Connecticut Commission on Women, Children *and* Seniors

CWCS

Testimony before the Public Health Committee of the General Assembly
Submitted by Steven Hernández, Executive Director
Commission on Women, Children and Seniors
March 7, 2017

- **SB No. 319 (RAISED), AN ACT CONCERNING CHILDHOOD LEAD POISONING**

Senator Gerratana, Senator Somers, Representative Steinberg, Ranking Member Srinivasan, and distinguished members of the Public Health Committee, thank you for the opportunity to provide testimony on behalf of the Commission on Women, Children and Seniors (CWCS), regarding the above referenced bill.

SENATE BILL No. 319 (RAISED), AN ACT CONCERNING CHILDHOOD LEAD POISONING

CWCS favors the purpose of Senate Bill 319, which would require the determination of the cost and benefits of eliminating sources of lead exposure during childhood. The state, and particularly the Department of Public Health, is engaged in multiple information and remediation campaigns to reduce children's lead exposure in Connecticut. Much cost information on remediation of major sources is very likely available due to ongoing projects for that purpose, but to our knowledge there is no comprehensive study available of detailed cost information on elimination of all major lead sources, many of which are considered in the discussion below. Moreover, while the negative health and developmental effects of lead poisoning on children are pervasive and well known—some examples included below—the costs to our state of the developmental delays and consequent special education costs related just to lead poisoning have not been calculated. The benefit to the state therefore of eliminating further risk to our young population, now and in the future, is also not currently known. A comprehensive economic analysis would be illuminating, certainly, and would help the state to make wise future decisions regarding remediation costs and other actions that can be taken beyond the state's current response. The reasons to support further study of this issue are manifold.

Lead poisoning continues to be a critical public health issue for our children, environment and communities today. Millions of children in the United States have been negatively affected by exposure to lead and in Connecticut alone, 30 of every 1,000 children have lead poisoning.[i] "Children are exposed to lead in their homes from deteriorating lead paint and the contaminated dust and soil it generates, lead in water from leaded supply lines or plumbing, and other sources. Once a child's health or cognition has been harmed by lead, the effects are permanent and continue into adulthood."[ii]

Even though asthma affects many more children, the total economic costs pale in comparison nationally, as the costs from asthma are estimated at $2 billion, versus $43 billion for lead.[iii] Lead poisoning has very serious and detrimental effects on children's health. A child is considered lead poisoned if their blood lead level (BLL) is $\geq$5µg/dL (micrograms per deciliter).[iv] Even those children who are below the 5µg/dL of lead in the blood can still suffer from consequences associated with just 1µg/dL.

These are just some of the negative effects of lead poisoning on children:

- IQ scores decline 2.5-3.0 points for every 1.0 µg/dL increase of lead in the blood;
- 20-30% of the special education caseload in urban areas is due to lead poisoning;
- 10% of juvenile delinquency is attributable to lead poisoning;
- Children with elevated blood-lead levels are 6x more likely to have a reading disability and 7x more likely to drop out of high school;
- Children with even slightly elevated blood-lead levels do worse on math, reading, nonverbal reasoning, and short-term memory tests; and
- Hypertension from childhood lead exposure contributes to adult cardiovascular disease.[v]

The exposure to lead has many physical and developmental consequences, including its impact on a child's education and ability to learn. High lead levels in young children can impair intellectual functioning and cause behavioral problems that last a lifetime.[vi] Neurodevelopmental complications from lead exposure have been identified as a key indicator in the achievement gap. Children living at or below the poverty line who live in older housing are at greatest risk. Additionally, children of some racial and ethnic groups and those living in older housing are disproportionately affected by lead. "Environmental lead exposure can be the deciding factor in whether children of color test into advanced learning programs or are placed in learning-disabled groups."[vii] Children with BLLs even as low as 4 µg/dL are significantly more likely to be classified as learning disabled.[viii]

