

Scott Walker
Governor



DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET
PO BOX 2659
MADISON WI 53701-2659

Linda Seemeyer
Secretary

State of Wisconsin
Department of Health Services

Telephone: 608-266-1251
Fax: 608-267-2832
TTY: 711 or 800-947-3529

United States House Financial Services Subcommittee on Housing and Insurance
Oversight of the Federal Government's Approach to Lead-Based Paint and Mold Remediation in
Public and Subsidized Housing
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Testimony of

Karen McKeown, RN, MSN
State Health Officer
Wisconsin Department of Health Services

Chairman Duffy, Ranking Member Cleaver, and distinguished subcommittee members: Thank you for the opportunity to appear before the House Financial Subcommittee on Housing and Insurance today to discuss the need to include public health in preparing for and responding to the consequences of lead and mold in homes. Our homes are supposed to be safe places where we can find refuge from harm, and yet too often children and adults in the U.S. are still exposed to high levels of lead, and asthma triggers such as mold, in their homes. Per the request of the Chairman, the focus of my testimony today is on lead poisoning and the role of public health.

Lead Poisoning is a Serious Problem

Although there have been significant reductions in lead-poisoned children over the years, far too many children are still poisoned by lead today (see Figure 1 on page 8). In 2013, CDC estimated there were an estimated 535,000 children ages 1 to 5 with elevated blood lead levels (above 5 $\mu\text{g}/\text{dL}$, the CDC reference value) in the United States. In 2015 (the most recent year for which national data are available), among states reporting to CDC, 3.3% of children tested had a blood lead level of 5 $\mu\text{g}/\text{dL}$ or more. There is no "safe limit" for lead exposure.

Wisconsin's children are affected by lead poisoning in greater numbers than in many other states. (The same is true for Midwestern states generally.) Since 1996, more than 200,000 children have been identified with lead poisoning in Wisconsin, and in 2016 alone, there were more than 4,000 children identified with a blood lead level equal to or greater than 5 $\mu\text{g}/\text{dL}$, or 5% of children tested. A review of data from 1996-2005 found that 90% of lead-poisoned children in Wisconsin live in homes built before 1950, which are more likely to contain lead-based paint.

Even within Wisconsin, some communities and groups are more affected by lead poisoning than others. For example, Medicaid-enrolled children are three times more likely to be lead poisoned than non-Medicaid-enrolled children. Minority populations, and especially African American and Hispanic children, are more likely to be lead poisoned. Children from low-income families are at greater risk for lead poisoning, often because they have more limited housing options.

Among Wisconsin communities, the rate of lead poisoning is highest in the City of Milwaukee. In 2016, 10.8% of Milwaukee children tested were found to have lead poisoning, compared to 5% statewide. While only 27% of Wisconsin children tested for lead poisoning lived in Milwaukee, 59% of lead-poisoned children statewide lived in Milwaukee. Within Milwaukee, lead poisoning is most concentrated in areas with a high proportion of older housing and low-income families.

Why is lead dangerous? Lead is a poison that affects virtually every system in the body. It is particularly harmful to the developing brain and nervous system of fetuses and young children.ⁱ A child's blood lead level tends to be the highest between 18 and 36 months of age due to frequent hand-to-mouth behavior and increase in mobility, which makes lead-containing dust more accessible to the child. Moreover, young children absorb lead more readily than adults. Lead poisoning in young children can have profound and lasting consequences including lower IQ, speech delays, and hearing loss. Children may also develop behavioral problems, including aggression, hyperactivity, and poor impulse control leading to misbehaviors, skipping school, teen pregnancy and other risky behaviors.ⁱⁱ Lead is also known to pass from the mother to fetus and can cause pregnancy-related complications and affect early childhood development.ⁱⁱⁱ

Why are blood lead levels elevated? While there can be multiple causes of lead poisoning in children, including water, toys, cosmetics, and food, lead-based paint remains the major source of high-dose lead poisoning in the United States.^{iv} According to CDC, approximately 24 million homes in the United States contain deteriorated leaded paint and elevated levels of lead-contaminated house dust, of which 4 million are home to young children.^v In Wisconsin, and most other northern states, a significant proportion of the housing was built prior to the 1940s, and during that timeframe, lead was a common component of paint. Lead in consumer paint was banned beginning in 1978, but any home built before 1978 potentially contains lead-based paint. In Wisconsin, most lead-poisoned children are exposed to lead from the deteriorating paint in their own homes.

