

State of Connecticut  
GENERAL ASSEMBLY



COMMISSION ON CHILDREN

Public Health Committee  
Public Hearing  
March 5, 2007

Senator Handley, Representative Sayers and members of the Committee, I appreciate the opportunity to testify in support of two major bills before you today concerning the health of Connecticut's children. RB 1340, An Act Concerning A Comprehensive Plan to Eradicate Childhood Lead Poisoning and RB 7069, An Act Concerning Access to Oral Health.

**Raised Bill No. 1340, An Act Implementing a Comprehensive Plan to Eradicate Childhood Lead Poisoning in This State.**

Childhood lead poisoning is the most common environmental health problem that affects children in Connecticut. **Yet it is entirely preventable.** Blood lead levels as low as 10 micrograms per deciliter ( 10mc//ug ) have been shown to affect a child's learning and behavior; very high blood levels, greater than 70mc//ug can cause seizures, coma, and death. EBLs disproportionately impact low income children living in Connecticut's urban areas with approximately 435,000 housing units built prior to 1950 when lead based paint was used universally. Connecticut Lead Poisoning Prevention Program or CLPPP surveillance data indicates that CT's five largest cities-New Haven, Bridgeport, Hartford, Stamford, and Waterbury, account for 65% of children with EBLs great than 10mc//ug.

Lead paint poisoning is a multi-faceted illness and must be approached in a comprehensive manner including the child's health and nutrition, the child's housing unit, the extent of insurance coverage and the extent to which the child receives ongoing services to address developmental delays caused by the disease.

The bill before you recognizes the complexity of the illness, and for the first time brings all the systems together under the leadership of the Department of Public Health to reform the current system that is analogous to the "canary" in the mine shaft- waiting for a child to get sick before anything really happens. Several major components of the bill move us toward a preventive and early intervention approach and will provide for the housing and education component to be addressed.

**1)Universal screening** - represents the best scientific policy recommendations coming from the national Academy of Pediatrics and promoted by the Connecticut Health Department. Currently there is a Federal Mandate that requires lead screening for all Medicaid children during early childhood pediatric appointments, i.e. at 12 months, and 24 months and for children under six who have not been screened.

**2) Early Notification** - requires reporting of lead testing results of ten micrograms per deciliter ( 10mc//ug) of blood or any other abnormal body burden of lead to the Commissioner of Public Health and requires the physician to notify the parents within 72 hours of the test results. Currently no action is required until a child has a blood lead level of twenty micrograms per deciliter. This new protocol is based on continued scientific evidence that shows that even low levels of lead blood can cause serious brain damage. The bill envisions a strong role for local

health directors in informing and doing more outreach, education and home visitation to locate the causes of the lead poisoning and help families take necessary action in conjunction with property owners.

**3) Remediation –**

- A) Provides relief for property owners from costly full abatement construction when the local health director issues orders of abatement. The bill allows for less costly remediation of lead hazards to make rental units lead safe.
- B) Establishes in the Department of Social Services a separate account to help property owners pay for lead hazard reduction.

The Department of Social Services currently receives federal HUD dollars administered by the LAMPP initiative- Lead Action for Primary Prevention- that provides grants to property owners to perform remediation targeted to landlords that rent to low income families who are most at risk for lead poisoning. LAMPP works in partnership with local communities to leverage private and other public funds including Community Block Grant dollars, HOME Funds and other types of financing. The Commission serves on the LAMPP advisory board with several key state agencies Public Health and Community and Economic Development as well as local municipal representatives, and health professionals. The Connecticut Children's Medical Center is the fiduciary for LAMPP and a strong partner in the work to end lead poisoning in Connecticut.