Children are exposed to lead in a variety of ways. Although many efforts have been made to remove lead from the environment, there are still many places where it can be found. Lead can be found in dust particles, cosmetics, soil, children's toys, water pipes, older homes with lead paint, newer homes' plumbing, and playgrounds. Older playground equipment is often found to have lead paint, and artificial turf and rubber playground surfaces can also contain lead.[ix]

The breakdown of paint from playgrounds or older homes can seep into the soil, exposing children to lead through vegetation and water. Ten to twenty percent of childhood lead poisoning is caused by contaminated drinking water. Older plumbing can contain lead, as can brass fixtures. However, rather surprisingly, pipes in newer homes are potentially a greater risk for lead. Many plumbers still use lead solder to join copper pipes which exposes the water directly to lead. The risk is highest in houses that are less than five years old; after that, mineral deposits build up in the pipes that insulate the water from the lead in the solder. According to the Federal EPA, we should assume that any building less than five years old has lead-contaminated water.[x]

Although lead is a significant environmental concern, especially for our children, there have been significant gains in regard to education and prevention. The Connecticut Department of Public Health (DPH) provides a wide range of program activities that relate to childhood lead poisoning prevention. One such program is The New England Don't Spread Lead Campaign, which "is a regional effort throughout New England dedicated to eliminating lead poisoning in children as the result of home improvement projects. The campaign is implemented through local hardware and paint stores by educating consumers through customer interactions with the hope that the word will be spread on how to work in a lead-safe manner" (DPH). DPH also publishes the "Childhood Lead Poisoning Prevention and Control Annual Disease Surveillance Report" which highlights

Connecticut statistics including the prevalence, incidence, race and ethnicity and environmental lead hazard investigations of dwelling units for children diagnosed with lead poisoning. In addition, DPH offers a variety of training materials for professionals and childcare centers.

Although the prevention of lead poisoning has significantly increased over the past several years, there is still much work to be done. In Connecticut in 2014, 2,596 children under the age of six had BLLs greater than 5µg/dL. Black children were twice as likely to be lead poisoned than white children, and Hispanic children were 1.5 times more likely to lead poisoned than Non-Hispanic children.[xi] Nationally, approximately 500,000 children aged 1-5 years have BLLS greater than 5µg/dL.[xii]

The exposure to lead remains the top environmental health threat to children's health both in Connecticut and nationally. Lead is an element that never breaks down and even if we are no longer adding it to our environment, we must still be vigilant against what is already there.[xiii] It is imperative that we continue to prevent children's exposure to lead through proper removal, treatment, education and training and to ensure positive outcomes for children physically, developmentally and educationally. These children are our future, and the benefits of protecting them from lead poisoning must outweigh the costs.

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[i] Connecticut Department of Public Health. (2015). *Lead Poisoning Prevention and Control Program.* Retrieved from Connecticut Department of Public Health online http://www.ct.gov/dph/cwp/view.asp?a=3140&q=387550&dphNav_GID=1828&dphPNavCtr=|#47067

[ii] National Center for Healthy Housing. (2008). *Connecticut Children's Medical Center LAMPP Project, Lead Poisoning Prevention and Healthy Homes Fact Sheet*. Retrieved from National Center for Healthy Housing http://www.nchh.org/Portals/0/Contents/CT%20-%20LPP%20&%20HH%20Fact%20Sheet.pdf and http://www.nchh.org/Portals/0/Contents/Childhood_Lead_Exposure.pdf

[iii] Lead Poisoning Info. (2015). *Lead poisoning: the number one environmental threat to children – Lead Poisoning Facts*. Retrieved from Lead Poisoning Info http://www.leadpoisoninfo.com/lead-facts.html

[iv] Ibid.

[v] Ibid.

[vi] Bates, T. (2015). CDC: How Schools Can Help Kids With Lead Poisoning. *The Daily Journal.* Retrieved from The Daily Journal Online http://www.thedailyjournal.com/story/news/local/2015/05/06/cdc-schools-can-help-kids-lead-poisoning/70911408/

[vii] Lead Poisoning Info. (2015). *Lead poisoning: the number one environmental threat to children – Lead Poisoning Facts*. Retrieved from Lead Poisoning Info http://www.leadpoisoninfo.com/lead-facts.html

[viii] Ibid.