Lead Poisoning Can be Prevented

Primary prevention. Primary prevention consists of preventing an adverse event from ever happening in the first place. Lead poisoning is entirely preventable but requires resources to address the lead hazards in home environments. Interim controls are used to temporarily reduce lead hazards in a home and include actions such as paint stabilization and covering painted surfaces like stairs and floors with carpeting or runners. Interim controls generally are not expected to last more than a few weeks to a few years without additional work to maintain conditions. Lead abatement, on the other hand, permanently removes, encloses or encapsulates lead-based paint hazards; this solution makes a home safe today and well into the future.

The lead-safe renovation of an older home makes it a safer environment. In particular, the lead-safe replacement of old windows, siding over old painted siding with vinyl or aluminum, and repair or replacement of roofs or other sources of water intrusion go a long way to making older housing safer for children. Lead-safe renovation requires that contractors buy in to their crucial role in providing a safer environment, including the need to contain their work areas, properly handle dust and debris, and do meticulous cleaning of work areas.

Secondary prevention. Secondary prevention involves identifying affected people early, before a problem becomes severe. The only way to know if a child is lead poisoned is through a blood

test to determine the level of lead in their blood, so blood screening is the first step in secondary prevention. Wisconsin's two-pronged strategy for blood lead testing includes universal testing in the two highest-risk cities, Milwaukee and Racine, and targeted testing of high-risk children in all other parts of the state. High-risk children should be tested at 12 months and 24 months of age so that elevated blood lead levels are detected early and interventions can be conducted to reduce the child's blood lead level.

Despite state screening guidance and federal Medicaid testing requirements, both in Wisconsin and nationally, many children at high risk for lead exposure are never tested for lead. This means that many lead-poisoned children are never identified and do not receive interventions to remove the source(s) of exposure, thereby increasing their risk for the myriad health, educational, and social problems associated with lead exposure.

To increase testing of Medicaid-enrolled children, Wisconsin distributed Medicaid provider report cards to provide direct feedback to physicians regarding their blood lead testing practices relative to the federal testing requirements and notify them of untested children under their care. Wisconsin has also encouraged WIC agencies to help fill the gap by providing blood lead testing, and as many as one-third of blood tests are now done by WIC agencies. Medical providers can access the web-based Wisconsin Blood Lead Registry to check a child's blood lead testing history online during an office visit, regardless of who provided the tests. The Lead Registry helps providers easily identify children who have not yet been tested or are due for another test.

Unlike other diseases for which medical treatments are effective, lead poisoning requires prompt action not only by medical professionals, but by public health, families, property owners and construction trades to reduce hazards from lead-based paint. All children with a blood lead level greater than 5 µg/dL should receive some form of intervention to reduce their exposure to lead, although the intensity and depth of intervention varies depending on the blood lead level, as well as state and local policies and resources. Priority for public health intervention is most often given to children with the highest blood lead levels. Public health interventions include in-home education by a public health nurse, environmental investigation by a lead risk assessor or hazard investigator, and follow-up blood lead level monitoring.

The most effective treatment for lead exposure is to remove the source(s) of exposure by eliminating the lead hazards within the child's environment. When an environmental investigation identifies a source of lead, the local health department issues work orders to the property owner to address the hazards (typically interim controls or abatement as described above). It is in the best interest of the child if the work to decrease lead hazards is accomplished quickly and is as long-lasting as possible.

When the property owner reports that lead hazard reduction work is completed, the local health department conducts clearance testing to ensure the work was done properly and the dwelling is lead-safe. If the property owner delays in completing orders within the specified time, the local health department can take enforcement actions.

Addressing Lead Poisoning Requires Collaboration

Addressing lead poisoning at the state and local level requires a multifaceted and sustained approach to protect children and families. Successful primary and secondary prevention requires collaboration between multiple federal agencies, state and local governments, and private

partners such as medical providers, homeowners and landlords, and contractors. This work cannot be done by one entity alone and relies upon a system-based integrated approach to addressing this issue. Below please find additional information about the role of specific governmental agencies in supporting this work.

Local Health Departments. In Wisconsin, there is shared responsibility between state and local public health. Local health departments conduct the following activities related to lead:

- Establish and maintain a local surveillance system to track blood lead levels, incidence and prevalence of lead poisoning, and trends in testing; and to identify high-risk populations.
- Conduct timely investigations and interventions for children with lead exposure.
- Maintain a tracking system for children at risk for or diagnosed with lead poisoning that allows for timely follow-up of interventions and referrals.
- Coordinate program efforts with local laboratories and health care providers to ensure timely and accurate reporting of blood lead tests and to ensure that appropriate medical follow-up is provided.
- Analyze data in conjunction with the state health department to determine local trends and effectiveness in lead poisoning prevention and control efforts.

