000 of the homes purchased each year in Colorado are contaminated in excess of state standards, while 75,000 to 85,000 Colorado families are living in such homes.

Our data are unusual, but not unique, because we routinely test virtually every home our clients put under contract. A Denver Post article, published on March 20, 2013, reported that during the "Great Recession," the Colorado Neighborhood Stabilization Program conducted routine meth testing on 306 foreclosed homes that were being purchased, renovated and sold by ten Front Range counties. According to the Post report, that testing found 7% of single family properties, and 11% of multifamily units, to be contaminated with meth.

No one knows for certain whether the true contamination levels along the Front Range are 10% or 15%, nor do we know whether these levels are representative of those across the state as a whole. Still, the data we do have suggests that the number of contaminated homes in Colorado is very high, posing serious health risks, and serious financial risks, to the people of Colorado.



## WEECYCLE ENVIRONMENTAL CONSULTING, INC.

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March 4, 2023

To:  
Senator Lisa Cutter  
Committees – Local Government and Housing

From:  
Judith E Sawitsky  
Weecycle Environmental Consulting, Inc  
1208 Commerce Court, 5B  
Lafayette, CO 80026

RE: Testimony in Support of SB23-148 - Illegal Drug Laboratory Property and Certification

Thank you, madam Chair, members of the committee, for bringing forward this bill.

I am Judith E Sawitsky, a consultant in good standing with the CDPHE holding a Consultant Certification (ML-114) as a Consultant for Methamphetamine–Affected Properties under Colorado 6 CCR 1014-3. I also hold a CDPHE Qualified Instructor Certification as a Qualified Instructor for Methamphetamine-Affected Property Consultant Training (ML-T118). In addition, I am a practicing consultant and certified as a Methamphetamine Contamination Specialist, in Utah (DS 0714-196). I am co-owner and senior Consultant with Weecycle Environmental Consulting of Lafayette, CO. Weecycle Environmental Consulting, Inc. is incorporated in Colorado and holds a State of Colorado WBE/SBE/DBE/EBE certification. Weecycle was established in Colorado in 1994 as Weecycle Environmental Services, Inc and reorganized in 2003 as Weecycle Environmental Consulting, Inc. Weecycle is certified as a CDPHE Consultant Firm to conduct work at Methamphetamine-Affected Properties under 6 CCR 1014-3 (ML-F48). I served on the committee working with the CDPHE staff to create the content of 6 CCR 1014-3, REGULATIONS PERTAINING TO THE CLEANUP OF METHAMPHETAMINE-AFFECTED PROPERTIES, PART 1: PROPERTY ASSESSMENT, DECONTAMINATION AND CLEARANCE, (Adopted by the Board of Health on October 15, 2014).

As a CDPHE certified methamphetamine consultant I have expertise working in the field providing services to homeowners, property owners, local city and governmental housing departments, housing authorities, and commercial businesses. The residual effects of not only labs but also of smoking and use of methamphetamine has proven to contaminate cars, hotel rooms, our public libraries, housing in all neighborhoods of all types throughout our cities and rural communities. It is my expert opinion that we have a responsibility to protect the people of Colorado by performing testing during real estate transaction, expanding the database and extending the length of time the public can access the information is to prudent to best inform occupants, past, present, and future about the contaminants found in their occupied spaces. Meth is a persistent combination of lethal chemicals that impregnate building materials and are not easily removed. They cause many of the same health issues to occupants of contaminated spaces as they do to the users and makers of meth. This is concerning on many levels as people move through our communities unaware.

Meth cleanup is successful only with diligence and persistence and some rooms, buildings and other occupied spaces can never be cleaned to meet the level of safety for occupancy. In some incidences “cleaned spaces” become contaminated again by contractors, renters, occupants, visitors, or others that enter the space. Clean does not necessarily mean forever.

Here are a few real-life scenarios showing the impact of residual meth at properties Weecycle has assessed.

