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HOUSE DEMOCRATIC POLICY COMMITTEE

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House of Representatives
COMMONWEALTH OF PENNSYLVANIA

HOUSE DEMOCRATIC POLICY COMMITTEE HEARING

Topic: Childhood Blood Lead Test Act

National Constitution Center – Philadelphia, PA

January 22, 2019

AGENDA

- 2:00 p.m. Welcome and Opening Remarks
- 2:10 p.m. Dr. Loren Robinson
Deputy Secretary for Health Promotion and Disease Prevention
Pennsylvania Department of Health
- 2:40 p.m. Panel One:
- Rachel Kaminski, Member, Get the Lead OUT: Riverwards Philadelphia
 - Colleen McCauley, Health Policy Director, Public Citizens for Children and Youth
- 3:20 p.m. Panel Two:
- Dr. Kevin Osterhoudt, Medical Director, The Poison Control Center at Children's Hospital of Philadelphia
 - George Gould, Senior Attorney, Community Legal Services
- 4:00 p.m. Closing Remarks

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House Co-Sponsorship Memoranda

House of Representatives Session of 2019 - 2020 Regular Session

MEMORANDUM

Posted: December 4, 2018 02:15 PM
From: [Representative MaryLouise Isaacson](#)
To: All House members
Subject: Childhood Blood Lead Test Act

Among states with older houses, lead-based paint is a significant source of lead exposure in young children. Pennsylvania ranks third in the nation for the number of housing units built before 1950, meaning a significant number of houses and apartments in the Commonwealth were likely constructed with lead paint. This puts many children in Pennsylvania at risk of lead exposure and potential long-lasting damage to their health.

In its 2015 Childhood Lead Poisoning Prevention Report, the Pennsylvania Department of Health stated that approximately 28 percent of children within the Commonwealth under the age of two were tested for lead. Over 4,000 children, or five percent of those tested, had at least one elevated blood lead test result. Any level of lead exposure can cause great harm to young children; low levels of exposure may make learning difficult, harm hearing and delay development, while higher levels of exposure can cause convulsions, coma and even death.

It is for these reasons that I am introducing the Childhood Blood Lead Test Act, which would require that all Pennsylvania children are tested for lead at ages one and two. Please join me in co-sponsoring this critical legislation in an effort to protect our children against lead poisoning and its harmful effects.



Introduced as [HB79](#)

AN ACT

1 Providing for blood lead testing of certain children by health
2 care providers, for health insurance coverage for blood lead
3 testing and imposing duties on the Department of Health.

4 The General Assembly of the Commonwealth of Pennsylvania
5 hereby enacts as follows:

6 Section 1. Short title.

7 This act shall be known and may be cited as the Childhood
8 Blood Lead Test Act.

9 Section 2. Legislative findings.

10 The General Assembly finds and declares as follows:

11 (1) Lead is a naturally occurring element that is toxic
12 to humans when ingested or inhaled.

13 (2) Severe lead poisoning causes convulsions,
14 intellectual disabilities, seizures and sometimes death.

15 (3) Low-level exposure to lead reduces intelligence,
16 delays cognitive growth and impairs physical development.

17 (4) Children who are in utero or less than six years of
18 age are most sensitive to lead poisoning because their brains

1 and nervous systems are still developing.

2 (5) The only way to diagnose a child with an elevated
3 blood lead level is through a blood test.

4 (6) The health and development of children is endangered
5 by chipping or peeling lead-based paint or lead-contaminated
6 dust or soil in homes and neighborhoods throughout this
7 Commonwealth.

8 (7) Other sources of lead exposure can be through lead
9 service lines for drinking water, lead solder used in
10 drinking water lines and lead in consumer products such as
11 toys, foods, cosmetics and ceramics.

12 Section 3. Legislative purpose.

13 The purposes of this act are:

14 (1) To promote the elimination of childhood lead
15 poisoning in this Commonwealth with the purpose of
16 establishing a system predicated on cost-effective, health-
17 protective measures to evaluate and control lead-based paint
18 hazards in housing built prior to 1978.

19 (2) To substantially reduce, and eventually eliminate,
20 the incidence of childhood lead poisoning in this
21 Commonwealth.

22 (3) To substantially reduce the risk of childhood lead
23 poisoning in this Commonwealth by increasing the supply of
24 lead-safe housing.

25 (4) To improve public awareness of lead safety issues
26 and educate both property owners and tenants about practices
27 that can reduce the incidence of lead poisoning.

28 (5) To require the testing of all children in this
29 Commonwealth at one and two years of age so that prompt
30 diagnosis and treatment, as well as the prevention of harm,

1 are possible.

2 Section 4. Definitions.

3 The following words and phrases when used in this act shall
4 have the meanings given to them in this section unless the
5 context clearly indicates otherwise:

6 "Blood lead test." A blood lead draw whether by capillary,
7 venous or unknown sample type on a child that produces a
8 quantifiable result and is analyzed by a Clinical Laboratory
9 Improvement Amendments-certified facility or an approved
10 portable device.

11 "Department." The Department of Health of the Commonwealth.

12 "Elevated blood lead level." A single blood lead test,
13 whether capillary or venous, at or above the Centers for Disease
14 Control and Prevention's reference range value.

15 Section 5. Lead poisoning prevention.

16 (a) Lead testing requirements.--

17 (1) A health care provider shall make reasonable efforts
18 to ensure that patients under the health care provider's care
19 receive a blood lead test between nine and twelve months of
20 age and again at approximately 24 months of age.

21 (2) If the results of the blood lead test indicate an
22 elevated blood lead level, the health care provider shall
23 perform a confirmatory blood lead test by venipuncture within
24 12 weeks of the first blood lead test.