The Wisconsin Department of Health Services (DHS). The Division of Public Health within DHS administers two lead programs, Lead Certification and Accreditation, and the Wisconsin Childhood Lead Poisoning Prevention program. The certification and accreditation program, under EPA authorization and state statute authority, has statewide responsibility for administering and overseeing lead-safe work in the state by certifying companies and individuals, approving and overseeing accredited training courses, inspecting work sites and monitoring hazard investigation work and investigating tips and complaints relating to lead hazards in housing and child-occupied facilities.

The Wisconsin Childhood Lead Poisoning Prevention Program establishes and maintains a statewide surveillance system to track blood lead levels, incidence and prevalence of lead poisoning, and trends in testing; and to identify high-risk populations. The state program maintains a tracking system of children diagnosed with lead poisoning that allows for timely follow-up of interventions and referrals, and oversees and monitors the activities of local health departments to ensure they are conducting timely investigations and interventions for children with lead exposure. The state childhood lead program also coordinates program efforts with local laboratories and health care providers to ensure timely and accurate reporting of blood lead tests and to ensure that appropriate medical follow-up is provided. The state program also analyzes statewide data to determine trends and effectiveness in lead poisoning prevention and control efforts, and provides data on targeted local areas to assist local health departments to analyze conditions in their jurisdictions.

Centers for Disease Control and Prevention (CDC). Funding from CDC supports childhood lead poisoning prevention activities, including surveillance and targeted population-based interventions. States receiving this funding are expected to have processes to identify lead-exposed children and link them to recommended services. Funded states must work closely with a variety of partners to ensure that a comprehensive system of referral, follow-up and evaluation is in place for lead-exposed children.

Prior to 2011, Wisconsin received \$1.2-1.3 million annually to support this work. In 2011, funding was decreased to \$600,000, and from 2012 to 2014, CDC did not award any funding for

this work. Since September 2014, CDC funding to support this work in Wisconsin has been approximately \$400,000 annually. During the period from 2012 to 2014, the Department of Health Services was able to allocate state funds to keep some program activities going, but other activities had to be scaled back or eliminated.

It is important to note that while funding is down, our goals and expectations related to identifying and treating lead exposure in children have risen. Since 2012, CDC has recommended follow-up for children with blood lead levels of 5 µg/dL (previously the level had been 10 µg/dL). Recognizing that there is no safe level of lead in a child's blood stream, we welcome the opportunity to address children with the lower blood lead levels. At the same time, the change created a significant increase in children requiring follow-up compared to the previous five years (see Figure 2 on page 8). In short, our work load is up because our standards are higher, and we will continue to work aggressively to protect the health and safety of all Wisconsin children.

Environmental Protection Agency (EPA). EPA addresses lead contamination and resulting hazards by issuing and enforcing regulations to address lead in paint, dust and soil; lead in the air; lead in the water; and disposal of lead waste. EPA also supports state lead certification and accreditation programs through grants.

Wisconsin is an EPA authorized state. This means that under EPA authorization, Wisconsin regulates lead abatement, lead hazard investigation, and lead-safe renovation by certifying companies and individuals working in these areas, accrediting the training courses these workers are required to take, and enforcing the certification and lead-safe work practices requirements in our state. EPA sets rules that govern lead renovation and abatement work, and our rules must be at least as stringent as theirs.

U.S. Department of Housing and Urban Development (HUD). HUD funding has historically been the primary federal funding source for lead abatement work. The Office of Lead Hazard Control and Healthy Homes provides funds to state and local governments to develop cost-effective ways to reduce lead-based paint hazards. In addition, the office enforces HUD's lead-based paint regulations, provides public outreach and technical assistance, and conducts technical studies to help protect children and their families from health and safety hazards in the home. These resources have been important because although the responsibility for addressing lead hazards generally starts with homeowners and landlords, the greatest remaining lead hazards are in older housing areas where owners have limited resources and rental properties in low rent areas.

Wisconsin communities and state agencies have used these HUD grants to reduce lead hazards. The Wisconsin Department of Health Services has at times applied directly for these grants. More often, though, we have supported local communities in their applications by providing data specific to the area to be covered by the grant; writing letters of support; and providing consultation on and reviews of their applications, especially their grant work plans and background information.

Importantly, most of these grants have gone to communities with the greatest need and with racial and ethnic populations who are disproportionately affected by lead poisoning. Kenosha was awarded a 3-year, \$3.3 million HUD grant in 2017, which is implemented in the cities of Racine and Kenosha (Kenosha has had multiple grants over the years). Milwaukee was awarded

a 3-year, \$3.4 million HUD grant in 2016 (Milwaukee has had multiple grants over the years). Previous recipients include the State of Wisconsin (Department of Administration, Department of Commerce and Department of Health Services), City of Sheboygan, Rock County, City of Waukesha, and Social Development Commission (Milwaukee).