- In one case, the elderly homeowners of a very large and beautiful home in Longmont had their home tested and then cleaned to remove meth following a suspicious friends visit. Then they found out their son was using and contaminating the space by smoking meth in the bathroom and garage. The home was re-cleaned with great cost which significantly depleted the couple’s retirement funds. They needed to move to a more affordable home. If they were not aware this home, which had been previously cleaned was re-contaminated it would have been sold to unaware buyers with meth contamination.
- On another occasion, a unit was completely decontaminated following meth use by the parents of two young children. Initial testing revealed that **not** all rooms within the unit required decontamination because sample results were below the clearance levels as established by CDPHE. In this case, after decontamination activities, the rooms that had elevated levels were cleaned but no cleaning took place in the rooms with low levels. Several months later, a different family living in that unit was evicted for meth use. After initial testing several rooms were determined to be above clearance criteria. It was unknown and undetermined whether the results were from new contamination or from a pre-existing contamination.
- A home was listed for sale and tested prior to completion of the sale. The testing revealed elevated levels of Methamphetamine. After several cleanings it was determined that the only remedy was to remove all the drywall, floor coverings, HVAC system and ducting. The house was sampled post decontamination and met clearance criteria; the crawl space was cleared as an “area of limited access”. The house was rebuilt after decontamination, and a new HVAC system installed. The house once again was put on the market, the new buyers wanted a meth test to confirm that it was still clean. Surprisingly the samples collected in the new ducts showed elevated levels of methamphetamine. The only explanation was that the system was drawing air from the crawlspace (the “area of limited access”) and was re-distributing the contamination throughout the structure.
- In a home, owned and occupied by a family and a grown son with a drug use problem the young man’s room was located in the basement. His bedroom became contaminated by meth. Consequently, the room was cleaned to remove the contamination. It passes the clearance but testing in other areas in the house revealed elevated levels of contamination by methamphetamine in the master bedroom and upper-level bathroom, requiring decontamination of rooms which were unrelated to the to the initial problem.
- A house that was owned by an investor was completely refinished. Upon completion the house was put on the market. The potential buyers tested for methamphetamine. It was determined that meth contamination was detected in the HVAC system and several rooms throughout the house. No testing was required by law and this family would have been purchasing and living in a meth contaminated home if not for their personal due diligence.

These scenarios are just a snapshot of issues related to residual meth contamination at sites throughout our communities. Lack of public awareness and protection of owners, buyer, and occupants created potentially long-term health and safety issues. They also show that it is possible and probable that although the structures have been decontaminated and has met the clearance criteria as specified in the regulations that the contamination can resurface in various places and in a variety of circumstances. As a certified meth professional I believe that although we sample to prove that these structures are clean and safe we cannot sample every inch of a structure and as time passes this contamination resurfaces due to a wide a variety of scenarios. Meth is a persistent combination of lethal chemicals that impregnate building materials and are not easily removed. They cause many of the same health issues to occupants of contaminated spaces as they do to the users and makers of meth.

I believe transparency and accessibility to historical information regarding meth contamination in a residence or other occupied spaces is valuable and necessary so families and individuals are protected and can make educated decision regarding whether or not to make a home purchase, rent an apartment, or even visit a site. Health and safety and protection of the people are taken into consideration in the proposed bill.

Thank you for your consideration and support of SB23-148 - Illegal Drug Laboratory Property and Certification.

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# **Pat Mellen Law LLC**

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March 7, 2023

Senator Lisa Cutter  
Colorado General Assembly  
200 E Colfax Avenue  
Denver, CO 80203

RE: Written Remarks in Support of Senate Bill 23-148

Senator Cutter and esteemed members of this General Assembly:

I am writing to offer these comments supporting the passage of Senate Bill 23-148 for the important additional safeguards it offers to the public in general and specifically to many of my clients whose lives have been upended by residential methamphetamine contamination.

I am a Colorado litigator who has become a specialist in claims related to residential properties contaminated by methamphetamines. In the last three years I have represented seven homeowners whose properties have been damaged by meth - either before they bought it unaware of the contamination - or by tenants who were selected and/or managed poorly. The financial hardship – all damages well into six figures - and months long disruption to their lives to resolve the contamination cannot be overstated.