25 (3) Health care providers and laboratories shall comply
26 with reporting regulations as specified in 28 Pa. Code §
27 27.34 (relating to reporting cases of lead poisoning).

28 (b) Nonapplicability.--The testing requirements in this
29 section shall not apply if a child's parent or legal guardian
30 objects in writing to the blood lead test on religious grounds

1 or on the basis of a strong moral or ethical conviction similar
2 to a religious belief.

3 Section 6. Duties of department.

4 (a) Comprehensive educational program.--The department shall
5 conduct a public information campaign to inform parents of young
6 children, physicians, nurses and other health care providers of
7 the lead testing requirements under this act.

8 (b) Distribution of literature about childhood lead
9 poisoning.--

10 (1) The department shall provide culturally and
11 linguistically appropriate educational materials regarding
12 childhood lead poisoning, the importance of testing for
13 elevated lead levels, prevention of childhood lead poisoning,
14 treatment of childhood lead poisoning, remediation and, when
15 appropriate, the requirements of this act.

16 (2) Educational materials shall be available at no cost
17 and shall be developed for specific audiences, including
18 health care providers, homeowners, landlords and parents or
19 caregivers.

20 (c) Statewide registry.--The department shall develop an
21 electronic system to provide for the confidential storage and
22 management of blood lead testing information that enables a
23 health care provider to review a patient's history to determine
24 the status of blood lead testing required under this act.

25 Section 7. Blood lead testing coverage.

26 (a) General rule.--A health insurance policy or government
27 program covered under this section shall provide to covered
28 individuals or recipients who are under two years of age
29 coverage for one blood lead test during the time period between
30 nine and twelve months of age, one blood lead test at

1 approximately 24 months of age and, if the results of either of
2 the blood level tests indicate an elevated blood lead level, an
3 additional blood lead test by venipuncture within 12 weeks of
4 the blood level test in which the elevated blood lead level was
5 indicated.

6 (b) Copayments, deductibles and coinsurance.--Coverage under
7 this section shall be subject to copayment, deductible and
8 coinsurance provisions and any other general exclusions or
9 limitations of a health insurance policy or government program
10 to the same extent as other medical services covered by the
11 health insurance policy or government program are subject to
12 such provisions.

13 (c) Construction.--This section shall not be construed as
14 limiting benefits which are otherwise available to an individual
15 under a health insurance policy or government program.

16 (d) Applicability.--

17 (1) This section shall apply to a health insurance
18 policy offered, issued or renewed on or after July 1, 2019,
19 in this Commonwealth to groups of 51 or more employees. This
20 section shall not include the following policies:

21 (i) An accident only policy.

22 (ii) A credit only policy.

23 (iii) A long-term care or disability income policy.

24 (iv) A specified disease policy.

25 (v) A Medicare supplement policy.

26 (vi) A TRICARE policy, including a Civilian Health
27 and Medical Program of the Uniformed Services (CHAMPUS)
28 supplement policy.

29 (vii) A fixed indemnity policy.

30 (viii) A dental only policy.

- 1 (ix) A vision only policy.
- 2 (x) A worker's compensation policy.
- 3 (xi) An automobile medical payment policy.
- 4 (xii) Another similar policy providing for limited
- 5 benefits.

6 (2) This section shall apply to a contract executed on
7 or after July 1, 2019, under Article XXIII-A of the act of
8 May 17, 1921 (P.L.682, No.284), known as The Insurance
9 Company Law of 1921, or by any successor program.

10 (e) Report.--An insurer shall issue a report to the
11 Insurance Department, in a form and manner as determined by the
12 Insurance Department, to evaluate the implementation of this
13 section by January 1, 2021.

14 Section 8. Applicability.

15 This act shall apply as follows:

16 (1) For health insurance policies for which either rates
17 or forms are required to be filed with the Insurance
18 Department or the Federal Government, this act shall apply to
19 any policy for which a form or rate is first filed on or
20 after the effective date of this section.

21 (2) For health insurance policies for which neither
22 rates nor forms are required to be filed with the Insurance
23 Department or the Federal Government, this act shall apply to
24 any policy issued or renewed on or after 180 days after the
25 effective date of this section.

26 Section 9. Regulations.

27 The department shall promulgate rules and regulations
28 necessary to administer this act.

29 Section 10. Effective Date.

30 This act shall take effect in 60 days.



pennsylvania
DEPARTMENT OF HEALTH

Representative Isaacson Hearing on Childhood Lead Testing
January 22, 2019

Loren Robinson, MD
Deputy Secretary of Health Promotion and Risk Reduction

Good morning and thank you to Chairmen Sturla, Rep. Isaacson and the House Democratic Policy Committee for the opportunity to participate in this hearing. I am Dr. Loren Robinson, Deputy Secretary of Health Promotion and Risk Reduction for the Pennsylvania Department of Health. As the Deputy Secretary, I am responsible for oversight of multiple programs and services in Pennsylvania that fulfill strategies of the department's mission to promote healthy lifestyles and prevent injury and disease. This includes programming that serves to prevent lead exposure and to educate and empower citizens of the commonwealth to live safe and healthy lives. In addition, I am serving as the Secretary of Health's designee on the advisory council of the Joint State Government Commission to review lead-related policies. I truly value opportunities like this to share information from the Department of Health and, more importantly, to hear from people in communities throughout this commonwealth about the issues and concerns that matter at the local level, so that we can be sure that actions we take are meaningful and beneficial.

