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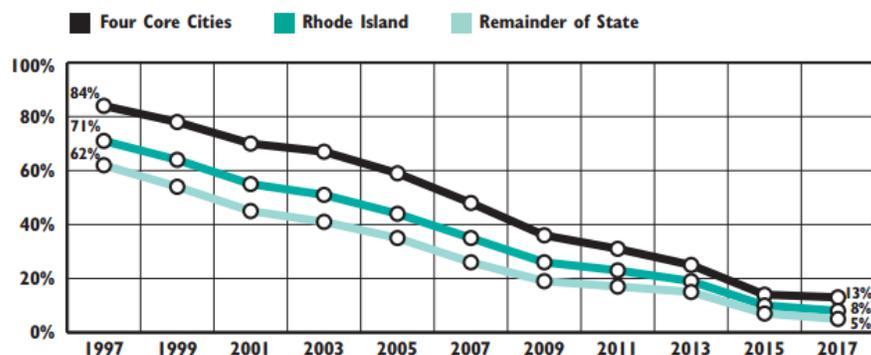
Testimony Re: Article 22 – Lead Poisoning Prevention Programs
House Committee on Finance
March 2, 2017
Elizabeth Burke Bryant, Executive Director

Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony today. Rhode Island KIDS COUNT offers its support for Budget Article 22, which makes significant changes to the Lead Hazard Mitigation Act and Lead Poisoning Prevention legislation; however, we propose an important amendment regarding the need to retain the requirement of lead inspection for foster home licensure (see page 3).

Marked Progress and Remaining Need

Rhode Island KIDS COUNT has been tracking the tremendous progress that Rhode Island has made with reducing the number of children who are lead poisoned for more than two decades. It is one of the key health indicators on which Rhode Island had made the most progress, as a result of good data, targeted interventions, stable funding, and long-term commitment. The percentage of children entering kindergarten with a history of elevated blood lead levels decreased from 71% in 1997 to 8% in 2017, and in the core cities, a decrease of 84% to 13%. Despite a trend line (seen below) that shows the kind of progress policymakers hope for when investing in prevention and screening programs, Rhode Island’s work is not yet done. There are still almost 1,300 children under age six with confirmed elevated blood lead levels in every community in Rhode Island, with children in the four core cities having some of the highest percentages. Despite also seeing a 76% decrease in the number of children under age six considered significantly lead poisoned over the past decade, there still remain 84 children who had a blood test result ≥ 15 ug/dL in 2015, which is an increase from 70 in 2014.

Children Entering Kindergarten with History of Elevated* Blood Lead Level Screening (≥ 5 $\mu\text{g/dL}$), Rhode Island, Four Core Cities, and Remainder of State, 1997-2017



Source: Rhode Island Department of Health, Healthy Homes and Childhood Lead Poisoning Prevention Program, Children entering kindergarten between 1997 and 2017. *Elevated blood lead level of ≥ 5 $\mu\text{g/dL}$.

Harmful Effects of Lead Exposure

Lead poisoning is a preventable childhood disease in which infants, toddlers, and preschool-age children are the most vulnerable. Lead exposure, even at very low levels, can cause irreversible damage including reduced fetal and postnatal growth, decreased hearing, delayed puberty, poor muscle coordination, and decreased

cognitive abilities. Though rare, severe poisoning can result in seizures, comas, and even death. Exposure to lead has been shown to negatively impact academic performance in early childhood. In Rhode Island, children with a history of lead exposure, even at low levels, have been shown to have decreased reading readiness at kindergarten entry and diminished third grade reading and math proficiency. The most significant declines in academic performance occurred among children with the highest blood lead levels and those living in the four core cities. Children with lead exposures are also at increased risk for absenteeism, grade repetition, and special education services. Rhode Island can prevent these costs to children, their families, and our state.

Continue to Enact and Expand What Works

Budget Article 22 would continue to enact and expand many aspects of lead poisoning prevention and mitigation services that are working well in Rhode Island. We urge the support of these new and existing policies outlined below.

- **Mandatory lead screening and insurance coverage:** Identification and treatment of lead poisoning in children under age six is critically important. In recognition of this, Rhode Island laws require all children must have at least two blood lead screening tests by age three and annual screenings through age six. To help enact this legislation, lead screening is a mandated covered health insurance benefit. In 2015, 84% of Rhode Island three-year old children received a blood lead test.
- **Required reporting of lead poisoning cases:** Statewide monitoring, reporting, and analysis of new lead poisoning cases of children is critical to identify and mitigate known lead hazards and geographic areas of focus. In Rhode Island, a medical provider who makes the diagnosis of childhood lead poisoning is required to report that diagnosis to the Department of Health within 10 business days of the diagnosis. This alert system has helped the Department of Health formulate reports and allocate resources to communities with disproportionate risk.
- **Elimination of exemptions:** Rhode Island KIDS COUNT supports the removal of the exemption for pre-1978 rental dwelling units that are owner occupied to meet and maintain lead hazard mitigation standards. By reducing the exempted households and making more households compliant, including rental properties that are owner occupied, the risk for lead exposure will be reduced for pregnant women and children under age six. Allowing continued presumptive compliance of owner occupied rental properties does nothing to increase the supply of housing stock in Rhode Island which is at a minimum lead safe.
- **Identification of non-compliant properties:** Current Rhode Island laws require the establishment and maintenance of a registry of property units for which lead violations, certificates, and comprehensive environment lead inspection have been performed. Rhode Island KIDS COUNTs supports efforts to centralize this registry within the Department of Health so that prospective property renters or owners have streamlined access to known lead risks and mitigations. Rhode Island KIDS COUNT believes the continued listing of properties that are not lead safe and have history of lead poisoned children should continue to be publicly listed and subject to priority corrective action by the Department of Health and the Attorney General. Progress reports on actions taken on non-compliant properties should also be compiled and made publicly available annually.
- **Injunctive Relief:** Empowering at risk renters such as pregnant women or families with children under age six with the right to seek accelerated judicial relief from a property owner of a rental dwelling who fails to comply with standards for lead hazard reduction or abatement is an important consumer protection. Rhode Island KIDS COUNT is pleased to see this protection

continued to be preserved in this proposed budget article.

