Maryland Veterinary Medical Association (MDVMA)

Established in 1886, MDVMA is a volunteer, non-profit organization comprised primarily of licensed Maryland Veterinarians.

HB1449 - Public Health - Milk Products - Direct-to-Consumer Sale of Raw Milk for Human Consumption

Committee: Health and Government Operations **March 6, 2025**

MDVMA Position: Information

The Maryland Veterinary Medical Association is committed to advocating for the health and well-being of both animals and the public. As legislators seek to determine the appropriate course of action to take on HB1449 we wish to provide information specific to the proposal's relevance to veterinary medicine and the health of the public in regards to raw milk consumption, processing guidelines and the safety standards proposed for the sale of raw milk products to the public. Regarding 21–505 Section A Paragraph 2 Subsection I, II, III Requiring veterinary inspection of a herd prior to issuing a new permit is likely prudent, however, it would seem appropriate to ensure ongoing surveillance of the herd. Communicable disease status of a dairy herd is not static. Herd characteristics are not static. With regard to milk in particular, the addition of one animal from an outside herd source to an established herd following inspection in that year is sufficient enough to introduce communicable disease capable of impacting the health of the herd and the public consuming the milk. We would encourage additional requirements to ensure ongoing herd health surveillance.

Furthermore, testing specifically for Brucellosis and Tuberculosis are likely prudent recommendations. Fortunately, due to nationwide efforts to control and eradicate these diseases of profound public health importance (including pasteurization of milk) the risk of cattle or people in Maryland being infected with either is remote. While continuous herd-wide testing for Brucellosis or Tuberculosis (as mandated in subsequent section of the text) of herds is likely unwarranted in most circumstances; it is appropriate to implement a required testing strategy subsequent to permit issuance to ensure animals introduced to the herd are not at risk of introducing these diseases to the herd. A statue within the legislation requiring all herds selling raw milk to have their premise registered with the USDA is recommended.

Additionally, all animals within the herd selling raw milk subject to testing should be individually identified with the official USDA 840 identification system to allow for improved traceability but also identification for the required testing purposes. Following the initial testing recommendation proposed within the legislation it is our suggestion that ongoing cost to producers could be minimized and ongoing safety of the consuming public better ensured by requiring that all animals subsequently acquired through purchase addition require a negative Brucellosis and Tuberculosis test prior to, or upon introduction to the herd that is providing raw-milk to the public, natural additions (those born into the herd from previously tested cattle, as well as animals

previously tested and found negative could be exempt). Under current programs and laws, this additional requirement for identification is unlikely to result in any substantial cost impact to the producer. Cattle are already required to bear this unique identification prior to interstate transportation and for some other reasons as well. It is the standard identification practice used among our accredited laboratories to uniformly identify our nation's livestock. With regard to Tuberculosis testing it is important to recognize that a false positive rate of approximately 5% is expected. These false positive test results must be confirmed in a time-sensitive manner by our state veterinary health officers specifically. It is therefore important to consider the impact that enhanced level of testing may have on the Maryland Department of Agriculture resources particularly as the officials responsible for confirming these tests may be working on other important disease events around the state at any given time.

Regarding Section B Paragraph 2 Subsection I, II, III we would encourage increased scrutiny of this testing modality as it relates to preventing the public from exposure to pathogenic bacteria. The definition of "pathogenic bacteria" is potentially problematic but with an assumption that one would perhaps be most focused on some of the more notorious pathogens such as: *E. coli*, *Salmonella*, *Campylobacter*, *Listeriosis*, *Staphylococcus aureus* it is important to note that relying on bulk tank sampling of herds to identify the presence of these pathogens is generally inadequate. Epidemiologically speaking, it is difficult to use bulk tank samples to assess herds for these pathogens, with the potential exception of E. coli. The sensitivity of bulk tank samples is very low. It is improbable to assume that any herd is void of all these pathogens and it is probable that most bulk tank samples from both infected and on infected herds may test negative. If the goal of the statute is to require that the herds have a low level of animals infected with these pathogens in the herd, the current wording could be considered appropriate, but if the goal of the legislator approving this legislation is to prevent the consuming public from exposure to these pathogens we would strongly encourage a requirement that samples animals on individual basis. Perhaps identifying individual cattle with a somatic cell count over a certain threshold that would indicate likely inflammatory changes and then requiring the milk of that animal to be discarded, pasteurized or in other ways separated from the bulk milk supply while awaiting individual culture results of that animal for specific pathogens would be most appropriate to ensure that "pathogenic bacteria" are not entering the raw-milk supply. Additionally, an exemption for herds with 3 cattle or fewer falls woefully short of public protection. Three well producing cattle could produce *36 gallons of milk daily*. There is substantial risk of infection among operations of 3 or fewer cattle and 10 or fewer goats. The barriers to entry to begin such operations would be minimal for both established and non-established producers.