Each contamination situation is unique. Having witnessed seven different versions of the testing and remediation process from start to finish, I feel comfortable saying that meth testing and remediation is a complex combination of art and science. My clients are utterly reliant on the skills and proficiency of the testing and remediation companies certified to do this work.

The meth containment process we have put in place has some risks that are not obvious until you actually have to make decisions using the statutes and regs we have created. Sampling as a scientific concept is inherently incomplete and a logical and mathematical leap of faith. We have held hands and agreed that testing that relies on many small samples, rather than testing entire surfaces, is good enough. The skills and strategy of the professional choosing the sample locations can make a material difference to the outcome.

My clients face additional decisions and hurdles when selling a meth-contaminated property. All buyers have the right to test, and if the new sampling involves materially different sample locations or procedures there is a fair chance the property will come back hot. Again.

Then what?

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Contract terminations... concessions on the purchase price... additional remediation.... discussions with county environmental staff and CDPHE about what to do about the property. The personnel quality assurance process Senate Bill 23-148 offers promises to make a huge difference to ensure that the professionals doing this complex work remain well qualified and effective.

Higher quality test sampling skills will reduce or eliminate some reasons that successive testing returns materially different results. Higher quality remediation will reduce or eliminate the need for multiple rounds of decontamination and testing – at the client’s expense.

The CDPHE database proposed by Senate Bill 23-148 is an important step toward understanding better the pros and cons of the current statutes where successful remediation ends the mandatory reporting of a property’s meth history. My client’s dilemmas with that one provision show how it is plagued by unintended consequences, where the real-world use of that statute may not be well aligned with what the legislature intended, and the market forces have changed so that what we thought we are protecting we aren’t anymore.

I am so encouraged to think that buyers will have the opportunity to know if and to what degree a property has a recent meth history before the new neighbors come over when the moving van leaves to thank them for buying “the crack house.” And that is EXACTLY what always happens. Often a property’s meth history is only a secret to the people who absolutely need to know and have the most to lose.

My mother sold real estate for 30 years, and she was right when she said that there’s a buyer for every house and you only need one. All I ask is that we do all we can to make sure that buyer has full disclosure of a property’s circumstances and can make purchase decisions with informed consent.

Best regards,



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Patricia A. Mellen  
Attorney-at-Law

Testimony of Maryanne C.  
Bach, B.S., M.S., hon PhD-Public  
Service

to

Colorado State Senate

Committee on Local Government and Housing

Re:

Hearing on S.B.

23-148

March 9,

2023

Good day & Thank you Madam Chairwoman and Members of the Committee on Local Government and Housing. My name is Maryanne Bach, representing myself, providing the perspective of a significantly health-effected tenant of an undisclosed 'METH HOUSE', multi-family rental in Evergreen, CO. I willingly agree to be sworn in for oral remarks and do hereby consider my written statement, to be to the best of my ability, provided as sworn testimony.

To begin, I offer sincere gratitude to Senator Lisa Cutter, my local senator & former representative, for sponsoring S.B 23-148, working to advance legislative movement of this important bill. While we have met on a variety of occasions, she would not likely recall me nor do we have any ongoing personal relationship; what I share here is news to her and her staff. Similarly, staff and Members of this Committee are meeting me for the first time, via my testimony.

Had S.B. 23-148 been enacted, prior to my exposure experience, I believe I would have had quicker access to needed information/data, more rapid medical response for more timely recovery, less out-of-pocket onerous medical expenses, and the ability to resume my federal career, at a critical time in my life, the financial consequences of which are significant.