- **State agency specialization:** Rhode Island KIDS COUNT supports efforts to centralize lead prevention and mitigation efforts within the Department of Health. The transference of responsibilities and related fiscal funds from the Housing Resources Commission will help simply and streamline state efforts. We urge the General Assembly to ensure that allocated Department of Health staff remain sufficient so that continued progress on lead poisoning elimination can be made in Rhode Island.

Areas of Concern and Opportunities for Improvement

Rhode Island KIDS COUNT offers the following concerns regarding the proposed Budget Article as well as some additional policy suggestions for improved lead poisoning prevention and mitigation.

- **Need for increased lead mitigation resources:** Rhode Island's older housing stock poses health risks for children because lead paint was commonly used in the interior and exterior of homes before 1978. Rhode Island has the highest percentage of low-income children living in older housing. Yet, state resources allocated for remediation of lead hazards are not sufficient to meet the vast need, especially in the four core cities. Increased state funds, the creation of tax credits for lead mitigation, targeted use of real estate conveyance funds, and a sufficiently staffed and trained regulatory work force will be needed to incentivize and ensure non-compliant rental property owners mitigate known lead risks. Without sufficient funds and staffing, elimination of lead poisoning will be out of reach, even when we are so close to finishing the job.
- **Foster home licensing concerns: Rhode Island KIDS COUNT does not agree with the Governor's proposal in Article 22 to remove lead inspection requirements from foster home licensing legislation/requirements (Article 22 Section 23-24.6-14 entitled Inspection of child care facilities).** While we are in strong support of initiatives by the Department of Children, Youth, and Families to reduce the number of youth placed in congregate care and to increase placements in family settings/foster homes, we feel that it is critical to ensure that prospective foster homes are safe for children in terms of lead hazards. As an alternative to removing the lead inspection requirement for foster homes, we recommend that one of the additional FTE's that will be provided to HEALTH via this article should be designated as having a priority focus on inspecting foster homes in a timely fashion. This will eliminate the problem of a back-log of foster home lead inspections which can slow the critical licensing of foster homes that are needed for placements for children and youth. Eliminating the lead inspection requirement for foster homes via this budget article would eliminate a long-standing policy to ensure healthy environments for foster children and youth and would put vulnerable children at increased risk for lead poisoning, which can result in long lasting and severe negative health outcomes.
- **Eliminate the proposed studio exemption and clarify the disability exemption:** Rhode Island KIDS COUNT does not agree with the Governor's proposal to exempt pre-1978 studio rentals from lead hazard mitigation standards. We also have concerns regarding exemptions for those properties reserved for persons with disabilities. We believe actions should be taken to increase all types of housing stock that is minimally lead safe. Given that pregnant women and children under age six can and do reside in studio rentals and properties reserved for those with disabilities, we feel these property rentals should also not be made exempt from lead standards. If the General Assembly does go forward with the disability exemption, we ask that language be added to clarify that this exemption not be made for units in which young children reside.

- **Enact Homeless Shelter Standards:** In Rhode Island, children make up about one-quarter of the people who use homeless shelters and about 1,000 children reside with their families in emergency homeless shelters annually. However, rules, regulations, and standards for the operation and condition of homeless shelters do not exist. All children need a safe, affordable, stable home, and we must work as a state to end homelessness. Rhode Island must also ensure children who experience homelessness are provided with a safe, supportive environment until such a time that their families find a permanent place to live. We urge the General Assembly to eliminate emergency shelters exemptions from lead mitigation standards and to enact homeless shelter standards that include lead mitigation provisions.
- **Improve enforcement of known lead hazard properties:** Rhode Island has made tremendous progress in reducing the number of children who are lead poisoned. However, there still remain a small number of children who mainly reside in the four core cities who have been lead poisoned. We believe more urgent action needs to be taken with known properties who fail to mitigate known lead hazards in which young children reside. Enhanced enforcement actions at the local and state level need to be taken to address this small group of known property owners. Without doing so, we will be unable to fully eliminate lead poisoning in Rhode Island.
- **Expand comprehensive environmental home inspections:** In recognition that no safe blood lead level exists, the Centers for Disease Control and Prevention lowered threshold for which a child is deemed to have an elevated blood lead level from 10 µg/dL to 5 µg/dL. This new lower reference value allows parents and health officials to take corrective actions sooner. Rhode Island KIDS COUNT believes this same preventive approach should be taken with environmental homes inspections offered in the state. Currently, a comprehensive environmental inspection of a child's home is offered when a single venous test result is ≥15 µg/dL. We urge the General Assembly and Department of Health to consider lowering the threshold once more for which an environmental inspection is offered in order to allow corrective action to be taken sooner.

Closing

Childhood lead poisoning is a public health issue that Rhode Island can solve. Rhode Island KIDS COUNT urges the General Assembly to continue to prioritize and enact legislation as well as allocate sufficient resources needed to help reduce the number of children who are lead poisoned. We are in reach of finishing the job and fully eliminating childhood lead poisoning. We thank you for the opportunity to provide testimony and for your continued leadership on children's health.