The Wolf Administration takes the issue of lead exposure very seriously and supports a range of efforts to prevent and address lead exposure. These efforts require contributions from several state agencies. The Department of Environmental Protection plays a critical role in drinking water management and air quality. The Department of Labor and Industry oversees training and licensing of lead abatement workers and companies; the Department of Community and Economic Development manages housing rehabilitation grants; the Department of Human Services provides clinical services for children enrolled in Medical Assistance or the Children's Health Insurance Program (CHIP). At the local government level, cities, counties, and municipalities are responsible for establishing and enforcing housing codes.

The Department of Health complements these roles and is responsible for several activities related to lead poisoning prevention, including surveillance of population blood lead levels, follow-up for children identified with elevated blood lead levels, education and information, and targeted lead abatement.

Over several decades, the Department of Health has administered federal funding for lead poisoning prevention and surveillance activities. As federal funding for lead poisoning activities

has changed and decreased over time, the Department continues to strive to identify the best uses of funding to achieve public health goals. What we know about lead exposure is that even children with blood lead levels that were previously thought to be “normal” or “low,” can suffer from long-term effects, such as learning difficulties, behavior problems, or developmental delays. Preventing children from being exposed is the best way to have lasting impacts on the health of the population, and that concept is fundamental to the department’s efforts in addressing lead hazards in Pennsylvania.

According to the 2010 census data, Pennsylvania is third in the nation for having the most housing units built before 1950, when lead-based paint was most prevalent. As these houses get older and the condition deteriorates, or normal renovation occurs to replace windows, scrape and repaint porches, or any other work that affects the condition of the paint, there is a chance that lead-based paint dust can be spread to floors, yards, or windowsills, where it becomes easy for children to be exposed. If you buy or rent a house built before 1978, federal law requires the seller or landlord to disclose any records of the presence of lead-based paint, to help you make your decision about whether this is the right home for you and your family. Lead-based paint is not hazardous if it is maintained in good condition, and there are also state and federal requirements for contractors to be trained and certified and follow work practices designed to reduce the amount of hazardous lead dust that is created as a result of renovation work. Any home that was built before 1978 and having work done by a contractor, the contractor should provide the contractor’s lead certification.

You might also hire a lead inspector or risk assessor to test your home for lead. An inspector can tell you whether lead is present and a risk assessor can tell you whether the lead is a hazard, and what to do about it. The inspections, risk assessment, and abatement can be expensive, and the Department of Health has consistently applied for and received federal funding to assist vulnerable families with the costs for this work. On average, an inspection and risk assessment may cost around \$800 and for a home that has multiple lead hazards, the costs to make a single-family home lead safe could range from a few thousand dollars to as much as \$25,000.

Currently, the department’s lead hazard control program is operating in targeted communities, including Philadelphia, Norristown, Chester, and Coatesville, to provide financial assistance for

the identification and remediation of lead hazards in a limited number of homes. Other sources of lead are also important to consider. Exposure sources can include toys, ceramics and other consumer products such as cosmetics, candy, and spices for example. Parents or other adults in the household who work with lead may also bring lead dust home on their clothes. Water can also be problematic when it flows through older lead plumbing and pipes where lead solder has been used.

All blood lead test results in children under 16 years of age are reportable to the Department of Health. The Centers for Disease Control and Disease Prevention has defined a confirmed elevated blood lead level as 5 micrograms per deciliter or greater via a venous blood test or from two capillary blood lead tests at or greater than 5 micrograms per deciliter drawn within 12 weeks of each other. Families with children testing at this level receive outreach and education from the department's community health nurses; children testing at higher levels receive increased outreach and case management from the department. During 2017, 29.55% of Pennsylvania children ages 0 through 23 months were tested for lead; however, one goal of new childhood lead funding from the Centers for Disease Control and Prevention will be increased testing of young children. In 2017, 43.97% of Philadelphia children ages 0 through 23 months were tested for lead, and among these tested children, 4.85% were found to have confirmed lead levels at 5 micrograms or greater, and 1.18% were found to have confirmed lead levels at 10 micrograms or greater. With improved testing and surveillance in coming years, the Department of Health hopes to better target prevention activities to those areas and risk groups in the state most at risk.

When it comes to preventing lead exposure during childhood, there are several key messages to remember: Know your risks – Consider getting a risk assessment in your home if you are concerned about the condition of the paint or if you are planning a renovation.

Keep it clean – wipe dust from windows or floors using a microfiber cloth, wet wipes, or a vacuum with a HEPA filter. Children are often exposed by picking up dust on their hands from crawling or playing and then putting their hands in their mouths. You cannot keep children from putting their hands in their mouths, but cleaning their toys and the places they play and having them play in grassy areas instead of soil can reduce their risk of lead exposure. And, use caution

when doing renovation – hire certified contractors to do the work, so that construction work does not create new hazards.

The department also staffs a toll-free Lead Information Line (1-800-440-LEAD), to provide information and referrals for concerned parents or professionals about all the things I am talking about today.

As much as we are focused on prevention of lead exposure, it is also important for families to know that the only way to be aware of individual lead exposure status, is to have your child tested, around age one and again around age two, the time that they are at the greatest risk. It's a simple blood test and covered by insurance. If the results are high, your child's doctor will coordinate the next actions. The Departments of Health, Human Services and Insurance supported the House of Representative's universal childhood blood lead testing bill last session, which would require blood lead testing at these ages. The Department of Health has also been awarded federal funding to support activities that will help raise awareness and education about childhood lead prevention and testing, to make sure that children who have high lead levels are being linked to the appropriate services, and that doctors who provide this care are informed about what the current best practices are for managing children with elevated blood lead levels.