**Saddly and shockingly, ANY ONE OF YOU COULD EASILY BE IN MY SHOES, TODAY:** someone who devoted a career to public service, now dealing with personal short and long term health consequence from inadequate public

disclosure and education, given a growing State-wide crisis, i.e. *UNDISCLOSED METH CONTAMINATED PROPERTY*. Illegal 'Meth' labs (WITH its related toxic substances: pesticides, insecticides, herbicides, etc.), use, and exposure, as well as physical infrastructure mitigation/eradication and human medical treatment is collectively, a grave public policy matter, a Colorado epidemic, and a public/private housing and health priority. As my medical team has stated: "NO METH is the only good meth; there are no acceptable levels for the human body." **I place meth exposure at the level of gravity as fentanyl**, in our society.

I offer to speak to you today, not only as an involuntary meth & toxic substance chronically exposed Colorado citizen, but also an experienced federal executive of the Legislative and Executive Branches of Government, including the Executive Office of the President. I do have extensive expertise in national, state and local public policy formulation, implementation and administration, particularly in natural & water resources, as well as across all non-military science & technology agencies and federally funded research and development. Further, I'm a current and former 'landlord' (Colorado and Maryland), trained biologist, former federal security, safety and law enforcement administrator, trained psychotherapist, biofeedback practitioner & chaplain.

For context, I've held top secret security clearances while employed by the federal government, regularly and spontaneously drug tested. I have not and do not consume or part-take in illegal nor recreational drugs. My diet has been essentially one of 'organic foods' for over 40 yrs; I rarely take pharmaceutical drugs. So, in effect, as a biological specimen, this is considered much above the norm for a clean and healthy body. However, now, the effects of chronic, low level toxic substances and meth exposure for nearly 4 yrs, has been extreme and ongoing. Current State legislation has been reasonably ineffective in assisting me, as a citizen of Colorado, to resume a full quality of life.

To speak directly to S.B. 23-148, I view its two primary amendments (oversight of certified persons conducting sampling, mitigation, etc. and creation of a public database) to be not only needed but relatively a painless, simple policy consideration for the seriousness exposure presents to innocent Citizens of Colorado. First and foremost, having oversight, through inspecting the work of State certified persons is necessary to have some level of accountability. Lets, at least, start there. Though, having worked, professionally, with both certified persons and LICENSED industrial hygienists, it's the latter that are fully educated and more equipped to oversee certified persons. Licensed industrial hygienists have the training to deal with significant and consequential decisions of acceptable

samples, can review the adequacy of preliminary reports and impartially address fair information sharing. Further, current statute in no way prohibits certified persons from inherent conflict of interests. While I had written approval from the initiating party (buyer who ordered home inspection) to receive all preliminary information, the 'certified person' obfuscated these requests, never providing the data; it was the property owner he became beholden to, who was paying the next fee.

On the subject of a public database, as a homeowner & landlord, I recognize the predicament a public database presents. Also, as a medically effected party, there's precious time to get medical attention. Though I voluntarily vacated the premises within 24 hrs of learning of meth presence, I awaited several weeks before starting a detox protocol, as my medical team awaited me obtaining the original scientific data/meth levels from my unit; I never received such information, so we proceeded in the dark. At no time were any of the tenants formally noticed by the landlord of meth presence, nor preliminary assessment reports; no alternate accommodations or living expenses were readily arranged, per statute. And no one in State or local government has any checks and balances for these legal provisions. I had emergency room/urgent care experiences, prior, not knowing the rental property was contaminated. Contamination occurred, not just by a most recent adjoining renter, but also from a prior renter in a non-adjacent unit. Consideration needs to be given by all landlords and prospective renters to testing property before and after occupation. In the meantime, it is necessary to make known any and all contaminated properties in a public database and to EDUCATE the public of its existence. Secrecy and cumbersome access does not change the state of a contaminated property; it does complicate and potentially expose even more citizens to threatening circumstances.

SB 23-148 takes steps to enhance a miserably difficult, existing process of accessing preliminary assessment reports.

Thank you for considering my perspective and 1<sup>st</sup> hand experience with the existing statute, in place and why I see SB 23-148 providing some improved public policy.

This concludes my written testimony; I would be pleased to answer any questions at this time.

