

Testimony of Maddie Ribble  
Massachusetts Public Health Association  
In Support of S1234/H2010, An Act Modernizing Childhood Lead Poisoning Prevention  
Before the Joint Committee on Public Health  
June 11, 2019

Good afternoon Chair Comerford, Chairman Mahoney and members of the Committee. My name is Maddie Ribble, policy director for the Massachusetts Public Health Association. Thank you for the opportunity to testify today in support of **S1234/H2010, *An Act Modernizing Childhood Lead Poisoning Prevention*** Sponsored by Sen. Julian Cyr and Rep. Andy Vargas.

I'd like to make three main points today:

First, **childhood lead poisoning is a persistent and pervasive problem that affects the health of families across Massachusetts.**

- Between 2013 and 2017, there were 2,400 confirmed cases of childhood lead poisoning in the state.
- Lead exposure in young children can cause **severe and irreversible health effects**, including

- **impairment of cognitive and physical development,**
  - and has been correlated with **poor future school performance,**
  - **behavioral difficulties,** and
  - **learning problems.**
- Lead paint is an especially serious threat to young children in Massachusetts. **More than 70%** of the housing in Massachusetts was built before 1978, when lead was banned from household paint. **Only about 10%** of these homes have been reported to be de-leaded, leaving **more than 1.8 million homes** likely containing lead hazards.

**Second, there are stark racial and economic inequities in the prevalence of childhood lead poisoning in MA.**

- Children living in low income communities are 3 times more likely to be lead poisoned than those living in high income communities.
- Children of color are 1.5 times more likely, and black children 2.5 times more likely than their white peers to suffer from lead poisoning.
- These inequities are driven by past and present discrimination in housing opportunity, cost, and quality.

**Third, the funding structures that support lead poisoning prevention and response have not kept up with inflation and updated regulations.**

- State regulations were changed in 2017 to align with federal CDC standards, lowering the threshold at which a child is considered lead poisoned.
- As a result, 40% more families require outreach and services.
- The Department of Public Health (DPH) lead program is fully funded by fees enacted in 1994. But these fees have not been updated or adjusted for inflation in 25 years.
- Current funding does not support an adequate program of prevention and response, leaving far too many kids at risk.

This bill will do a couple of things:

- Most importantly, it will modernize the statutory fee structure,
- providing the necessary funding for DPH to **eliminate the current backlog of families** with lead poisoned children that are awaiting services.
- Additionally, funding will allow DPH to **re-institute a proactive prevention program** that will work with
  - medical providers, landlords, housing authorities, and others
  - to identify and mitigate hazards before kids become lead poisoned.

- This bill also increases available **tax credits for** de-leading and **increases the fines for housing discrimination** against families based on the presence of lead paint

Along with my testimony, I will be submitting a letter of support signed by numerous public health, environmental, and housing organizations in support of this bill.

Thank you.