As the Deputy Secretary for Health Promotion and Risk Reduction, I would be remiss if I did not mention other issues beyond lead that are important pieces of the discussion about the environment in which children are growing up. At the Department of Health, we recognize that lead poisoning has lasting effects and is entirely preventable, but we certainly cannot ignore the other factors that exist simultaneously, and often lead to more detrimental outcomes, immediately and in the future. We have to be tuned in to other issues that are causing childhood deaths every year, including air quality problems that contribute to childhood asthma, fires or carbon monoxide poisoning, falls and sports-related injuries that lead to concussions and traumatic brain injuries, unsafe sleep environments for infants, and violence. To address other household issues in a more comprehensive manner, the department established the Safe and Healthy Homes Program which helps families to reduce risks of harm to all residents in their homes. This program was developed because of lessons learned in previous lead poisoning

programs and is an example of a continuous process for how we implement programs and services in the department. In public health, we must consider the data about what factors are most likely to impact the population and what interventions exist to improve outcomes. We must study whether there are any populations that are more at risk for negative outcomes and why. We must constantly evaluate whether the resources we are putting in to a solution are having the impact that we expect. And always, we must be mindful about whether policies or services will have unintended consequences that do more damage than good. Again, I thank you for the opportunity to be a part of this hearing and I appreciate your comments and questions as we continue this discussion.

Testimony of Colleen McCauley, Health Policy Director, PCCY**HB 97 - House Democratic Policy Committee – January 22, 2019**

Thank you, Representative Isaacson and members of the House Democratic Policy Committee, for this opportunity to discuss the critical issue of how to protect more babies from being unnecessarily harmed by lead poisoning. I'm Colleen McCauley, the Health Policy Director at Public Citizens for Children and Youth or PCCY, and we are a children's policy and advocacy organization working to improve the lives and life chances of kids in southeast PA and beyond. I've been engaged in lead poisoning prevention activities for 17 years. I facilitated the coalition that drafted and successfully advocated for the passage of Philadelphia's 2011 lead disclosure law requiring rental property owners to certify that their pre-1978 properties are free of lead hazards, and I currently convene the Lead Free Philly Coalition that is striving to make the current law more enforceable. I've also participated in a number of state-level activities including the creation of the PA Department of Health's Lead Elimination Plan. And I'm a member of a Steering Committee of the National Center for Healthy Housing. I'm also a nurse, a parent and a current home owner and previous renter of properties built before 1978.

I am grateful for your attention to this matter. Pennsylvania ranks second in the nation behind New York State with the greatest number of children poisoned by lead with 9,366 kids poisoned in 2017.ⁱ I understand the heart of HB79 is to require that a reasonable effort be made to have all babies in the Commonwealth tested for lead poisoning and to require health insurance companies to cover the cost. What's important to note is that the state is the insurer for nearly 1 in 2 children in the Commonwealth – I'm referring to the children enrolled in Medicaid (1.2 million) and the Children's Health Insurance Program or CHIP (180,000). And as the insurer of these children, the state is mandated to ensure that they are tested for lead based on the Center for Medicaid and Medicare Services (CMS) guidelines – which calls for babies to be tested at 12 and 24 months – or more simply put, two tests before children turn three.ⁱⁱ The problem is that too many of these kids for whom the state is already mandated to ensure get tested are not being tested even once. For CHIP, on average 40% of targeted kids are not tested at all (with a range of 22-71% not tested across health plans)^{iv} and 20% of targeted Medicaid kids are not tested at all (with a range of 15-25% across health plans)^v. Regarding the share of kids being tested twice by age three, neither the CHIP nor Medicaid programs measure this, so the state doesn't know if it is complying with CMS guidelines or not.

Because limited resources are available to address this issue, I urge you to first help ensure that the kids for whom testing is already mandated get tested because they are at highest risk for being poisoned. The children at greatest risk for poisoning are children who live in poverty – and these are most of the nearly 1.4 million Pennsylvania kids enrolled in Medicaid and CHIP. Poverty is key because the vast majority of children harmed in PA and across the nation are poisoned by lead-based paint hazards from their older homes that are in disrepair because their parents have low incomes and can't afford to maintain their properties OR because they typically live in sub-standard rental properties that are not properly maintained.

In addition to poor children, minority children and children who are immigrants or whose parents are immigrant are also among kids at highest risk for being poisoned.^{vi} Here again, state data on whether these children are being tested is limited. The State Department of Health reports that 11% of children tested are African American^{vii}, yet almost triple that number or 27% of children on Medicaid are African American. The State Department of Health doesn't have any data on the share of Latinx children tested.

To increase the number of children mandated to be tested on Medicaid and CHIP, I recommend that you take the following steps:

First, amend HB97 to include the requirement that each Medicaid and CHIP health insurance plan annually report compliance with the CMS lead poisoning testing guidelines.

Second, require the PA Department of Health to provide more robust reporting on children tested - and children poisoned – and this is something we've been speaking with officials in the DOH about and some of these changes officials also identified and are already working on for the next report. We recommend that reports include children's: insurance type (Medicaid, CHIP, private coverage); race and ethnicity, and the source of poisoning (paint flakes, lead dust, soil, etc.). We also recommend that DOH reports include maps of larger PA cities showing zip code or even census tract level data on the share of children tested once and twice for lead by age three. The Philadelphia Department of Public Health, for example, has more recently begun publishing these maps which would provide critical tools for the state and municipalities to monitor progress, identify areas with low testing rates that may need more resources and areas with higher testing rates and best practices that could be replicated. (See page 3 below for samples of these maps).