Relevant Background:

A homeowner of some 40+ years and 30yr resident of Evergreen, personal circumstances resulted in my moving to an Evergreen rental in mid-2017; simultaneously, I began working out 5-6 times/ week @ Nick's Pro Fitness. An avid hike, skier, and outdoorswoman, both my trainer and a veteran classmate noticed difficulty I was having with weight maintenance and stamina, some nine months into the program. This trend is quite peculiar to the rigorous workouts. Seven months in, Mar 2018, I was examined in the emergency room of a Boston, MA suburb hospital, for a severe 'environmental toxic exposure response' brought on by a straightforward activation of the forced air heat system for the guest room of a restored, historic home I was staying overnight in. Upon review by my Colorado MD at Conifer Medical Center, I was placed on inhalants & monitored for 'unknown environmental toxins'. By Fall 2018, I and my physicians were further perplexed by memory challenges, unpredicted exhaustion, severe anxiety attacks and shortness of breath/unexplained wheezing. By 2021, as medically recommended, I began receiving biofeedback treatments, where the practitioner noted presence of insecticides, pesticides, herbicides, solvents, etc., in my system. When asked had I ever been raised on a farm or lived near a pesticide factory, I answered in the negative. Mid-April 2021, I had a second severe outbreak, characteristic of organ toxic overload, sometimes to the point of eyes swelling near shut and welts throughout elimination locations of the body. Note that as the COVID-19 pandemic spread, my workouts occurred by Zoom and more often, I was working from the rental, what now I know as meth contaminated. My energy level was notably challenged.

It was merely by the fortunate decision of the landlord to cash out during a good real estate market that meth was even discovered. An extensive home inspection, ordered by the prospective buyer (a local realtor), resulting in 'flagging' this 'single-family home/multiple dwelling' for meth presence. However, the State certified person 'negotiated' what subsections of the house would be sampled for the Preliminary Assessment Report(s). This conflicts with Jefferson County Assessor records, taxing the property as a 'single family house'. Thus, my unit, connected to the other 3 units, by HVAC and doors, was not a part of the report. Mathematical averaging of the HVAC samples masked the exposure entering my unit.

Immediately preceding the sampling, the owner acknowledged to myself and prior tenants that the ventilation & heating ducts, furnaces and walls of each of the 2 of 4 units (in the 'likely locations' of samples to be taken for the Preliminary Assessment), were pre-cleaned, as coached by the State certified person, to

increase the probability of a report resulting in no mitigation needed. And, thus, the report(s) concluded just that. I was ON, but not in the premises, while sampling occurred. The certified persons and owner wore no safety clothing, nor respirators. Later that day, I was informed it was safe to move back into the property, as with the pre-cleaning there would be no mitigation needed and my vents were now duct taped, thus the HVAC system would present no threat. Needless to say, I never re-occupied the premises. Though legally with a lease through Aug 2021, I vacated the property on or about April 28, 2021 immediately upon learning meth was discovered. No tenant was ever, formally, informed by the landlord/owner, nor were property accommodations and off-sight expenses willing addressed by the landlord/owner. WHY DO I PROVIDE THIS INFORMATION TO THE COMMITTEE? In the event, you conduct oversight of the present State program, there are ample inadequacies occurring.

SB 23-148 is, at least, a helpful start, not the finish line.

As legislatures, Colorado permitted the acceptable meth level to be raised from .1 mg to .5mg, while most states have held the perspective of the medical community I consulted with, that there are no levels acceptable, for human exposure. Furthermore, mathematical averaging of HVAC and interior samples, from my professional experience, is not scientifically honest. It increases the probability that there are far more Colorado properties in 'condemnation status' than is being revealed. 'State Certified Person(s)' can be in bed with the buyer and then the seller, whomever is paying them. For a buyer or renter, your prospects of being informed of or discovering a property is contaminated or has had a Preliminary Assessment seems intentionally difficult. You get it by word of mouth in the real estate community. From Jeffco Health Department, I was informed that my ability to access the Preliminary Report occurred only because I was a current occupant. Former renters, many of whom I contacted, disclosed to me disturbing/mysterious health circumstances, from the time they lived on the premises. From multiple miscarriages to being placed in the memory unit of Evergreen Life Care center, all of this is scandalous. The property is now back in rental status and I've been ordered, in writing, to stay away from the property. There is NO JUSTIFICATION, only fear, that any citizen can't access a report. And that's coming from me, as a landlord.