[ix] WebMD. (2005-2015). Health-*e head2toe: How Environmental Exposure May Affect Your Child.* Retrieved from WebMD online http://www.webmd.com/children/environmental-exposure-head2toe/lead?page=1

[x] Lead Poisoning Info. (2015). *Lead poisoning: the number one environmental threat to children – Lead Poisoning Facts*. Retrieved from Lead Poisoning Info http://www.leadpoisoninfo.com/lead-facts.html

[xi] Connecticut Department of Public Health. (2015). *Lead Poisoning Prevention and Control Program.* Retrieved from Connecticut Department of Public Health online http://www.ct.gov/dph/cwp/view.asp?a=3140&q=387550&dphNav_GID=1828&dphPNavCtr=|#47067

[xii] Center for Disease Control and Prevention. (2013). *Childhood Lead Poisoning.* Retrieved from Center for Disease Control and Prevention online http://ephtracking.cdc.gov/showChildhoodLeadPoisoning.action

[xiii] Beller, T. (2015). The Toxic Legacy of Lead Paint. *The New York Times.* Retrieved from The New York Times http://www.nytimes.com/2015/06/14/opinion/the-toxic-legacy-of-lead-paint.html?_r=1

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- **HB No. 5808, AN ACT STREAMLINING FILINGS ACROSS STATE AGENCIES OF FAMILIES RECEIVING SERVICES FROM THE DEPARTMENT OF DEVELOPMENTAL SERVICES**

Senator Gerratana, Senator Somers, Representative Steinberg, Ranking Member Srinivasan, and distinguished members of the Public Health Committee, thank you for the opportunity to provide testimony on behalf of the Commission on Women, Children and Seniors (CWCS), regarding the above referenced bill.

HB No. 5808, AN ACT STREAMLINING FILINGS ACROSS STATE AGENCIES OF FAMILIES RECEIVING SERVICES FROM THE DEPARTMENT OF DEVELOPMENTAL SERVICES

CWCS supports the concept of House Bill 5808, which would require the Department of Developmental Services to streamline paperwork and eliminate redundancy of filings across state agencies with regard to families receiving developmental services. The benefit to the state in eliminating redundancy at the agency level is a cost savings, to be sure, but the benefit to the families being served can be even greater.

One of the chief strategies of the Two-Generational Initiative—which even in its pilot stage has met with success in coordinating agency services to families receiving education, job training, and social services—has been to align intake, and to find ways to streamline the transmission of client data, so that families are saved the burden of multiple repetitive interviews. By placing the family at the center of the service structure, the Two-Generational Initiative ensures there is no wrong door. And while the "no wrong door" strategy allows for a smoother relationship of the family to service providers, and thereby promotes program retention and completion, it also allows the providers to work more efficiently and effectively across agencies, and not piecemeal, which stretches their resources: the very definition of a "win-win."

Under statute, the Commission provides administrative and organizational support to the Interagency Working Group which oversees the Two-Generational Initiative. In that role, we have observed how providers at the community level cooperate in aligning services to assure that families receive what they need, when they need it, in the proper order, and with proper access. The

Department of Developmental Services is not currently involved in the work of the Two-Generational Initiative, but might efficiently and at little cost benefit from engagement with the Two-Gen learning community, where it could share in, and in future help to develop, best practices that support the intent of House Bill No. 5808.

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- **HB No. 6487, AN ACT CONCERNING THE LICENSURE OF LACTATION CONSULTANTS**

Senator Gerratana, Senator Somers, Representative Steinberg, Ranking Member Srinivasan, and distinguished members of the Public Health Committee, thank you for the opportunity to provide testimony on behalf of the Commission on Women, Children and Seniors (CWCS), regarding the above referenced bill.

HB No. 6487, AN ACT CONCERNING THE LICENSURE OF LACTATION CONSULTANTS

CWCS supports House Bill. 6487, which would require persons engaged in lactation care and services to be licensed. Currently, lactation consultants are only certified, which means there are no legal requirements or regulations for individuals in this field. People can refer to themselves as a lactation consultant, regardless of their level of training or qualifications. According to the United States Lactation Consultant Association (USLCA), licensure is the only way to assure public safety and improve access to the level of lactation care and services that mothers need.

