

Testimony to House Committee on Human Services
H.736 – An act relating to lead poisoning prevention
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My name is Wendy Davis; I'm a pediatrician who practiced primary care in Chittenden County for 20 years. I also serve on the Executive Board of the Vermont Chapter of the American Academy of Pediatrics (AAP-VT), and I'm the immediate past president of the Vermont Medical Society.

Our members are vitally interested in contributing to activities designed to reduce or eliminate childhood exposure lead hazards, to conduct blood lead screening activities in accordance with state and national guidelines and regulations, and to assist in raising public awareness regarding these guidelines, as well as the health risks associated with lead exposure.

The **health effects** of lead exposure are many and serious: very high blood lead levels (e.g., >100 µg/dL) can cause symptoms such as severe vomiting, encephalopathy (abnormal brain function or structure), and death. And even much lower blood lead concentrations may result in the development of neurologic and behavioral problems in children, including hyperactivity, inattention, impulsivity, and aggression, with approximately 1 in 5 cases of ADHD among US children thought to be attributed to lead exposure. There is also evidence that lead toxicity is a major risk factor associated with the development of antisocial behaviors, including conduct disorder, delinquency, and criminal behaviors. Lead in the body may also result in decreased kidney function, and low lead level exposure is a risk factor for lower birth weight. Unfortunately, there are currently no effective treatments to alter these permanent biological and developmental effects of lead toxicity; thus, **primary prevention**, meaning reducing or eliminating sources of lead in the environment of children **before** exposure occurs (including exposure from residential lead hazards, industrial sources, contaminated foods or water, and other consumer products) the most reliable and cost-effective measure to protect children from these effects.

With respect to **blood lead screening**, our AAP-VT and VMS members support the changes in Sec. 1755 of this bill to simplify the language regarding "universal screening" as follows (p. 23, lines 11-13): "All health care providers who provide primary health care to children shall test children one and two years of age for elevated blood lead levels in accordance with rules adopted by the Commissioner." In fact, this language reflects a long-standing collaboration between our colleagues

and the Commissioner to promulgate best practices to achieve this goal, including consideration of new scientific knowledge related to this topic as it emerges.

Our members and colleagues have and will continue to participate in a variety of activities designed to both increase awareness among lay and professional audiences and to assure compliance with existing regulations. We have worked with the Healthy Homes Lead Poisoning Prevention Program staff to identify and implement best practices regarding blood lead screening in accordance with the existing regulations and look forward to continuing this work in the future. We have also worked to increase accessibility to point-of-care testing of blood lead samples in primary care practices as one way of improving Vermont's blood lead screening rates and will continue to do so in the futures as needed.

Our members have worked with Health Department staff to update guidance for health care professionals, such as the "Pediatric Blood Lead Testing & Case Management Guidelines" and accompanying flow chart, and educational materials for parents, such as fact sheets on "Lead Poisoning Prevention" and "Your Child's Lead Test," and the brochure entitled "Finding Lead in Your Home." We identify opportunities to disseminate these materials to the target audiences, including promulgation at our conferences, and through on-site academic detailing and peer-to-peer support activities at Vermont pediatric and family medicine practices.

In summary, childhood exposure to lead hazards results in a myriad of serious and, at times, life threatening health effects. Because there is no effective treatment to ameliorate these effects, we support the detailed attention in H.736 to assuring detailed attention to implementation of renovation, repair and painting maintenance practices as a means of primary prevention of lead exposure and toxicity. We appreciate the opportunity to continue to work with the Health Commissioner and staff to implement best practices for blood lead screening, and to participate in activities related to public education to raise awareness of the serious health effects of lead exposure and the availability of screening according to guidelines.