Once the state increases testing for the most at-risk kids on Medicaid and CHIP, then more resources could be allocated to expand mandated testing for children with private insurance – perhaps starting with municipalities where there is already a high share of kids with public health insurance because health care providers there are used to testing children AND where there is a high share of older properties built before 1978. City health departments in Philadelphia and Pittsburgh, for example, have already established recommendations for health care providers to test all children at one and two years old.

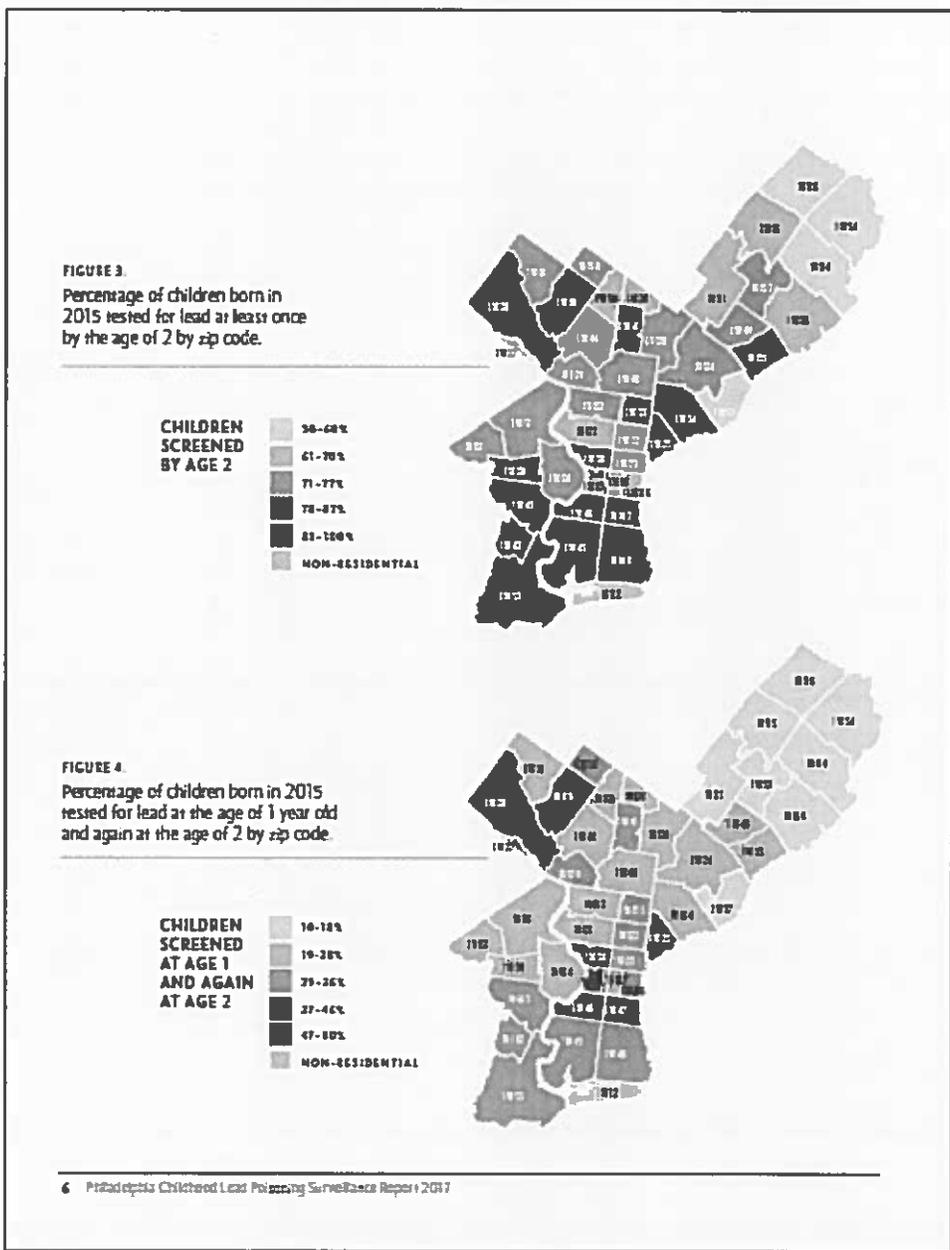
When the state would move towards universal testing, I recommend any mandate put on private insurers to test children be equivalent to the CMS testing mandate. I also recommend that for the purpose of measuring the number of kids tested, that the state collect data for the first lead test between the ages of 9 and 24 months and for the second test between the ages of 25 and 36 months. I say this because many children are not tested exactly in their birthday month as the CMS guidelines require (i.e. at 12 and 24 months). If the state were only to record lead tests during these few months of a child's life, we'd miss lots of lead tests - and the Department of Health's lead poisoning surveillance reports reflect this. For example, in 2017, about 30% of all children tested were under one (0-11 months), another 30% were one year old (12 to 23 months) and yet another 30% were two years old (24 to 35 months).

It is important for the legislature, governmental departments and private entities to work together and take steps to increase lead poisoning testing among children and improve testing reporting. As you know, however, testing children is a necessary intervention – but it's not sufficient to actually reduce lead poisoning. Testing children's homes and removing any identified lead hazards is the most meaningful strategy to move the Commonwealth toward decreasing this injurious health care condition that robs children of their full potential and increases state costs for health care, early intervention services, special education, juvenile justice and other related services.

With limited resources, PCCY believes the state should be investing most of its time and money in assisting low income property owners get lead hazards out of their older properties so children don't get harmed in the first place. There are a number of best practices and potential strategies to generate

remediation funds, and I particularly urge the legislature to consider imposing an additional five cent tax on a gallon of paint to enable the creation of a designated remediation program. PCCY and other partners would be happy to be a resource to explore a paint tax and other funding ideas. Thank you for your time today.

