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August 15, 2013

President Barack Obama  
The White House  
1600 Pennsylvania Avenue NW  
Washington, DC 20500

Dear President Obama:

On behalf of the American Academy of Pediatrics (AAP), a non-profit professional organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents, and young adults, I urge your support for the restoration of \$29 million in funding for the Centers for Disease Control and Prevention (CDC) Healthy Homes/Lead Poisoning Prevention Program and consideration to revise the Healthy People 2020 Goals to reflect the new reference level for lead poisoning.

Recently, the Senate Committee on Appropriations approved its fiscal year 2014 budget that included \$10 million in funding for this program. Robust support for this program is essential because adverse health effects occur at even very low blood lead levels in children, and high numbers of U.S. children are expected to continue to be exposed to lead in their homes and environments. The Healthy Homes/Lead Poisoning Prevention Program provides essential support and leadership to protect children from lead's harmful effects.

## **Lead Exposure and Children's Health**

Lead exposure has pernicious effects on children's health. For example, the National Toxicology Program concluded that lead exposure is associated with low birth weight, delayed puberty, decreased hearing and stunted growth (NTP, 2012). At higher blood lead levels, lead can lead to anemia, lead encephalopathy and even death. Recent publications by the National Institute of Environmental Health Sciences, ACCLPP, and the Centers for Disease Control and Prevention (ACCLPP 2012; CDC 2012; NTP 2012, CDC 2010, CDC 2005) indicate that research studies continue to conclusively demonstrate adverse health effects of lead exposure on children at increasingly lower blood lead levels (BLLs; including those below 5 µg/dL), to include: effects on children's intellectual abilities, development and academic achievement; attention deficit hyperactivity disorder (ADHD); conduct disorder; and antisocial behavior.

Major lead exposures for U.S. children result from deteriorated older housing, contaminated water and soil, and from a number of consumer and personal care products (Levin, 2008). While recent data (MMWR, 2013) show a small decline in elevated BLLs overall, hundreds of thousands continue to be affected by lead poisoning and disparities among low-income and minority children persist.

## **More Children Identified as Affected by Lead Exposure Under New Reference Value**

In recognition of the serious health effects of even low levels of lead exposure, CDC recently implemented a recommendation from the Department of Health and Human Services' Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP) to adopt a reference value for lead exposure of  $\geq 5$   $\mu\text{g}/\text{dL}$ . The new reference level is based on the U.S. population of children aged 1-5 years who are in the highest 2.5% of children when tested for lead in their blood, or about 500,000 U.S. children. This represents a substantial increase in the number of affected children compared to estimates using the old "level of concern" of  $\geq 10$   $\mu\text{g}/\text{d}$ , and will in turn require a significantly increased investment of clinical and public health monitoring and interventions.

## **Public Health Partnerships are Crucial to Protecting Lead-Exposed Children**

For decades, the Lead Poisoning Prevention Branch at CDC has provided grant funds and federal leadership to state and local health departments around lead poisoning education, surveillance, environmental inspection and remediation, lead screening, case management, data management and laboratory issues. This has included technical assistance and dissemination of resources needed for lead prevention programs around the country, including that for primary prevention which has been recommended by ACCLPP and CDC in recent years (ACCLPP 2012, CDC 2010, CDC 2005, CDC 2004).

Individual pediatricians can undertake some activities to prevent and manage elevated blood lead levels through giving anticipatory guidance, performing lead screening, monitoring serial BLLs, and providing medical therapy, such as chelation therapy, when indicated. Outside of the office, pediatricians have long relied on our local and state health department colleagues to ensure that there is proper assessment of the source or sources of lead exposure for patients and that work for elimination or remediation of lead sources is carried out by qualified professionals. This partnership has been premised on the availability of lead poisoning prevention professionals at the local and state level, without whom proper environmental management cannot take place.

## **Reduced Funding for Lead Poisoning Prevention Threatens Children's Health**

Due to the importance of public health support for pediatricians in our efforts to protect children from exposures to toxic agents like lead, we are deeply concerned by recent trends in funding of the CDC's Healthy Homes/Lead Poisoning Prevention Program.. As detailed on the CDC website (CDC, 2013), funding went from \$29,257,000 in fiscal year 2011 to \$1,995,000 in fiscal year 2012, a more than 90 percent funding reduction. With such limited funding, most of the activities which provided federal leadership and oversight and a public health framework for lead poisoning prevention and healthy housing work, as well as funding to approximately 35 state and local grantees for lead poisoning, cannot be carried out at this time. This represents a tremendous loss of knowledge and resources that will cripple both state and local public health departments and pediatricians looking to them for guidance, in their work with specific children, families and communities in preventing lead exposure.

