

**Table VII-3. Benefits Summary for the Stage 2 DBPR, Preferred Regulatory Alternative (Millions, 2000\$)**

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Adverse Reproductive and Developmental Health Effects Avoided					
Causality has not been established, and numbers and types of cases avoided, as well as the value of such cases, were not quantified in the primary benefits analysis. Given the numbers of women of child bearing age exposed (58 million), the evidence indicates that the number of cases and the value of preventing those cases could be significant. See results of the illustrative calculation in VII.C.1.					
Number and Value of Estimated Bladder Cancer Cases Avoided <sup>1</sup>					
Causality has not been established; however, the weight of evidence supports PAR estimates of potential benefits. Zero is within the range of potential benefits, but evidence indicates that both the number of cases and the value of preventing those cases could be significant (see below).					
PAR	Annual Average Cases Avoided	Discount Rate, WTP for Non-Fatal Cases	Annualized Benefits of Cases Avoided (90 % Confidence Bounds <sup>2</sup> )		
			Value of Fatal Cases Avoided	Value of Non-Fatal Cases Avoided	Value of Total Cases Avoided
2 %	20.9	3 %, Lymphoma	\$42.8 (\$7.1 - 97.4)	\$70.2 (\$10.9 - 160.7)	\$113.0 (\$17.9 - 258.2)
		7 % Lymphoma	\$37.1 (\$6.1 - 84.4)	\$60.8 (\$9.4 - 139.3)	\$97.9 (\$15.6 - 223.7)
		3 % Bronchitis	\$42.8 (\$7.1 - 97.4)	\$12.1 (\$5.4 - 22.2)	\$54.9 (\$12.5 - 119.6)
		7 % Bronchitis	\$37.1 (\$6.1 - 84.4)	\$10.5 (\$4.7 - 19.2)	\$47.6 (\$10.9 - 103.7)
17 %	182.2	3 %, Lymphoma	\$373.8 (\$61.8 - 850.3)	\$612.4 (\$94.8 - 1,403.1)	\$986.2 (\$156.6 - 2,253.4)
		7 % Lymphoma	\$323.9 (\$53.6 - 736.7)	\$530.6 (\$82.1 - 1,215.6)	\$854.4 (\$135.8 - 1,952.3)
		3 % Bronchitis	\$373.8 (\$61.8 - 850.3)	\$105.5 (\$47.5 - 193.5)	\$479.3 (\$109.3 - 1,043.7)
		7 % Bronchitis	\$323.9 (\$53.6 - 736.7)	\$91.6 (\$41.2 - 167.9)	\$415.5 (\$94.9 - 904.6)
Other Health Benefits					
Qualitative assessment indicates that the value of other health benefits could be positive and significant.					
Non-Health Benefits					
Qualitative assessment indicates that the value of non-health benefits could be positive.					

1. Based on TTHM as indicator. EPA recognizes that the lower bound estimate may be as low as zero since causality has not yet been established between exposure to chlorinated water and bladder cancer.

2. The 90 percent confidence bounds shown in the exhibit reflect uncertainty in the VSL, WTP, and income elasticity adjustment.

Source: Economic Analysis (USEPA 2003i) Exhibit 5.27. Detail may not add to totals due to independent rounding.

It is important to note that the monetized benefits only reflect estimated benefits from reductions in bladder cancer. As shown in subsection VII.C.1. and in Table VII-3, there may be significant nonquantifiable benefits associated with regulating DBPs in drinking water. Were EPA able to quantify some of the currently

nonquantifiable health effects and other benefits potentially associated with DBP regulation, monetized benefits estimates could be significantly higher than what is shown in the table. A complete discussion of how EPA calculated the risks and the corresponding health benefits potentially associated with exposure to DBPs in drinking water can

be found in the Stage 2 DBPR EA (USEPA 2003i).

For additional perspective EPA used updated cancer risk factors for four DBPs for which we have toxicological data. Table III-3 (see section III of this preamble) shows the estimated pre-Stage 2 concentrations of these four compounds and the estimated number