Accessing the current data base is ripe with difficulties for a buyer OR a renter. The ability for an owner to escape 'property disclosure' of a contaminated property is high, given the inadequacy of the 'State Certified Person(s)' and inadequate mitigation companies. Repeatedly, in interviewing a large number of professionals

in this field, there was only ONE remediation company recommended to me. The rest were labeled 'fly by night wanna-be' samplers & mitigators. Unlike other metro areas, I understand from local home inspection professionals, NO SAMPLING OF CONSTRUCTION MATERIAL is required in Colorado, yet the professionals are fully aware that meth penetrates wall board; it and the toxins continue to emit. That suggests that current mitigation procedures can be quite inadequate and based on inadequate data.

From a health perspective, though I've been, thankfully professionally guided for nearly two years on detoxification; the body must be carefully monitored and the process not rushed, so as to maintain the capacity of the body to purge, while continuing organ function. I do not wish this on anyone; it has cost me significantly in quality of life, substantial out-of-pocket expenses and hundreds of thousands of dollars in an interrupted career.

Some key Colorado citizens, I recognize here, for the record. They graciously and voluntarily guided/assisted/supported me through an arduous process of legal matters & physical/emotional/neurological health matters: my Evergreen realtors, my physicians: OGBYN, Conifer Medical Center (primary, family MD) and front range naturopathic physicians; Nick Kapande, Owner and High Performance Trainer-Nick's Pro Fitness (recently of Evergreen, CO; now Coos Bay, OR), the late Dr. David R Theil, anesthesiologist-Denver General/Denver Health, Denver Poison Center, the potential buyer from an Evergreen real estate office & Kathi McCarty, Founder of Meth Toxins Awareness Alliance.

Thank you, madam chair and members of the Committee. My name is Kathi McCarty. I am representing myself and Meth Toxins Awareness Alliance, an organization for social good I founded in 2019 after my own personal home was occupied by a temporary tenant manufacturing and using meth.

I would like to thank Senator Cutter for bringing this Bill forward. Along with experts and professionals, a few of us testifying here today represent the thousands unexpectedly impacted by meth contamination in Colorado. I have talked to dozens of impacted individuals both property owners and tenants over the last 4 ½ years since my own home was contaminated beyond repair. This put me on a mission of education and advocacy.

I have learned that meth use has been around for decades and continues to be at epidemic levels with no end in sight. As you know recently a number of our public libraries and RTD stations, as well as a number of our grocery store's restrooms have been found to be contaminated by meth toxins. Recently, mainstream media coverage has exposed this. But, there has never been any disclosure on meth toxins in residential real estate. Meth toxins permeates into the nooks and crannies of any property and is a huge health and safety problem. Meth manufacturing, and recreational use as well as addiction has no geographic or socioeconomic boundaries. Since, I have learned meth residue can never be fully cleaned from a property, but only cleaned to the state standards.

Because of this, I have been advocating for disclosure and regulation of meth toxins after my own home was contaminated by a tenant. I also cannot express the financial devastation I suffered because of the contamination. For me, I lost all my equity in my home and my permanent residence, and the legacy I planned to leave to my kids.

Testing is not perfect, after a certified meth tester tested my home and found levels as high as 119.5 where the standard is .5. My home was

condemned by Jefferson County. Seven remediation companies concluded they could not remediate my home although they were all willing to try. Several of the companies also offered to demolish my home.

My insurance policy coverages did not pay for meth remediation or demolition costs from homeowner's, tenant, or management company's policies I had with them. It was both emotionally and financially devastating.

