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Testimony on House Bill No. 2248: Repealing Sunset Provisions For the Childhood Lead Poisoning Prevention Program

to The House Committee on Health and Human Services

by Lesa Roberts Director of the Bureau of Consumer Health

Kansas Department of Health and Environment

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Chairman Morrison and members of the Health and Human Services Committee, as Director of the Bureau of Consumer Health, it is my responsibility to oversee the **Kansas Childhood Lead Poisoning Prevention Program (KCLPPP).** Through this written testimony, I urge support of House Bill 2248: *An Act concerning repealing the sunset provision of K.S.A. 65-1,214* which will allow our program to continue its work on elimination of childhood lead poisoning throughout Kansas. CDC recognizes that the elimination of this preventable disease will be a major public health accomplishment for this century.¹ KCLPPP has taken steps for success of this environmental health problem. However, we still face significant challenges to meet CDC's goal of elimination by the year 2010 and continued sustainability in Kansas after 2010.

It is clear that lead can do great harm, especially to young children. Lead exposure can have serious health effects, including a variety of neurological and behavioral disturbances as well as delayed development. The KCLPPP supports the development, implementation, and evaluation of the state and local childhood lead poisoning prevention programs. In particular, these programs support:

Awareness and action among the general public and health care professional. KHDE has successfully developed and distributed screening and case management guidelines for lead poisoned children. Guidelines have been distributed to all 105 county health departments and 1,217 private health providers in Kansas. KDHE also contracts with nine county health departments to provide case management of lead poisoned children and 46 county health departments to conduct environmental investigations.

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Screening of children who are potentially exposed to lead, environmental inspections of the homes of children who are identified with elevated blood lead levels, and referral to services for these children. KDHE surveillance data shows that 25,426 children were tested with 271 confirmed cases in 2003.

Primary prevention of childhood lead poisoning in high-risk areas in collaboration with other government and community-based organizations. Census data for 2002 shows there are 75,116 children on Medicaid and we capture 33% of this population. CDC research shows higher risk children are from low-income families, live in older deteriorated housing, and many are minority children. In 2004, increased collaborations with the Kansas WIC/ Medicaid programs will significantly improve testing and identification of lead poisoning in Kansas children.

Address adult blood lead (ABLES) poisoning prevention efforts through a surveillance program. Last quarter ABLES tested 2,373 adult Kansans and 626 tested reported >24 g/dL. The Kansas ABLES program also works closely with the childhood section to match adults with elevated blood lead levels to children found to have elevated blood lead levels.

Address contractors through the Pre renovation education programs. The Pre renovation program is only one of two pilot programs funded by the EPA in the nation.

Certification and accreditation of contractors, setting standards for lead in paint, soil and dust, and mandating disclosure of lead risks to home buyers and renters.

Healthy Homes Initiative (HHI), a demonstration project focused on visiting greater Kansas City area low-income homes to assess environmental health risks. This program provides tools to improve the home environment and the health of its residents. HHI program has performed more than 57 home visits and 12 healthy homes presentations.

Enforce Kansas regulations – Article 72 Childhood Lead Poisoning Prevention Program;

Housing and Urban Development (HUD) Lead Hazard Control program allows for abatement and interim controls of housing with lead for low income families with



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children with elevated blood levels. This is a newly funded program of \$3 million dollars over the next three years to fund projects in Wyandotte County, Kansas.

Supporting House Bill 2248 will remove any barriers to continued services, surveillance and investigations to increase our knowledge about the relation between human health and the environment. We will continue to face challenges from environmental hazards, but the KCLPPP and our partners have learned many lessons over the last few years that have prepared us well. In any public effort such as this, one of the biggest challenges we face is to keep resources focused. The improved quality of life for children freed from the threat of damage caused by environmental hazards cannot be overstated. Our children, the most important resource for the future, deserve nothing less. I appreciate your time and interest in supporting this vision.

¹ Jackson, Richard J. Dr., "*Testimony on Childhood Lead Poisoning and Older Homes*," Before the Senate Health, Education, Labor, and Pensions Committee, Subcommittee on Public Health, Lewiston, Maine, November 15, 1999.