Logistically speaking, it may be a challenge for many smaller herds to frequently perform bacterial cultures or somatic cell counts. *Economically* it may be prohibitive for many of these herds. Practically, it is still limited by the ability for the somatic cell count (which is not a static number) to be continuously monitored. We are advising this esteemed body on the importance of this as it relates to the ***preservation of the health of the public*** and preventing the consumer from exposure to "pathogenic bacteria." The reason pasteurization is an effective strategy to prevent the transmission of pathogenic bacteria to the public is because it is indiscriminate and uniform in its approach. Drinking raw milk can certainly be safe and it can be very unsafe. Pasteurized milk is always safe. The American farmer produces an incredibly safe milk product for our consuming public yet it is impractical to assume "pathogenic bacteria" will ever be absent from a herd. Therefore, it is really quite difficult to predict when raw milk may be unsafe and unfortunately, on the rare instances that it is, the likelihood of multiple exposures to the unsafe product prior to the

risk being recognized is high.

One can argue that the public is allowed to order their ground beef medium rare, they are allowed to eat sprouts, they are allowed to eat sushi, they are allowed to eat raw and under-cooked seafood and other "high-risk" food items; therefore it may seem most consistent if these individuals would be allowed to consume raw-milk. Specific to the potential disease risk among the consuming public, the most notable distinction between those other products is that while all, like milk, are typically safe, and like raw-milk, they can be predictably unsafe in certain instances, milk, more than any of the others, is likely to be more widely distributed to more people prior to detection of the problem making it a potentially greater public health concern. The MdVMA emphatically supports our farmers and wants to foster diversity of our agriculture within the state recognizing its profound importance to our economy and its profoundly positive impact on the environment and preservation of the resources of our state including our land and rich natural resources like our Chesapeake Bay. Our testimony on this important topic is not meant to stifle their noble endeavors, nor rebuke the individuals sponsoring this legislation, it is meant to serve strictly as advice regarding the important recognition of zoonotic disease risks presented by unpasteurized milk.

Furthermore, 21–511 Paragraph C Section 1 describes a required testing modality that has a defined frequency of at least once annually but it is largely an extension of the same bulk sampling method previously described and is subject to the same aforementioned limitations in sensitivity to detect pathogens. We would strongly encourage ongoing testing requirements that are more stringent as previously described and interpreting this proposed statute to be a potential quality control component we would recommend considering a schedule for preliminary incubation counts to determine that bacteria within the supply chain is being held to an appropriate standard. Additionally, we would advise increased consideration on point-source contamination prevention and cold-chain storage. Commercial processors are governed by the Pasteurized Milk Ordinance which dictates storage standards for Grade A milk products and numerous other requirements far beyond the requirement for pasteurization of the end product. It would be prudent for producers marketing raw milk to be governed by a similar construct. Requiring the milk to be cooled to 40 degrees within 2 hours does not dictate that it remain cold throughout the bottling and storage process. A bottled raw-milk product from a bulk tank with a negative culture for "pathogenic bacteria" could conceivably have very high "pathogenic bacteria counts" a few short hours after being kept at an inappropriate temperature. The same is true for a pasteurized milk product, but it will generally take substantially more time for the pathogenic bacteria counts to rise. Attempting to detect a break in the supply chain with a once annual screening test of a bottled milk product from operations approved to sell product under this statute is quite likely inadequate if the goal is to prevent exposure of the public to potentially harmful bacteria in their milk. Paragraph 3 Subsection C seems to acknowledge the concern of bacterial growth. Shortening the sell by date to help mitigate the risk of exposure may reduce the length of time the bacteria has to multiply but does nothing to mitigate the risk of exposure to the pathogen. Individuals who are immunosuppressed, young, pregnant or in other high risk categories for foodborne illness will be most at risk and are likely to be unprotected by this statute.

Additionally, Section 21-515 has understandably attributed the legal maximum of 750,000 Somatic Cell Count to this statute for raw cow-milk distribution. It has exceeded the legal Grade A statue of 1,000,000 Somatic Cell Count for raw goat-milk distribution. Cows with a Somatic Cell Count consistently in excess of 250,000 are expected to have a mammary infection. Goats with Somatic Cell Count consistently in excess of 500,000 are expected to have a mammary infection. Applying

the Grade A standard for Somatic Cell Cut Points to raw-milk is unlikely to prove protective of the public health interest but we don't believe there should be any reason to support having a cut-off in excess of them.

Finally, we wish to acknowledge and recognize that the drafting of the legislation attempts to work to protect the public from bacterial exposure but it has neglected to adequately address the emerging disease risk of viruses including H5N1 (Avian Influenza). Research has shown that H5N1 has a strong affiliation for mammary glands, it transmits readily through milk and is capable of causing infection in other species following consumption of raw-milk, particularly cats. While there is a significant amount of information we do not yet know regarding the transference of the virus through milk to mammalian species including humans it is an important epidemiological consideration to recognize that the sale of raw-milk devoid of bacteria but containing viruses like H5N1 poses a public health concern either directly or perhaps indirectly if domestic pets are consuming the milk and become ill or if this consumption were to present an additional host population to the virus and therefore enhance its ability to replicate in new environments more frequently along with novel host species, such as humans living with their pets. Pasteurization is 100% effective at killing the virus and preventing its transmission through milk.

We appreciate the efforts of the bill sponsors to enhance consumer choice and promote local agriculture. As the bill is considered, we hope that our input regarding the public and animal health concerns relevant to the bill are helpful.

Sincerely,

Matthew Weeman DVM, MS

Food Animal Representative
Legislative Committee Chair
Maryland Veterinary Medical Association.