Maps of percentage of Philadelphia children tested once and twice by age two by zip code. From the Philadelphia Department of Public Health Childhood Lead Poisoning Surveillance Report 2017.



ⁱ Pennsylvania Department of Health. (2018). 2017 Childhood Lead Surveillance Annual Report. Available at <https://www.health.pa.gov/topics/Documents/Environmental%20Health/2017%20Childhood%20Lead%20Surveillance%20Annual%20Report.pdf>.

ⁱⁱ Center for Disease Control and Prevention. (2018). Lead Screening Table by State 2012-2016. Available at <https://www.cdc.gov/nceh/lead/data/national.htm>.

ⁱⁱⁱ Centers for Medicare & Medicaid Services. (2016). CMCS Informational Bulletin - Coverage of Blood Lead Testing for Children Enrolled in Medicaid and the Children's Health Insurance Program. Available at <https://www.medicare.gov/federal-policy-guidance/downloads/cib113016.pdf>.

^{iv} Commonwealth of Pennsylvania Department of Human Services. (2018). Children's Health Insurance Program HEDIS® 2017 Comprehensive Report. Available at https://www.chipcoverspakids.com/chip-resources/Documents/2017_chip_hedis_comprehensive_report.pdf.

^v Centers for Medicare & Medicaid Services. (2018). EPSDT 2017 State Report. Available at <https://www.medicare.gov/medicaid/benefits/epsdt/index.html>.

^{vi} Robert Wood Johnson Foundation and Pew Charitable Trusts. (2017). 10 Policies to Prevent and Respond to Childhood Lead Exposure. Available at <https://www.pewtrusts.org/en/research-and-analysis/reports/2017/08/10-policies-to-prevent-and-respond-to-childhood-lead-exposure>.

^{vii} Pennsylvania Department of Health. (2018). 2017 Childhood Lead Surveillance Annual Report. Available at <https://www.health.pa.gov/topics/Documents/Environmental%20Health/2017%20Childhood%20Lead%20Surveillance%20Annual%20Report.pdf>.



Certified by the American Association of Poison Control Centers

Comments on Childhood Lead Exposure in Philadelphia

House Democratic Policy Committee public hearing re: Childhood Lead Testing Act HB79

Philadelphia, PA

January 22, 2019

Dr. Kevin C. Osterhoudt

Director, Section of Clinical Toxicology of the Division of Emergency Medicine,
Medical Director, The Poison Control Center,
Children's Hospital of Philadelphia;
Community Outreach and Education Core,
The Center for Excellence in Environmental Toxicology, The University of Pennsylvania

Lead is a *burglar*. It creeps undetected within our homes and schools and steals from our children. Lead robs our children of their potential!

Pennsylvania children are all too frequent victims of lead's thievery. Lead lurks in house paint manufactured before 1978, and is especially abundant in house paint used before 1950. Pennsylvania has approximately 2 million homes built before 1950, and another 2 million built between 1950 and 1977. Because of exposure to dust from lead paint within homes, the Poison Control Center at the Children's Hospital of Philadelphia* still regularly receives calls from doctors and parents seeking expert help in managing too many children with lead poisoning.

Lead can sometimes be found in our water service lines, or in our plumbing. Vitruvius was one of the great architects of the Roman Empire more than 2000 years ago. When building aqueducts to carry water he wrote:

24-hour hotline
1-800-222-1222

2716 South Street, 7th Floor, Philadelphia, PA 19146-2306
Administration 215-590-2003 • Fax 215-590-4419
www.poisoncontrol.chop.edu

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“Water conducted through earthen pipes is more wholesome than that through lead; [lead] destroys the vigour of the blood; water should therefore on no account be conducted in leaden pipes if we are desirous that it should be wholesome.”

Despite that knowledge from two millennia ago, lead was still used in water delivery systems in the 1970s and 1980s. Pennsylvanians can be proud of our important role in American history. But we also acknowledge that our older housing stock, and older water delivery systems, can place our children at risk of lead exposure.

Testing blood for lead is currently the best way to identify children who have ingested high amounts of lead. House Bill 79, the Childhood Lead Testing Act, proposes to improve children’s access to blood lead testing and mirrors the American Academy of Pediatrics recommendations for blood lead testing in high prevalence areas. Pennsylvania is most certainly a high prevalence area.

I am grateful to Representative Mary Isaacson, and her colleagues for hosting this public hearing today. Through education, advocacy, policy, investment and action, lead poisoning can be prevented. Improved blood lead testing of children in Pennsylvania will allow our educators, advocates, and policy makers to better define the problem of childhood lead poisoning so that our communities can work together to preserve the futures of our children.

As a pediatrician and a toxicologist with over two decades of experience in treating children with lead poisoning, I will leave you with a final note. A child’s brain develops and grows miraculously throughout pregnancy and that first year of life. It is important for us to identify and deal with our lead problem before discovering it with a blood test at one year of age. Our founding father, Ben Franklin, has been attributed as saying, “an ounce of prevention is worth

a pound of cure.” This is especially true with regard to childhood lead exposure. **We need to get one step ahead of lead!** We need to take reasonable efforts to remove this burglar from our homes, our schools, and our communities.

I heartily support House Bill 79 as an important piece of our commonwealth’s response to Pennsylvania’s childhood lead poisoning problem. Standing here at Philadelphia’s great National Constitution Center, let’s declare that freedom from lead poisoning should be an unalienable Right for our children in their pursuit of Life, Liberty, and Happiness.

*The Poison Control Center at the Children’s Hospital of Philadelphia is available to provide clinical expertise to those with questions about lead poisoning.