Mothers often face challenges with breastfeeding and sometimes find themselves stopping far before they had planned. Mothers greatly benefit from the knowledge and support of experienced lactation care and this support can lead to a better, longer, breastfeeding relationship between a mother and baby.

CWCS believes that all mothers should have access to licensed lactation consultants if they make the decision to breastfeed. A potential benefit of licensure may be that more health insurance companies cover lactation services, which would give new mothers more access to breastfeeding support when they need it. Programs such as Medicaid, and even most private insurers, only reimburse a *licensed* health care provider.

According to the USLCA, licensure of lactation consultants would:

- Provide consumers, health care providers, insurers and employers with the ability to identify qualified lactation consultants;
- Provide a means of standardized practice and maintaining sound oversight of lactation professionals;
- Allow reimbursement within the health care system that will enable access to timely, skilled, and competent clinical lactation services for all mothers and babies;
- Positively affect the growth of the profession by facilitating employment of adequate numbers of the IBCLC lactation consultants needed to meet current and future needs.

CWCS supports measures like House Bill No. 6487 that protect public health while also supporting the needs of new babies and new mothers.

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- **HB No. 6695, AN ACT CONCERNING THE PROTECTION OF YOUTH FROM CONVERSION THERAPY**

Senator Gerratana, Senator Somers, Representative Steinberg, Ranking Member Srinivasan, and distinguished members of the Public Health Committee, thank you for the opportunity to provide testimony on behalf of the Commission on Women, Children and Seniors (CWCS), regarding the above referenced bill.

HB No. 6695, AN ACT CONCERNING THE PROTECTION OF YOUTH FROM CONVERSION THERAPY

CWCS testifies today in strong support for enacting House Bill 6695, to protect all youth in the state of Connecticut from the potentially dangerous outcomes of conversion therapy.

The potential risks of conversion therapy are great, including depression, anxiety and self-destructive behavior, since therapist alignment with societal prejudices against LGBTQ individuals may reinforce self-hatred already experienced by a young patient.

Patients who have undergone conversion therapy relate that they were inaccurately told those who are not traditionally heterosexual are lonely, unhappy individuals who never achieve acceptance or live satisfying lives. The possibility that a person might achieve happiness and satisfying interpersonal relationships as a gay man or lesbian, or trans man or woman, is not presented in conversion therapy, nor are alternative approaches to dealing with the effects of societal stigmatization.

Further, practice of conversion therapy has been declared ineffective and inadvisable by national medical, psychiatric, and psychological associations.

For these reasons, conversion therapy has been banned by statute in five states—California, Illinois, New Jersey, Oregon, and Vermont—as well as the District of Columbia. Each provides for potential withdrawal of licensing from any practitioner of any conversion therapy in violation of the ban. While those statutes have been challenged, they have survived judicial scrutiny.

Finally, conversion therapy doesn't work, yet another reason the citizens of our state should be protected from its practitioners. In the State of New Jersey, plaintiffs have successfully sued a provider of conversion therapy under the state's Consumer Fraud Act, for "engaging in unconscionable commercial practices."[1] The defendant organization promised its services suppressed "unwanted same-sex sexual attractions," and engaged in "therapy" involving nudity and lewd propositions to the young patients. As a result of the judgment, the defendant was ordered to repay fees and compensate plaintiffs for their damages.

The Commission strongly supports this bill. Thank you very much for your consideration.

[1] Superior Court of New Jersey, Michael FERGUSON, Benjamin Unger, Sheldon Bruck, Chaim Levin, Jo Bruck, Bella Levin, Plaintiffs, v. JONAH (Jews Offering New Alternatives for Healing f/k/a Jews Offering New Alternatives to Homosexuality), Arthur Goldberg, Alan Downing, Alan Downing Life Coaching LLC, Defendants, Decided: June 06, 2014