HUD's Lead Safe Housing Rule applies to all target housing that is federally owned or receiving federal assistance. This rule covers public housing authorities managing the public housing, housing choice voucher, project-based voucher, and project-based rental assistance programs. In 2017, HUD published a new rule lowering the Department's threshold of lead in the child's blood to match the more protective guidance of CDC, lowering the level from 20 µg/dL of blood to 5 µg/dL. This important change to HUD's Lead Safe Housing Rule will allow for a faster response when a young child (specifically, under six years old) is exposed to lead-based paint hazards in their HUD-assisted homes, a key component of a secondary prevention strategy.^{vi}

The June 14, 2018 HUD Inspector General report entitled "HUD's Oversight of Lead-Based Paint in Public and Housing Choice Voucher Programs," highlighted key findings around lack of lead monitoring and compliance by public housing agencies, and found that HUD failed to determine the risk of lead exposure for households with children under 6 years of age in public housing or assisted housing built after 1977. Implementation of the General Deputy Assistant Secretary for Public and Indian Housing recommendations will be a positive step to reducing lead exposure and poisoning. The recommendations are to update HUD's regulations to expand the inspection and abatement requirements of 24 CFR (Code of Federal Regulations) Part 35 to housing built after 1977 in cases in which a child with an elevated blood lead level is reported and to implement adequate procedures and controls to ensure that public housing agencies comply with the lead-safe requirements.

Centers for Medicare and Medicaid Services (CMS). Medicaid can provide resources for early identification, treatment, and case management of children with elevated blood lead levels. In Wisconsin, health care providers and public health agencies can bill for blood lead testing, laboratory analysis, educational home visits, initial and follow-up environmental investigations, and targeted case management.

In the 2017-2019 Biennial Budget, Governor Walker increased the Medicaid rates for these activities so that local health departments can now access more than \$1200 per child to manage elevated lead cases; this represents more than a six-fold increase from the amount previously available. In addition to funding direct services, the Division of Medicaid Services (DMS) in Wisconsin has worked closely with the Division of Public Health (DPH) (both within the Wisconsin Department of Health Services) to find ways to address lead poisoning. The two divisions have a data sharing agreement which allows for the linkage of data to evaluate and improve program effectiveness, such as determining the extent to which Medicaid children are tested for lead and the extent to which they are affected by lead poisoning.

Conclusion

Lead poisoning is a serious issue with potentially profound consequences for affected children. It disproportionately affects communities that also struggle with other challenges, such as poverty, unemployment, and housing needs. Indeed, therein lies the heart of the tragedy. Education is often the best route for a child to make his or her way to a brighter future. As a result of lead poisoning, as many as 10% of children in communities like Milwaukee may find it much more

difficult to achieve that dream. Eliminating childhood lead exposure from homes will pay social and educational dividends in the future.

Preventing and addressing lead poisoning will continue to require all levels of government working together with partners in the private sector. Improved systems for collaboration are needed to ensure children do not fall through the cracks. And more resources for renovation and abatement are necessary so we can begin to definitively remedy the problem. Our children should not continue to suffer from this preventable condition.

In closing, I want to thank the members of this Committee once again for your commitment to improving the health, safety, and well-being of our nation. We know that much more can and must be done to protect our nation's health as we continually anticipate and prepare for myriad public health threats. We welcome the opportunity to continue to work with you in pursuit of that goal. Thank you for your attention. I will be pleased to answer any questions you may have.

Figure 1: Children Under Age 6, Number Lead Poisoned, Wisconsin, 1996 - 2016.