The Poison Control Center at the Children’s Hospital of Philadelphia can assist with HB79’s directives to the Philadelphia Department of Health related to development of educational programs and materials.

Together, let’s get one step ahead!

Collections

The all-too-ordinary kind of lead poisoning



Government workers treating lead-based paint on unoccupied houses in California in 2003. (File)



GALLERY: Government workers treating lead-based paint on unoccupied... (File)

By Kevin C. Osterhoudt
POSTED February 16 2016

Every great drama has a hero, a villain, and a victim. Perhaps that is why the lead contamination of the Flint, Mich., water supply has captured the nation's attention.

Dr. Mona Hanna-Attisha is the noble pediatrician credited with battling bureaucracy to expose the haunting truth, the government is the wrongdoer accused of malfeasance and a cover-up, and thousands of innocent children have been put in harm's way. In the aftermath, celebrities and politicians are speaking out about this newly discovered social injustice, and money is flowing in.

But don't be misled by the current frenzy: Lead poisoning has been harming children for more than a century, and deteriorating lead house paint remains the greatest threat.

I take care of plenty of lead's victims. Most are poor, and many are minorities.

Recently, I spoke to the mother of a young child with anemia, behavioral problems, and a blood lead concentration higher than 50 micrograms per deciliter - more than 10 times what is considered acceptable. The dust inside the family's house and the soil outside are laden with lead.

This is not unusual in Philadelphia - or in Baltimore, Boston, or any other city with a lot of old housing. Paint used on the interiors and exteriors of homes contained large concentrations of lead through 1950 (In fact, it was often advertised as "white lead," which was up to 80 percent lead carbonate.)

Lead was removed from house paint almost entirely by 1978. It was also removed from U.S. gasoline. These public-health measures were important and powerful. During the period from 1976 to 1980, 88 percent of preschool-age children were found to have blood lead concentrations greater than 10 micrograms per deciliter; by 1994, less than 4 percent of children did. We've come a long way!

Still, in 2011, an estimated 37 million U.S. housing units still contained lead-based paint. And during the period from 2007 to 2010, approximately 2.6 percent of preschoolers were found to have blood lead concentrations greater than 5 micrograms per deciliter, according to federal data.

The latest reports are that the proportion of children with high lead levels in Flint has doubled, to 4 percent, and reached 6 percent in certain neighborhoods. But let's compare this with the long-standing environmental injustice across the United States. A startling 8 percent of Detroit preschoolers had high blood lead levels in 2013, Michigan's Childhood Lead Poisoning Prevention Program

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found, but there was little outrage in the national media about the cognitive and behavioral harm inflicted on them. Meanwhile, 20 percent of children tested in Ailantown and Altona in 2014 had high blood lead levels, according to state data, but celebrity sightings were few in these communities, as were resources and solutions.

Across America, lead tends to burden poor and minority families who often lack the financial resources to escape. Removal of lead from the environment and primary prevention of the harms of lead poisoning are challenging propositions requiring creative thought and serious investment.

The Flint tragedy never should have happened, and it merits careful examination. But let's not be complacent about the most dangerous lead villain lurking among us. Deteriorating paint and contaminated dust remain the greatest lead threat to American children, deserving at least as much notoriety and concern as the water in Flint.

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PA AAP June-July 2017 E-News



PA Taking the Lead: Getting One Step Ahead of Lead

By Kevin C. Osterhoudt, MD, MS; FAAP

Every pediatrician knows that lead is a poison. Population studies show us that elevated blood lead concentrations, even among otherwise asymptomatic children, are associated with impaired neurocognitive function and that injury persists through adulthood. It can rob our children of their full potential.

As a pediatrician and medical toxicologist providing care to lead-poisoned children in Pennsylvania, I have always felt our historical medical approach has left us two steps behind in addressing the problem. By the time we identify a one- or two-year-old child with an elevated blood lead concentration, injury has already occurred; doctors, nurses, and parents are left to scurry. How do we get one step ahead?

On July 5, 2017, the Allegheny County Council approved Pennsylvania's first legislation mandating that all children have blood lead tests performed at 1 and 2 years of age (<http://triblive.com/local/allegheny/12478182-74/allegheny-county-council-approves-lead-testing-requirement-for-children>). If signed into law, these new regulations will go into effect on January 1. Again, finding a child with a high blood lead concentration at 12 months of age may mean that we were 6 months too late (or even 15 months if we consider possible in utero exposure). But, universal testing of children in Allegheny County has merit. Allegheny County has a large number of children living in old leaded homes, but according to Pennsylvania Department of Health data only 15% of eligible children were tested for lead poisoning in 2014. Nationally, 2.6% of children have blood concentrations > 5 mcg/dL, but 7.3% of tested children within Allegheny County were found to be above 5 mcg/dL (a higher proportion than Flint, MI). In some areas of Pennsylvania, such as Lehigh and Warren counties, more than 20% of tested children exceeded this current "action level." Testing all children will more accurately define the scope of the childhood lead poisoning problem within Allegheny County, alert policymakers and health officials to lead-laden communities, and may protect future children from occult exposure.

On the eastern side of the state, Philadelphia enacted a more progressive ordinance, in April 2017, requiring rental owners to obtain qualified property inspections and to disclose "lead-based hazards" within any property built before 1978. Common lead hazards to children include: indoor lead dust within the home, childcare setting or school; contaminated outdoor soil; contaminated water from indoor plumbing fixtures or municipal service lines; lead brought into the home through family members' occupations or hobbies; and exposure to contaminated imported spices, cosmetics, or toys. Ideally, the assessment of children's environments would occur during the earliest stages of family planning. The American Academy of Pediatrics, and the Advisory Committee on Childhood Lead Poisoning Prevention of the Centers for Disease Control and Prevention, agree that primary prevention strategies are the optimal strategies to protect our children from lead and to help us get one step ahead.

