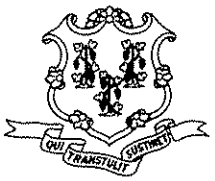
State of Connecticut

GENERAL ASSEMBLY



COMMISSION ON CHILDREN

Public Health Committee
Public Hearing
March 14, 2007
Testimony Submitted by
Elizabeth C. Brown, Legislative Director

Senator Handley, Representative Sayers and Members of the Committee. My name is Elizabeth C. Brown and I am the Legislative Director for the Commission on Children. I appreciate the opportunity to testify this morning in support of two bills related the healthy development of children.

Support: SB 1220, An Act Concerning the Birth to Three Program-
We ask that you delete Section 2 referring to personnel issues. This issue was discussed last year and the Department is not moving forward with this option.

The Commission is honored to be a member of the Early Childhood Cabinet established to develop a comprehensive plan for children birth to eight. The goal is to ensure every child is "Ready by Five and Fine by Nine" as the title of the Cabinet Report reflects. One of the top priorities identified by the Cabinet is the expansion of the Birth to Three early intervention program administered by the Department of Mental Retardation.

In 2001 during the state budget crisis, the Birth to Program eligibility requirements were dramatically curtailed, eliminating children in high risk categories. These changes resulted in almost 1000 less children served in 2006.

Why is the Birth to Three Program Important- it really works!

- It costs $7000 (net cost to state and federal funding) to serve a child in Birth to Three for 12 months v. $17,000 cost of preschool special education in Connecticut.
- Of the 2,666 children who left Birth to Three at age three in FY 05, 70% were eligible for preschool education. Therefore, 794, children **did not** receive preschool special education for a savings of $12,902,500!

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The good news- the Governor's proposed budget restores critical categories of health risk including the following: low birth weight, children with major speech delays or biological risk factors and children with mild or unilateral hearing loss.
The bill before you seeks to expand the eligibility to include the recommendation of the Early Childhood Cabinet to ensure all children are reaching their full potential and developmental milestones. Including one or more developmental delays and giving the Department of Mental Retardation the authority to develop regulations to define early life risk factors will make a great program even greater. This is a sound investment with proven results for saving dollars in special education costs, but in helping children achieve their full potential.

Committee Bill No. 683, An Act Concerning Early Childhood Lead Poisoning

The Commission supports the policy direction in this bill to raise awareness of the impact of lead poison on a child's cognitive and motor development. We have learned from science that even low levels of lead paint in fact cause brain damage. As a member of the DPH State Lead Paint Task Force, experts testified to the long term cognitive impact of lead paint and that the problem is not adequately addressed by educational professionals. Traditional special education addresses problems when they surface and not necessarily intervene in a prevention manner.

The following sections of the bill need clarification as to the intent:

Section 1, 14-17- clarify that the intent is to require a child to be assessed for cognitive delays if the child has a blood lead level of 10 micrograms per deciliter- and if it is determined they need special education services to document the effectiveness of the services in treating the delay.

Section 2 (b)- currently the Birth to Three system considers a child with a blood lead level of 45 micrograms per deciliter to be automatically eligible for services, not 10. Lines 36-43 would make the automatic eligibility for services 10 micrograms per deciliter at a significant cost. Suggest increasing to 20 micrograms per deciliter to treat children at higher risk.

Sections 3 and 4 of the bill need clarification as to the intent because the State Department of Education does not test children for blood lead levels nor does it track student performance based on whether a child was lead poisoned.

This Committee has raised a comprehensive bill regarding lead paint- **Raised Bill No. 1340, An Act Implementing a Comprehensive Plan to Eradicate Childhood Lead Poisoning in This State.**

This bill addresses the health and educational aspect of lead paint poisoning on children by requiring a lead hazard inspection at 10 micrograms per deciliter and also requires the local health director to refer a child to the Birth to Three Program. In addition the bill requires children to have at least 1 blood test before entering school. We recommend that

the important educational components of bill 683 be reviewed in light of this bill and necessary changes be made to ensure that the intent is accurately outlined.

Thank you for your leadership on these important health issues for children.