There is no standard followed for where Testers chose to sample. My home is an example. I sold my home and fully disclosed the contamination. The new owner had my tests with photos knowing where original samples were obtained, where furniture and wall hangings appeared. Samples were even taken where carpet and padding used to lay. When the buyers were unable to receive a no further action determination, they followed an approved process to encapsulate the meth toxins, sealing it in, both inside and outside the home. The property was then sold for almost \$300,000 more than what they paid for it 5 ½ months earlier. And the contamination was not disclosed to the buyer.

More regulation is needed as property owners are walking away leaving their keys on the counter, saying goodbye to cherished memories and lost equity in their homes. Except for the keys, I know I did. I had to...

The health science is widely documented and undisputable. Methamphetamine residue makes people and pets sick. The Bill should require a public database of field reviews of state certified meth Testers

and Remediators. This should be an essential next step for public prevention of future meth contamination exposure and impacts. These field reviews should also be unannounced.

I support this bill as a great next step; however, the properties should stay on the database for longer than 5 years. Prospective buyers already have contamination disclosure of mold, asbestos, lead and radon. And meth contamination should be disclosed to buyers.

Members of the committee, there is no simple solution. This Bill is a good next step. It is not always easy to do what is right. We have both the ability and responsibility to protect the buyers of properties through meaningful meth contamination cleanup processes and regulations that will have preventative impacts today and tomorrow when it comes to meth contamination cleanup leaving a legacy for generations to come.

Thank you for your time – I am happy to answer any questions you may have.

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[EXT]:Fwd: Testimony supporting documents

Kathi McCarty <info@methtoxinsalliance.com>

Thu 3/9/2023 8:40 AM

To: Print & Marketing Services 1415 <print.marketing1415@Staples.com>

----- Forwarded message -----

From: **Kathi McCarty** <info@methtoxinsawarenessalliance.com>

Date: Thu, Mar 9, 2023 at 3:23 AM

Subject: Testimony supporting documents

To: Kathi McCarty <info@methtoxinsalliance.com>

No insurance carrier currently covers methamphetamine contamination in a residential property of 1-4 units whether a primary residence or investment unless vandalism is the cause. I have not found a single carrier where you can pay a premium to purchase an endorsement. Plus, you will probably be asked to prove it was not previously already contaminated with a test you had completed.

I have provided screen shots from 2 reports on the CDPHE website showing how 2 separate preliminary reports show significantly different results in 4 same areas sampled.

Kathi

 [App Banner Image](#)

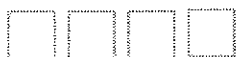
**Kathi McCarty**

Founder | Educator | Advocate

Meth Toxins Awareness Alliance

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# TESTING RESULTS CAN BE SUBJECTIVE

## Company A

Living Room	5.1 Ceiling 5.2 Wall B 5.3 Floor 5.4 Wall C	400	119.5
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## Company B

Living Room	Central Floor S. Shelf E. Wall NW Ceiling	49.7
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# TESTING RESULTS CAN BE SUBJECTIVE

## Company A

Kitchen	1.1 Floor	400	89.75
	1.2 Ceiling		
	1.3 Under Cabinet		
	1.4 Exhaust		

## Company B

Kitchen	S. Floor	9.9
	NE Ceiling	
	E. Cabinet	
	Hallway Wall	

# TESTING RESULTS CAN BE SUBJECTIVE

## Company A

Bedroom 3	9.1 Ceiling 9.2 Wall A 9.3 Wall C 9.4 Wall B	400	71.75
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## Company B

Master Bedroom	NW Floor N. Wall E. Wall S. Wall	6.0
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# TESTING RESULTS CAN BE SUBJECTIVE

## Company A

HVAC

10.1 Cold Air Return

400

69.5

10.2 DR/LR Supply

10.3 BR 3 Supply

10.4 Cold Air Return

## Company B

HVAC System

Return Duct

Heat Exchanger

Supply Register (Living Room – N)

Supply Register (Bedroom 3)

10.5