
STATEMENT



**To: Senator Joseph F. Vitale, Chair
Senator Fred H. Madden, Vice-Chair
Members of the Senate Health, Human Services and Senior Citizens
Committee**

From: Cecilia Zalkind, Advocates for Children of New Jersey

Date: March 7, 2016

Re: S-1830 Childhood Lead Poisoning

Thank you for your continued interest in combatting childhood lead poisoning in New Jersey. Advocates for Children of New Jersey supports S-1830 which will require the Department of Health to be consistent with the latest recommendations from the Centers of Disease Control and Prevention (CDC) concerning the level of lead in a child's blood that requires action be taken. We also want to acknowledge and thank Senator Ronald Rice, the other sponsor of this legislation, for his tireless efforts to address childhood lead poisoning in our state.

Childhood lead poisoning is entirely preventable. And as the best way to prevent it is to prevent control or eliminate lead exposures. The CDC currently recommends that public health action be initiated when a child has a blood lead level above 5 micrograms per deciliter ($\mu\text{g/dL}$). In New Jersey public action is only required when a child has a blood lead level above 10 micrograms per deciliter ($\mu\text{g/dL}$). Over the years the CDC has continued to reduce the level of lead requiring action based upon the research demonstrating that even low blood lead levels can negatively impact IQ and long term health outcomes.

An issue brief from the National Center for Healthy Housing: *Childhood Lead Exposure and Educational Outcomes*, summarizes recent studies that reaffirm past research showing the link between low blood lead levels and poor educational outcomes. A 2003 University of Rochester study estimated that it costs \$38,000 over three years to educate a child with lead poisoning.

Over the years a private-public partnership significantly raised public awareness about the dangers of lead, which resulted in significant progress in getting children tested for lead. Now we need to ensure that parents are informed that their child has an elevated lead level and can be proactive in reducing their child's prolonged exposure to lead *before* they suffer further harm. And local health departments can investigate to determine the source of the lead so it can be removed.

Thank you for your consideration and assistance in address this important matter.

Giving Every Child A Chance

As you all know, once in the body, lead is a powerful toxin. It can cause developmental delays, learning disabilities, behavioral problems, hyperactivity, and in some cases, convulsions, coma and death. Children six years old and younger are particularly vulnerable to the damaging effects of lead because their central nervous systems are not fully developed and their bodies absorb and retain it to a greater extent than do the bodies of adults.

Since at the most common levels of exposure, lead poisoning does not present identifiable symptoms; the only way to determine whether a child is lead burdened is with a blood test. In New Jersey, all children under the age of six are legally entitled to such testing. The federal Medicaid Act requires state Medicaid programs to provide Medicaid-enrolled children with a lead blood test at 12 months and again at 24 months (or between 36 and 72 months if the child failed to receive a screen at either 12 or 24 months). New Jersey's Lead Poisoning Abatement and Control Act (more commonly referred to as the "Universal Screening Law"), promulgated in 1996, requires local boards of health to work with medical professionals to provide all New Jersey children, not just those who are Medicaid-eligible, with lead screening pursuant to the same time table set forth in the Medicaid Act.

This information is not news to members of the New Jersey Legislature. And while New Jersey may be ahead of some other states in addressing this issue, that does not mean we have eradicated childhood lead poisoning or that we can be less attentive to this concern. We are far from claiming victory.