In one such example, an AAP member recalled a child who was identified with a BLL of 25 µg/dL. Officials at the Kansas Department of Health indicated that nothing could be done due to lack of resources. Ultimately, the Kansas City, Missouri, Health Department used available funds to examine the child's home with assistance from the Region 7 Pediatric Environmental Health Specialty Unit (PEHSU). Their investigation concluded that the child's exposure was a result of the father's work in a print shop that utilized lead ink. The father's BLL was also above 20 µg/dL. Officials with the Occupational Safety and Health Administration (OSHA) have begun assessing the other shop workers and their children. Had activities ended when the state health department declined to pursue an investigation because of a lack of funds, the problem could have persisted and resulted in serious health consequences for future employees and their families. This story is just one example of the need for adequate federal support to address lead exposures.

Reduced funding also threatens to undermine successful collaborations between federal, state, and local public health entities. Primary prevention programs in states and local communities often receive guidance and funding from state and local health and/or housing departments. These departments, in turn, benefit greatly from federal input and assistance. Additionally, the CDC's Lead Poisoning Prevention Branch has collaborated with the Environmental Protection Agency (EPA) and Department of Housing and Urban Development (HUD) and taken on a leadership role in helping these two important federal agencies expand their work on childhood lead poisoning prevention and the attainment of healthy homes in our nation's housing. Many state and local childhood lead poisoning prevention programs, funded in part by CDC, have been able to take advantage of HUD grants for lead hazard control and healthy homes.

### **Lead Poisoning Prevention Funding is a Strong Investment**

To underscore the benefits of childhood lead poisoning prevention, a growing body of evidence demonstrates that investing in lead poisoning prevention can not only reap rewards for children's health, but also for our nation's expenditures. One recent study estimated childhood lead poisoning is associated with \$5.9 million in medical care costs (in 2008 dollars) and \$50.9 billion in lost economic productivity resulting from decreased cognitive potential from lead exposure in childhood (Trasande and Liu, 2011).

Another recent study compared the costs of lead hazard control (\$1-11 billion) using estimates for elevated blood lead levels for a cohort of children aged 6 years and younger to the benefits of lead level reduction attributed to each cohort for health care (\$11-\$53 billion), lifetime earnings (\$165-\$233 billion), tax revenue (\$25-\$35 billion), special education (\$30-\$146 million), attention deficit-hyperactivity disorder (\$267 million), and the direct costs of crime (\$1.7 billion) (Gould, 2009). The study concludes that each dollar invested in lead paint hazard control can reap a return of \$17-\$221, with a net savings of \$181-\$269 billion (Gould, 2009).

### **The AAP Urges Recognition of the New Reference Level in Healthy People 2020 Goals**

The development and implementation of the CDC's new reference value for blood lead levels in children have not yet been reflected in other relevant federal policy. Healthy People 2020 goals currently include: *EH-8.1, Eliminate elevated blood lead levels in children, using a baseline of 0.9 percent of children with elevated blood lead levels ( $\geq 10$  µg/dL) in 2005–08; and EH-8.2,*

*Reduce the mean blood lead levels in children, using a baseline BLL of 1.5 µg/dL as the average blood lead level in children aged 1 to 5 years in 2005–08 and a target average blood lead level in children aged 1 to 5 years of 1.4 µg/dL) (USHHS, 2013). These goals were based on CDC’s previous “level of concern” of ≥ 10 µg/dL. AAP urges the President to provide leadership in ensuring Healthy People 2020 goals are updated in keeping with the scientific evidence for harm associated with low blood lead levels. Consideration might be given as well setting goals to decrease racial and economic disparities in lead exposure.*

### **The AAP Urges Restoration of Support for Lead Poisoning Prevention Funding**

Lead toxicity and elevated blood lead levels are preventable, and no children should have to suffer the deleterious effects that lead exposure has on their intelligence, on their development, on other neurologic functions, and ultimately, on their academic and career paths. As the American Academy of Pediatrics has long emphasized, there is no safe level of lead exposure. Lead Poisoning Prevention programming is absolutely essential to protecting children from the lifelong impacts of lead exposure.

Again, we urge your support to restore full funding for lead poisoning prevention efforts and consideration to revise update the Healthy People 2020 Goals to reflect the new reference level for lead poisoning. The AAP appreciates your work on behalf of children. For further assistance, please do not hesitate to contact Sonya Clay, Assistant Director, Department of Federal Affairs, 202-347-8600 or [sclay@aap.org](mailto:sclay@aap.org).

Sincerely,



Thomas K. McInerney, MD, FAAP  
President

TKM/scc

Cc:

The Honorable Kathleen Sebelius, Department of Health and Human Services

Thomas R. Frieden, MD, MPH Director, Centers for Disease Control and Prevention

The Honorable Barbara Milkulski, Chair, U.S. Senate Committee on Appropriations

The Honorable Richard Shelby, Vice Chair, U.S. Senate, Committee on Appropriations

The Honorable Hal Rogers, Chair, U.S. House, Committee on Appropriations

The Honorable Nita Lowey, Ranking Member, U.S. House, Committee on Appropriations

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