**4) Exterior Remediation-** Requires stricter requirements for removal of lead paint from exterior surfaces.

**5) Education-** for the first time, the bill makes explicit the linkage of lead poisoning and developmental delays and requires the Birth to Three program and Special Education programs to serve more pro-actively children suffering the affects of lead paint poisoning. Currently the threshold for eligibility for the Birth to Three program is a blood lead level of 45mc//ug- obviously this is not acceptable and not based on best science. Also, through the efforts of HELP, Health, Education for Lead Poisoning Elimination, the State Department of Education will be a partner in developing specific training for educational professionals involved with implementing the IDEA requirements ensure that the needs of this population are met. The bill also adds lead paint poisoning information on school physicals.

**6) Insurance-** Provides that group insurance policies cover blood screening and risk assessments ordered by a primary care provider. This will ensure appropriate medical care and follow up that is so important to management of the illness.

The Commission serves on the State Department of Public's Health Lead Paint Poisoning Task Force, the LAMPP Advisory Board and has long been an advocate for elimination of lead paint poisoning. I would like to commend Senator Slossberg, for her outstanding leadership on this issue in developing this landmark legislation. The passage of this legislation will make Connecticut second to none in the country in its efforts to end lead paint poisoning.

**Raised Bill 7069, An Act Concerning Access to Oral Health Care**

The bill before you addresses the persistent lack of access to oral health care for Connecticut's poorest children. The bill calls for increasing the rate reimbursement for dental care equal to the 70<sup>th</sup> percentile of regular fees (In 1999, 71% of all children enrolled in HUSKY received no oral health care because of low reimbursement rates paid to dental providers. Rates have not changed in 15 years. By increasing the rates, more children will have cost effective preventive care and reduce expensive unnecessary surgery. More importantly, children will not have to endure the pain and suffering from tooth decay and hopefully keep their bright smiles.

## Senate Bill 1340

### An Act Implementing a Comprehensive Plan to Eradicate Childhood Lead Poisoning in the State

#### Why This Bill is Important . . .

Mandated universal screenings, case management of children's blood lead levels and the enforcement of regulations related to property and environmental investigations will result in more effective prevention and earlier intervention and treatment for all children.

- Connecticut does not currently mandate childhood screening for EBLL. Despite current *recommendations*, only a quarter of Connecticut children under the age of six received EBLL screening in 2004 and 207 new cases of EBLL  $\geq 20\text{ug/dL}$  were identified. Mandatory screening for all children can, as demonstrated by neighboring states with such a policy, result in a statewide blood lead screening rate comparable to that of children currently mandated by Medicaid to receive EBLL screening, approximately 67-77%.

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#### What is Childhood Lead Paint Poisoning . . .

It is the most common environmental health problem affecting Connecticut's children. According to the Centers for Disease Control and Prevention guidelines, even minimally elevated blood lead levels (EBLL) ( $\geq 10\text{ug/dL}$ ) can negatively affect a child's learning ability and behavior.

- For every  $10\text{ug/dL}$  increase in blood lead levels, there is an average 5.5 point decline in a child's IQ. Extreme elevated blood lead levels ( $\geq 70\text{ug/dL}$ ) can result in seizures, coma and even death. The primary source of childhood lead poisoning is lead-based paint found in residential housing built before 1978.
- Almost half (48%) of the housing stock in the state of Connecticut was built before 1960. The majority (64%) of children with EBLL reside in five of Connecticut's largest cities: Bridgeport, Hartford, New Haven, Stamford and Waterbury. The housing stock in each of these cities consists of pre-1960 housing ranging from 45% (Stamford) to 66% (Bridgeport).

#### What the Bill Will Do . . .

- Mandate annual blood lead screening and risk assessment for all children under six years old;
- Increase community knowledge of lead poisoning detection, prevention and elimination;
- Increase funding to establish a comprehensive lead screening plan to eliminate lead exposure;
- Require all property owners to adopt lead safe work practices;
- Increase early detection and treatment;
- Establish a fund to help property owners pay for lead hazard reduction; and
- Strengthen Connecticut's IDEA assessment regarding lead poisoned children.