Typical Blood Lead Screening Recommendations (Children 9-12 Months of Age)

Universal Screening

- * Communities in which >27% of housing stock was built pre-1950
- * Communities with >12% of children with elevated blood lead concentrations
- * Communities determined to warrant universal screening by regional public health officials

Targeted Screening

- * Children insured through Medicaid programs
- * Children spending time in homes / care-settings built pre-1950
- * Children spending time in homes / care-settings built pre-1978 with recent renovation or remodeling
- * Children with concerns of lead exposure from myriad sources
- * Children with siblings or parents previously diagnosed with lead poisoning
- * Immigrant or adopted children born outside the U.S.

Dr. O's 3 Most Important "Treatments" for Childhood Lead Poisoning

Young children are the most susceptible to environmental lead - while developing screening programs let's keep in mind that children shouldn't be used as "canaries" to help us detect lead hazards in our environment. Take a careful environmental health exposure history including home, childcare and school environments, and frequently used playgrounds. Inquire about family members' occupations, hobbies, and use of imported spices or cosmetics. Then...

1. Eliminate further exposure to lead
2. Eliminate further exposure to lead
3. Eliminate further exposure to lead

Kevin Osterhoudt, MD, MSCE, FAAP, FACMT, is an emergency medicine attending physician and medical director of The Poison Control Center at The Children's Hospital of Philadelphia.

**TESTIMONY OF GEORGE D. GOULD, ESQUIRE
BEFORE THE HOUSE DEMOCRATIC POLICY COMMITTEE ON THE
CHILDHOOD LEAD TESTING ACT**

JANUARY 22, 2019

Good afternoon. My name is George Gould and I thank Representative Isaacson and the members of the Democratic Policy Committee for giving me the opportunity to testify on the Childhood Lead Testing Act, an important bill concerning lead poisoning in this state.

I am a Senior Attorney at Community Legal Services in Philadelphia. I have worked in the area of childhood lead poisoning for over 45 years, which included a successful case in the early 1970s brought against HUD regarding the sale of HUD-owned properties, which contained lead-based paint. The federal court enjoined the sale until such time that the lead-based paint was removed in accordance with Philadelphia Health Department regulations. I was also successful in a suit against the Philadelphia Housing Authority regarding the removal of lead-based paint. I have not only been involved in federal court litigation against HUD and PHA, but also served as a member of the National Task Force on Lead-Based Paint Hazard Reduction and Financing, which Congress created in Title X of the Housing and Community Development Act of 1992. I also served as a member of the ASTM (American Society for Testing and Materials) Lead Task Group, and was a member of the Philadelphia Housing and Childhood Lead Poisoning Task Force. As part of the lead Coalition in Philadelphia, working with PCCY I helped draft the Lead Disclosure Ordinance which requires a lead-safe certification be given to tenants who have children ages 6 or under.

Childhood lead poisoning is a very serious problem. We are all well aware of the devastating impact lead can have on young children. However, even at very low levels, lead poisoning causes intelligent quotient deficiencies, reading and learning disabilities, impaired hearing, reduced attention span, hyperactivity and behavior problems. To this date, science has not been able to identify any safe level of lead exposure to children. The societal costs of childhood lead poisoning are extremely high, including medical treatment, special education and long-term care. There are other costs that are just as real: school failure rates, reduction in lifetime earning, increased crime, even death and the traumatic suffering that the child and the family must endure throughout their lives.

We strongly support the introduction of the Childhood Lead Testing Act by Representative Isaacson. Pennsylvania is third in the country in terms of number of housing units built before 1950, and many of them contain lead-based paint. This puts a large number of children in danger of lead exposure and significant long-term damage to their well-being.

As noted, in 2015 the Pennsylvania Department of Public Health reported that only 28% of children under the age of two were tested for lead. Therefore over 5 percent of over 4,000 children had at least one elevated blood lead test result. As I previously mentioned, lead exposure can cause devastating harm to young children's health.

It is important to state that that currently in Pennsylvania large numbers of children are enrolled in Medicaid, 1.2 million and the Children's Health Insurance Program, CHIP 180,00 and the state is require under these programs to ensure that these children are tested for lead at 12 and 24 months. However under these programs 40% of targeted children under

CHIP are not tested at all and 20% of targeted children under Medicaid are also not tested at all. This must change!

The Childhood Lead Testing Act would require lead testing of all children in Pennsylvania at one and two years of age, so that prompt treatment can take place as well as prevention of future harm. Health care providers would perform these tests and report elevated blood test results to the Bureau of Family Health. I would note, however, that 28 Pa. C.S.A. § 27.34(b) needs to be revised, as the reporting requirements are set at too high, a blood lead level, 20 ug/dl or greater, or two or more blood lead levels of 15 to 19 ug/dl at least three months apart. The Center for Disease Control (CDC) is now using 5 ug/dl or greater to identify children who need case management, and state law should reflect this standard.

In addition the ACT needs to be amended to require that the Health Department report compliance with CMS testing guidelines.

It is also important to state that there are other sources of lead poisoning beside paint. This includes lead service lines and solder which can contaminate drinking water and toys, food, cosmetics, and ceramics. Under the Act, the Department of Public Health must conduct a public education campaign regarding lead poisoning and the requirements of lead testing and its importance.

I thank you for the opportunity to testify on this important issue. We fully support the Childhood Lead Testing Act. It is very much needed to deal the significant problem of childhood lead poisoning.

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