



University Hospitals



Testimony of

Aparna Bole, MD, Interim Division Chief of General Pediatrics and Adolescent Medicine
University Hospitals Rainbow Babies & Children's Hospital
Cleveland, Ohio
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Chairman Hackett, Ranking Member Tavares, and members of the Senate Finance Health and Human Services Subcommittee, on behalf of University Hospitals' 26,000 doctors, nurses and employees, and more importantly, the community we serve, I am pleased to submit this testimony for the record. Specifically, I write regarding provisions in the House-passed budget that provides the Ohio Department of Health with sole and exclusive authority to regulate lead abatement activities in the State.

My name is Aparna Bole, M.D., and I am the Interim Division Chief of General Pediatrics and Adolescent Medicine at University Hospitals Rainbow Babies & Children's Hospital (UH Rainbow). University Hospitals is a Cleveland, Ohio-based super-regional health system that serves more than 1 million patients in 15 Northeast Ohio counties. The hub of our 18-hospital system is University Hospitals Cleveland Medical Center, of which UH Rainbow is a significant part. I also serve on the American Academy of Pediatrics Council on Environmental Health Executive Committee.

UH Rainbow is a 244-bed, full-service children's hospital and academic medical center. A trusted leader in pediatric health care for more than 125 years, UH Rainbow consistently ranks among the top children's hospitals in the nation. As the region's premier resource for pediatric referrals, UH Rainbow's dedicated team of more than 1,300 pediatric specialists uses the most advanced treatments and latest innovations to deliver the complete range of pediatric specialty services for 700,000 patient encounters, annually.

Lead exposure in the UH Rainbow service area stems primarily from the large portion of housing stock constructed prior to the ban on lead-based paint in 1978, along with maintenance issues that result in peeling and flaking interior and exterior paint. In addition, soil and dust containing lead can be tracked into homes. Young children in particular, who are crawling and have hand-to-mouth behaviors, then ingest these paint chips and dust. As there is no safe level of lead, any presence can have damaging effects.

Lead poisoning continues to be a significant health burden for children throughout Ohio. For example, 2014 statistics from the Cuyahoga County Board of Health showed that 14% of children tested had elevated blood lead levels (BLLs). For perspective, in Flint, Michigan, 7% of children tested in 2014 at the peak of the Flint water crisis had elevated BLLs. In some

Cleveland neighborhoods, as many as 1 in 4 children tested had elevated BLLs. Moreover, there are children living in high-risk areas who are not tested, either because they do not have a medical home or because of barriers to getting tested (e.g. their primary care clinician's office does not have onsite phlebotomy). Therefore, it is likely that we are underestimating the burden of lead poisoning on children in some communities.

Elevated BLLs result in neurodevelopmental toxicity including IQ deficits, attention-related behavioral difficulties, and diminished academic achievement. These children also have cardiovascular, hematologic, immunologic, and endocrine effects. Hospitalization and chelation therapy are required in some cases. Even when children do not meet criteria for medical treatment of lead poisoning, their lead exposure causes these irreversible health consequences.

Of note, children at highest risk of lead poisoning are more likely to experience poverty, food insecurity, and other risk factors for diminished school performance, behavioral problems, and other health issues. Taken in combination, lead poisoning renders children even more susceptible to these additional risks, creating a toxic environment that disproportionately affects already vulnerable children.

UH Rainbow is committed to providing clinical resources and advocacy to prevent lead poisoning and treat affected children in our community. We have streamlined and made even more readily accessible our clinical expertise and educational resources, in response to the needs expressed by pediatricians in our region, community leaders, our patients and families, and community residents. We sought input from all of these important stakeholders through our Medicaid Accountable Care Organization – Rainbow Care Connection - and community outreach efforts.

Key features of our program include:

- A dedicated phone number for any questions related to lead poisoning, may be used by anyone, including medical professionals and the public – (216) 844-LEAD;
- A website updated and re-launched in May 2016 - Rainbow.org/lead;
- A multidisciplinary team of clinicians and community outreach staff;
- Expert hospital-based care of symptomatic patients or those requiring medical chelation therapy;
- Evaluation of referred patients in the Rainbow Ambulatory Practice;
- Participation in community education, outreach, and advocacy; and
- Collaboration with UH MacDonald Women's Hospital prenatal care providers to ensure calcium supplementation is provided to all pregnant women with known or likely history of lead exposure in childhood.

As you know, the House-passed version of the budget would greatly impact the ability of Ohio municipalities to address their local lead problems. Specifically, a last minute amendment was added that grants the sole and exclusive authority to regulate lead abatement activities to the Ohio Department of Health. Furthermore, it voids any existing local ordinance regarding lead abatement. This causes a number of concerns, and I respectfully request that the Senate remove the language before it passes House Bill 49.

First, divesting a municipality of any and all ability to address its specific, local lead issue is a major policy initiative that should be subject to study, review and input from various interested and affected parties. This is an issue that deserves the time and review that is afforded by the committee process. This did not occur before the language was amended into the budget. Such an important issue that impacts thousands of Ohioans, the disproportionate majority of them children, should not be rushed through in the budget bill. We have seen other major policy issues removed from the budget to allow time for due consideration. I ask that the Senate proceed in a similar manner in this case.

Second, it is important to remember that the approach to mitigating each region's lead hazards may be unique. Therefore, a statewide, one size fits all set of regulations may not effectively and efficiently address a local lead issue. The presence of lead, how it impacts a local population and how it should be remedied is a complicated problem. What works in Northeast Ohio may not be successful in Southwest Ohio. Quite simply, communities should have the ability to address the issues they face. The Ohio Department of Health should remain a partner in addressing lead – indeed, a strong partner. UH Rainbow firmly believes State guidance and assistance is warranted and needed. However, just as it would be unwise to exclude the Department of Health and the State from working on regional lead issues, it would be unwise to exclude municipalities and communities from doing the same. In this case, because of the unique circumstances that vary from region to region, designating a single arbiter and decision maker would likely not result in progress.

Finally, lead is dangerous with no acceptable BLL. Therefore, proactive actions are a must and purely reactive measures, taken after a child has been poisoned, are inadequate. This is why local municipalities like Cleveland are actively engaged in designing systems, customized for our communities that will allow us to provide primary prevention of lead poisoning for our children. If adopted, the House-passed budget language would preclude any and all local efforts to ensure – before families move in – that homes are actually habitable and will not poison its inhabitants. Also, studies have shown that for each dollar invested in removing potential sources of lead exposure, the return on investment can be over \$200 in avoided health costs, avoided costs to educational and criminal justice systems, and increased productivity.

I appreciate the opportunity to submit this testimony to the subcommittee, and respectfully request that the language that precludes local action on lead be removed when the Senate passes House Bill 49. I also commit to you that UH Rainbow is willing to work with members of the General Assembly and the Administration to ensure children remain safe from the dangers of lead.