

Senate Finance Sub-Committee on Health and Medicaid

Opponent Testimony to Lead Based Paint Amendment

Presented by Robert Cole, Managing Attorney Advocates for Basic Legal Equality

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Chairman Hackett, Vice Chair Tavares and members of the Senate Finance Health and Medicaid Committee thank you for the opportunity to testify on an important issue—lead based paint. As you are aware Toledo recently passed a city ordinance and an amendment was added in the House that would preempt cities from attempting to force landlords to take responsible action after nearly four decades of neglect. My name is Robert Cole and I am a managing attorney at Advocates for Basic Legal Equality. ABLE is a public interest law firm providing services to the 32 Northwest counties in Ohio. I am also here today as a member of the Toledo Lead Poisoning Prevention Coalition.

Childhood lead poisoning remains a serious problem:

Childhood lead poisoning remains a serious problem in the United States, even though average blood lead levels are significantly lower than those in the middle-to-late 20th century. Evidence of irreversible damage to a child's developing brain resulting in both psychological and cognitive deficits can occur at lead levels much lower than previously believed. No amount of lead is safe. Eliminating all lead exposure in our environment is our best course of action.

Young children become exposed to the lead dust or paint chips when they crawl on the floor and engage in normal hand-to-mouth behaviors, which are highly prevalent between ages 9 and 24 months. Although there are certainly concerns regarding homes with chipping paint, many children are exposed to lead through the dust that comes off of friction surfaces (doors, door frames, windows, window frames) painted with lead-based paint. A very small amount of dust distributed around the floor of a home may significantly raise a child's lead level.

The prediction is that 25.9 percentage of children aged 1–2 years living in housing constructed before 1950 have a blood lead levels of 5 micrograms or greater, which the CDC now recognizes as lead poisoning. Childhood lead poisoning is one of many negative health conditions related to poor home conditions. Many low-income and minority families live in poorly built or substandard homes and are disproportionately impacted by lead exposure. These families often do not have the opportunity to live in healthy environments that promote a safe quality of life. Children living in lead-safe housing are over four times less likely to have higher blood-lead levels than children living in homes with lead hazards.

Effects of Lead Poisoning in Children:

Lead poisoning occurs when lead builds up in the bloodstream over time. Lead poisoning is largely preventable if the source of lead is identified and contained or removed, but it often goes untreated, leaving children to suffer its negative effects. Lead poisoning imposes devastating personal harms on children. Symptoms of lead poisoning in children may include:

- Developmental delay
- Weight loss
- Vomiting
- Learning difficulties
- Sluggishness and fatigue
- Constipation
- Irritability
- Abdominal pain
- Hearing loss

Young children are particularly vulnerable to lead poisoning because their bodies are developing quickly, and the effects can last throughout their lives. The CDC estimates that approximately half a million children in the U.S. between the ages of 1 and 5 have blood lead levels (BLLs) higher than 5 µg/dL. And lead can cause problems even before birth if a woman is exposed to lead paint or dust while pregnant, sometimes resulting in fetal abnormalities.

Possible neuropsychological problems associated with lead exposure include:

- Delayed language or motor milestones (infant, toddler)
- Poor speech articulation
- Poor language understanding or usage
- Problems maintaining attention in school or home
- High activity level (hyperactivity)
- Problems with learning and remembering new information
- Rigid, inflexible problem-solving abilities
- Delayed general intellectual abilities
- Learning problems in school (reading, language, math, writing)
- Problems controlling behavior (e.g., aggressive, impulsive)
- Problems with fine or gross motor coordination

What Constitutes Lead Poisoning?

Despite the very real and measurable impacts of lead poisoning on children, their families, and society at large, children who are lead poisoned often exhibit few or no obvious symptoms at the time when intervention is most effective: when the child is young. A blood test is the only sure way to confirm a case of lead poisoning.

The Centers for Disease Control and Prevention (CDC) has set 5 micrograms of lead per deciliter of blood (5 µg/dL) as the “blood lead level of concern”. The CDC adopted this standard in May 2012, changing the level of concern from 10 µg/dL to reflect improvements in lead detection technology and to address the lasting effects that even a small amount of lead exposure can have on small children. Parents of children with blood lead levels (BLLs) of 5 µg/dL or above are advised to check the home and other places that the child frequents (for example, a day care facility or the home of a caretaking relative) for sources of lead exposure. A child whose BLL equals or exceeds 45 µg/dL requires medical intervention in the form of chelation therapy. A recent study showed an adverse effect on children’s academic performance at school in those with a history of BLLs below 5 micrograms of lead per deciliter of blood (5 µg/dL) in early childhood.

Estimate of the number of children in Toledo with a BLL of 5 ug/dL or greater:

Using census tract-level probabilities and census counts of children under age 6 in these tracts, it is possible to estimate how many children in Toledo are likely lead-poisoned. The estimate is conservative because ODH only provided probabilities for census tracts where the probability was at least 10% — in other words, only for the census tracts in shades of green and blue on the map above. In those tracts combined, there are likely more than 3,400 children under age 6 with a BLL of 5 ug/dL or greater at any given time — almost two-and-a-half times the number of confirmed lead-poisoning cases in the entire seven-year period from 2006 to 2012.

These probabilities and estimates would apply to other cities in Ohio with similarly aged housing.

Toledo’s Community Based Response to Lead Poisoning:

Toledo’s Ordinance is closely modeled after an approach that was adopted by Rochester, New York in 2004. Rochester’s lead law targets high-risk housing to cost-effectively control lead hazards before children are poisoned.

As a result of the Rochester, NY initiative, the number of children under 6 newly diagnosed with elevated levels of lead in their blood has dropped 85 percent over the past decade. With the same level of commitment towards implementation of the ordinance, the City of Toledo can expect similar results in significantly reducing lead poisoning of our children. Without a preventative approach to reducing

exposure to lead as set forth in Toledo's Ordinance, the dangers posed by lead poisoning will continue to fall disproportionately on Toledo's low-income children.

Attached to my written testimony are statistics from the Ohio Department of Health regarding lead poisoning in Ohio.

Thank you for your time I am happy to answer questions.