



MICHIGAN CHAPTER
American Academy of Pediatrics

Good morning, Chair Kahle and members of the House Health Policy Committee,

Thank you for the opportunity to testify today. My name is Jonathan Gold. I am a general pediatrician, a member of the Michigan Chapter American Academy of Pediatrics and the chair of the Government Affairs and Advocacy Committee. The MIAAP represents over 1600 pediatricians in Michigan and I testify on behalf of this organization today.

We want to thank you all for addressing the important issue childhood lead poisoning—a completely preventable condition that can have lifelong consequences. I'd like to go through the bills and let you know where MIAAP stands on each bill in the package.

HB 5413. (*Rep. Lilly, Definitions—modify, reorganize*). We support this bill and its companion bills 5415 and 5417. The science is clear that there is no safe level of lead in children. We appreciate the bill substitute's change to reference the CDC's Blood Lead Reference Value which recently changed from 5 to 3.5 micrograms per deciliter. The Blood Lead Reference Value is based on levels of lead in the population. By referencing it, there will be no need for a change in legislation each time the reference value changes.

HB 5414. (*Rep. Hood, Require continuing education on lead poisoning identification and treatment*). We oppose this bill. While we greatly appreciate Representative Hood's willingness to listen to providers, we are concerned that this adds undue burden to Michigan's providers, many of whom do not care for children and would not benefit from this additional training. Unfortunately, the way the public health code is written there is no way to narrow it to only those providers who would benefit from this requirement. As a result, we fear that this bill will alienate many physicians in the state who would otherwise be supportive of our goals.

HB 5415 and 5417. (*Rep. Wendzel, definition of elevated blood level*) (*Rep. Anthony, definition for reporting requirements*). See above—we are supportive.

HB 5416. (*Rep. Witwer, annual lead screening test*). While we appreciate the goal of greater identification of lead-exposed children, we oppose this bill as currently written. Currently, pediatricians struggle to get 2 tests (as mandated by CMS) at 12 and 24 months. Now we are facing increased barriers to testing-- fewer trips to the doctor as reflected in falling immunization and lead testing rates, WIC office visits that are mostly virtual now (WIC had been a major partner in lead testing in many counties), and a recent recall on a point-of-care lead test kit that many clinics were using. We would prefer to see resources put in place to help achieve higher rates of testing for children at 12 and 24 months.

HB 5418 and HB 5423. *(Rep. Rogers, automatic qualification for CSHC services).* While we advocate for health insurance for all children, the focus of Children’s Special Health Care Services is primarily access to subspecialty care. Most children with lead toxicity are cared for by primary care providers. The most effective care for these children includes spending as much time as possible in a developmentally enriching environment, such as high-quality preschool or childcare, and have access to developmental monitoring in programs such as Early On. So, in terms of supporting them and making targeted investments, expanding access to Early On and preschool may make more sense.

HB 5419. *(Rep. Young. Require lead-based paint inspections).* We strongly support this bill. No young child should move into a home that will put that child at risk of lead poisoning. I will say that this bill does not include inspection of water and plumbing as a lead source, and we wish that it did. Paint is not the only source of lead as we all know.

HB 5420. HB 5421. *(Rep. Benson. Administration of lead renovation, repair, and painting rule). (Rep. Neeley, definitions in lead abatement provision).* We support both bills. These bills provide resources to ensure that buildings are renovated with lead risk in mind, and that the information on which buildings are safe for young children is publicly available.

HB 5423. *(Rep. Calley).* See above.

Thank you again for the attention to childhood lead exposure. I’m happy to answer any questions you may have.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jonathan Gold".

Jonathan Gold, MD FAAP

Chair, Advocacy and Government Affairs Committee

Michigan Chapter, American Academy of Pediatric