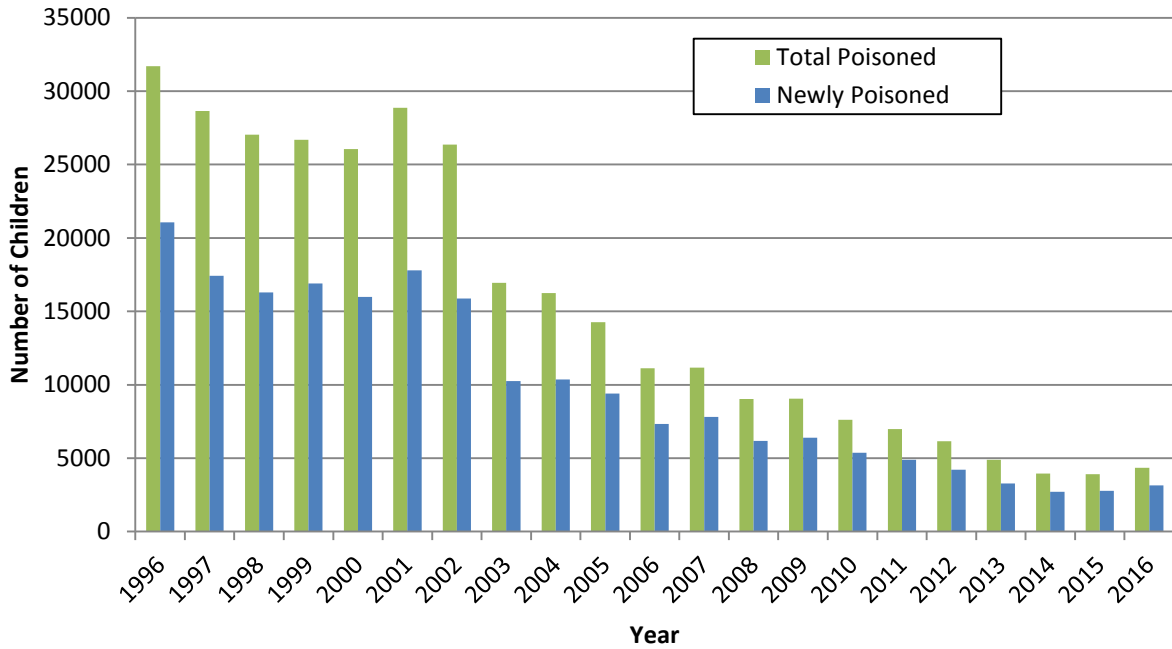
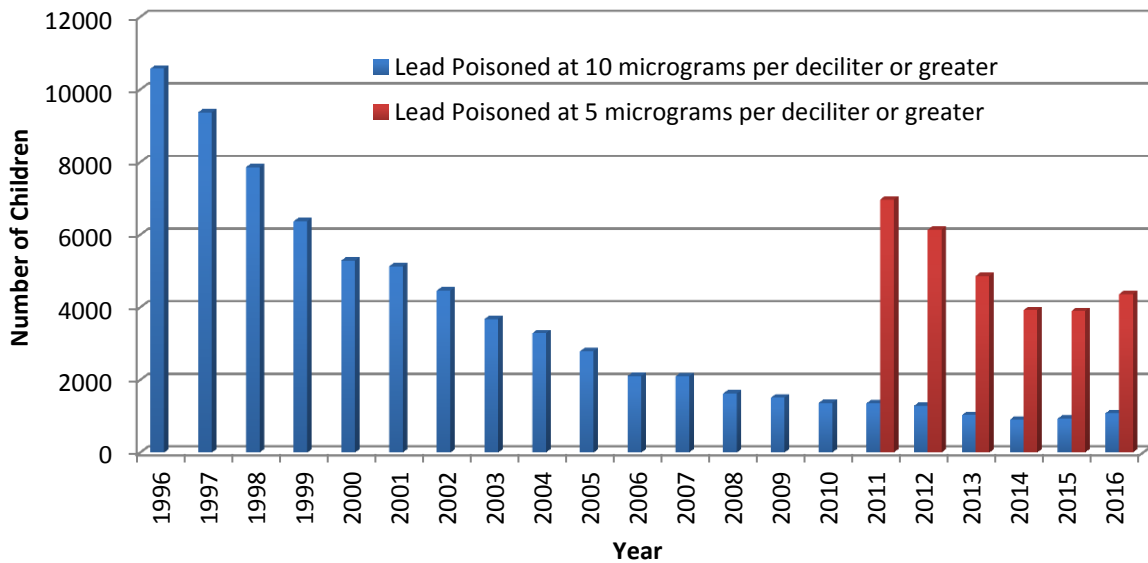


Figure 2: Children Under Age 6, Number Lead Poisoned, Wisconsin, 1996 - 2016, by Blood Lead Level Definition.



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- ⁱ Centers for Disease Control and Prevention. Preventing Lead Poisoning in Young Children: Chapter 2. <https://www.cdc.gov/nceh/lead/publications/books/plpyc/chapter2.htm#Summary>. Accessed July 20, 2018.
- ⁱⁱ Centers for Disease Control and Prevention. Childhood Lead Poisoning and the Environment. Accessed July 19, 2018 <https://ephtracking.cdc.gov/showLeadPoisoningEnv>;
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- ^{vi} U.S. Department of Housing and Urban Development. The Lead-Safe Housing Rule https://www.hud.gov/program_offices/healthy_homes/enforcement/lshr. Accessed July 19, 2018.