



State Representative

Allison Russo

Sponsor Testimony for House Bill 251

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Good morning, Chairman Lipps, Vice Chair Holmes, and Members of the House Health Committee. Thank you for the opportunity to testify today in support of House Bill 251 along with my colleague and joint sponsor, Representative Joseph Miller.

According to the World Health Organization, poor indoor air quality due to dampness, associated microbial growth, and contamination of indoor spaces is recognized as an important risk to human health. Microbial contaminants, such as mold, not only flourish in damp or water-damaged spaces¹, but can produce secondary metabolites called mycotoxins. As the mold grows, it emits spores into the air that are then inhaled along with the mycotoxins it produces. The symptoms and severity caused by mold inhalation can vary depending on the kind of mycotoxin the mold produces; the amount and length of the exposure; the age, sex, and health of the individual; and the interactive effect of genetics, diet, disease status, etc. with the mycotoxin. As a result, mycotoxins can increase vulnerability to microbial diseases, worsen malnutrition, and interact with other toxins in the body². Exposure to airborne mycotoxins is clinically associated with respiratory symptoms, respiratory infections, allergies, asthma, and diverse immunological reactions. Research and clinical evidence corroborate the correlation between exposure to dampness-related mold and other microbial agents and the increased risk of these symptoms¹.

The scope of this problem is quite large; a 2007 US EPA report published in the journal *Indoor Air* concluded that 4.6 million or 21.1% of all asthma cases in the United States were the direct cause of dampness and mold in indoor environments. The cost of treating asthma attributed to mold exposure is significant at an estimated \$3.5 billion annually as of 2007³. Ohioans are not unaffected: given these percentages, it is likely that approximately 211,000 Ohioans and 40,090 children have asthma directly caused by dampness and mold exposure⁴. Given that the US EPA estimates that Americans spent 90% of their time indoors pre-pandemic⁵, it is vital that we address the dampness and mold issue if we are to ensure better health outcomes for Ohioans. Multiple studies have also found that poor indoor air quality is a key risk factor for the health and performance of students and staff in schools.

House Bill 251 addresses this issue by requiring the Ohio Director of Health to create an indoor mold information and awareness program. Designed primarily as an education campaign, this program would raise public awareness through the dissemination of information about indoor mold, conditions under which unmitigated mold contamination occurs, possible health effects, methods for identification, and contact information for organizations able to assist with mold remediation. The Department of Health would be required to conduct studies on the adverse effects of human exposure to mold in damp and water-damaged buildings, as well as review and technology and techniques for mold remediation every five years. Additionally, this

legislation would also require an owner of a property to disclose the presence of mold with reasonable cause to a potential buyer, tenant, or occupant. This component is important, as recent studies show that improvement of housing conditions can reduce morbidity from asthma and respiratory allergies.

By implementing this program, we are providing Ohioans with an opportunity to identify and address health risks affecting themselves and their loved ones, thereby improving health outcomes and lowering the economic impact of dampness and mold exposure. We are also providing property owners, such as Ohio's landlords, with the opportunity to ensure they are fully meeting the requirements in The Ohio Landlord Tenant Law to make all repairs needed for an apartment to be livable and for major systems to be kept in working order.

Chairman Lipps, Vice Chair Holmes, and members of the House Health Committee, thank you for your time and for the opportunity to testify regarding House Bill 251. Representative Miller and I are happy to answer any questions you may have. Thank you.

¹ World Health Organization. Regional Office for Europe. (2009). WHO guidelines for indoor air quality: dampness and mould. World Health Organization. Regional Office for Europe. <https://apps.who.int/iris/handle/10665/164348>

² Bennett, J. W. & Klich, M. Mycotoxins. *Clin. Microbiol. Rev.* **16**, 497–516 (2003).

³ Mudarri, D. and W.J. Fisk. (2007). Public Health and Economic Impact of Dampness and Mold. *Indoor Air Journal.* **17**. 226-235.

⁴ Ohio Department of Health. (2019). Burden of Asthma in Ohio 2019. https://odh.ohio.gov/wps/wcm/connect/gov/34c902fb-5d06-4765-9205-b86c05934908/Asthma+Burden+Report.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKS PACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-34c902fb-5d06-4765-9205-b86c05934908-n8-qGyk#:~:text=Nearly%20190%2C000%20Ohio%20children%20under,prevalence%20rates%20from%202012%2D2018.

⁵ US Environmental Protection Agency. Indoor Air Quality: What are the trends in indoor air quality and their effects on human health? Last updated September 2021. Accessed October 2021. <https://www.epa.gov/report-environment/indoor-air-quality#note1>