



**House Bill 49  
Interested Party Testimony**

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Senate Finance Subcommittee on Health and Medicaid – May 24, 2017**

Chairman Hackett and Members of the Committee:

Throughout Ohio, communities are dealing with dangerously elevated blood lead levels in children as a result of chipping paint and lead dust in old buildings. Some cities, including Toledo, have made an effort to be proactive in addressing this issue. However, an amendment added to House Bill 49 will undermine these efforts. By prohibiting local governments from creating lead protection policies, we are putting Ohio's children at risk for serious adverse health outcomes related to lead exposure. To protect children from lead poisoning, we ask that the amended language in lines 55142 through 55192 be removed from the bill.

***Lead Poisons Children and Causes Expensive, Lifelong Harm***

Lead poisoning is a completely preventable disease that can cause life-long adverse health outcomes. For children, lead-based paint and lead-contaminated dust in buildings are the most common sources of lead poisoning. Although lead-based paint has been banned for use since 1978, it is still found on the walls and woodwork of older homes and apartments. Most cases of lead poisoning in children stem from the children eating chips of deteriorating lead-based paint. Children under the age of 6 are particularly vulnerable.

Lead poisoning in children can cause the following:

- Irreversible brain damage;
- Severe developmental delays;
- Hearing loss;
- Seizures; and
- Premature or low birth weight.

There is no safe blood lead level, but the CDC recommends public health action be taken at a blood lead level of 5 ug/dL or higher. For most cases, blood lead levels can be decreased by simply removing the source of the contamination.

In 2015, 156,135 Ohio children were tested for lead poisoning. Of those who were tested, 2.8% had confirmed blood lead levels of at least 5 ug/dL. However, prevalence of this disease is not

evenly distributed across the state. In Cuyahoga County, 8.9% of children tested had a blood lead level of 5 ug/dL. In Cleveland, lead poisoning rates have been twice as high as those found during the peak of the contamination crisis in Flint, Michigan. 12.2% of Cleveland children tested had elevated blood lead levels. In Toledo, 5.5% of children tested positive for elevated blood lead levels. These specific areas have a particularly high demand for lead protection policies and an urgent need for immediate public health action.

### ***High-Need Areas Need Targeted Solutions***

The current state solution to lead exposure is reactive. When a child tests positive for elevated blood lead levels, the Ohio Department of Health issues lead hazard control orders which begin a public health investigation of the child's primary residence and school. Once the specific location of the hazard is determined, the owner of the property is required to control the lead hazards and pass a clearance examination. This process relies on a positive diagnosis of lead poisoning and dangerous exposures to lead. However, the symptoms of lead poisoning vary and may be undetectable until dangerous amounts of lead have already accumulated in the blood stream.

These high-need areas like Toledo and Cleveland are seeking out proactive steps to protect their children from lead exposure. In 2016, Toledo passed an ordinance focused on action before lead poisoning is detected. Under the new regulations enacted in Toledo, property owners must prove that their properties will not expose residents to dangerous levels of lead. Depending on the risk of lead exposure, property owners have at least a year to bring their properties into compliance, with options to apply for extensions based on the number of properties owned or cases of hardship. The ordinance does not call for full abatement of properties. Instead, it requires that properties undergo lead-safe inspections, cleaning, and repair. Cleveland is currently considering its own measures.

Changes like these require careful balancing of the interests and considerations of local communities. However, the current budget language would preempt the ability of cities to enact and implement proactive, protective legislation and restrict important community input. By allowing cities to take action, the state will also be better equipped to create effective statewide lead policy in the future. If the state chooses to move forward with increased lead protections, it will have the benefit of learning from community successes.

### ***Conclusion***

In cities where blood lead levels are highest, such as in Cleveland and Toledo, children cannot wait for statewide action. We respectfully request that the Committee remove this amendment from the bill.

Thank you very much for your consideration.