

Ohio Lead Free Kids Coalition

#LeadFreeKidsOH

Testimony to the House Finance Subcommittee on Health and Human and Services HB 166 April 10, 2019

Thank you Chair Romanchuk and Ranking Member West and House Finance Subcommittee on HHS members.

My name is Gabriella Celeste and I offer this testimony to you today as co-chair of the [Ohio Lead Free Kids Coalition](#), Policy Director of the Schubert Center at Case Western Reserve University, and an interested party in legislative matters concerning healthy child development; specifically the physical and developmental health of children at-risk of or already exposed to lead. The Schubert Center encourages research-informed and developmentally appropriate policies to foster child well-being. Together with the Ohio Healthy Homes Network, we co-chair the Ohio Lead Free Kids Coalition, which seeks to secure the public commitment and investment needed to ensure all Ohio children are safe from lead in their homes and communities. The investments in HB 166 that support reducing childhood exposure to and harm caused by lead poisoning are important steps in working toward a comprehensive statewide lead poisoning prevention initiative.

The Problem: Childhood Lead Poisoning Has Lifelong Consequences

There is no safe level of lead in the blood. Child lead poisoning can cause irreversible brain and nervous system damage leading to [significant learning and behavioral challenges](#), and lifelong negative impacts, including lower academic achievement, increased emotional problems and future delinquent behavior. Thousands of Ohio children under 6 have been poisoned by lead and continue to be exposed to lead hazards. Over a 10-year period (2007-2016), the Ohio Department of Health (ODH) reported 23,252 children with elevated blood lead levels (EBLLs), which is a conservative number.¹ Cuyahoga County has the highest percentage of children under 6 tested with EBLL (8.92%), followed by Harrison (6.16%), Jefferson (5.78%) and Crawford (5.33%) counties. [Young children](#) are particularly vulnerable to lead because, in their early years, their rapidly developing nervous system does not yet have a defense against toxins like lead.

The Challenge & Opportunity: Cost-Benefits of Prevention & Early Intervention

Lead paint and dust in pre-1978 housing remains the single most toxic source of lead for children. The key to preventing lead poisoning in children is the identification and elimination of major sources of lead exposure, as noted by the Center for Disease Control and Prevention (CDC) and the American Academy of Pediatrics: “primary prevention is now widely recognized as the optimal strategy.”² Primary prevention requires targeting the source – homes built prior to when lead paint was banned in 1978 – and ensuring those homes are lead-safe.

Ohio has already begun to move in this direction with the development of Ohio Department of Health’s (ODH) and Ohio Department of Medicaid’s (ODM) lead hazard abatement program using SCHIP funding (\$9 million over the biennium). HB 166 preserves this program and strives to increase its impact by removing some administrative barriers. Lead abatement and hazard control activities are currently affected by a lack of trained contractors. As such, we also support the \$450,000 in HB 166 to help build a workforce of lead specialists with training of lead abatement contractors and reimbursement of license fees.

Deepening investments through expanded state-local partnerships with additional funding would extend the reach of these critical lead abatement efforts and not only keep children from being poisoned but save taxpayer dollars. **According to one conservative analysis, “For every dollar spent controlling lead hazards, at least \$17 would be returned (and as much as \$221) in health benefits, increased IQ, higher lifetime earnings, tax revenues, lower special education costs and reduced criminal activity. Given the high societal costs of inaction, lead hazard control is a public health and fiscal imperative.”**³

While primary prevention of lead poisoning should be the priority, we recognize the importance of regular screening and testing for lead. We support [ODM's efforts](#) to ensure children are routinely tested for lead and we urge additional funding for ODH and their delegated health authorities to operate their childhood lead prevention programs for children with elevated blood lead levels. In addition, HB 166's increased funding for Early Intervention in the Department of Developmental Disabilities will provide much needed support for children already harmed by lead. These EI services are critical to ensure children from birth to 3 years old have access to services to help prevent learning delays that can be caused by lead poisoning.

Finally, while we believe direct funding of lead hazard control activities is a more powerful primary prevention strategy, the new lead tax credit could be a valuable incentive to attract private sector investment in lead safe housing and therefore, are in support of it.

The lead initiatives in the budget represent a significant step forward towards preventing lead poisoning and assisting lead poisoned children with developmental services. We are eager to work in partnership with Governor DeWine and the Legislature to ensure lead safety for all Ohio children and we urge the Administration to develop a comprehensive statewide plan for lead prevention by bringing the many stakeholders dedicated to child well-being to the table.

It is no exaggeration to say that Ohio's future economy and prosperity depends on the health and success of our children today. Not only will the cost savings to the education, child welfare, health, and court systems benefit Ohio taxpayers, but HB 166 investments in workforce development to implement lead hazard protections and controls and in ensuring healthy homes for Ohioans will further strengthen our economy. Current and future generations of Ohio's children must no longer be burdened with the lifelong harmful consequences of lead poisoning. HB 166 offers an important foundation from which to build upon in order to eliminate lead poisoning in our children.

Thank you for your consideration and leadership on these important matters.

¹ In 2016, of the 162,185 children who tested for lead, 4,591 (2.83%) had confirmed EBLLs. In 2015, following a recommendation from the Centers for Disease Control and Prevention, the Ohio Department of Health (ODH) dropped the level of concern to 5 µg/dL (micrograms of lead per deciliter of blood) from 10 µg/dL. Thus, children with blood lead levels (EBLL) equal to or greater than 5 µg/dL are not included in the total number of all children in Ohio with elevated blood lead levels in the pre-2015 statewide data. Data is available at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Childhood-Lead-Poisoning/data-and-statistics/>

² Council on Environmental Health. Prevention of Childhood Lead Toxicity. Pediatrics (July 2016). Vol. 138. Issue 1 at: <http://pediatrics.aapublications.org/content/138/1/e20161493>. See also, CDC Response to Advisory Committee on Childhood Lead Poisoning Prevention (2012) at: https://www.cdc.gov/nceh/lead/acclpp/cdc_response_lead_exposure_recs.pdf

³ Pew Charitable Trusts, “Cutting Lead Poisoning and Public Costs” (2010)