Learning Disabilities Association of Maine

Neither For Nor Against LD 206
Resolve, Regarding Legislative Review of Portions of Chapter 234: Lead Testing in School Drinking Water Rule, a Major Substantive Rule of the Department of Health and Human Services, Maine Center for Disease Control and Prevention
Submitted by the Learning Disabilities Association of Maine on February 9, 2020

Dear Sen. Claxton, Rep. Meyer, and members of the Committee on Health and Human Services,

My name is Tracy Gregoire and I am the Healthy Children Project Coordinator for the Learning Disabilities Association of Maine.

The Learning Disabilities Association of Maine (LDA-ME) is a statewide, non-profit organization of individuals with specific learning disabilities and attention disabilities, and the families and the professionals who support them. LDA-ME provides education and support to families of children with learning disabilities and adults with learning disabilities.

First, some statistics. One in 5 American children have a learning or attention disability[i]. The autism rate continues to rise now affecting 1 in 54 children, which nearly tripled since 2000[ii]. Approximately 17.8% of children in the United States have a developmental disability[iii].

In Maine, 9,744 children ages 3 to 21 were identified as having a specific learning disability in 2019[iv]. Thousands more have Attention Deficit Hyperactivity Disorder (ADHD) (about 11.5% of children in Maine, slightly higher than the national average)[v]. A little over 16% of students receive special education services in Maine.

The etiology of learning and developmental disabilities may include one or more of a complex variety of factors, including genetics, substance abuse, social environment and environmental exposure to toxic chemicals. According to the National Academy of Sciences Committee on Developmental Toxicology, ***environmental factors, including toxic chemicals, cause about 3***

percent of all developmental defects, and contribute to another 25 percent[vi]. This means that ***360,000 U.S. children (1 in every 200 U.S. children) suffer from developmental or neurological deficits caused by exposure to known toxic substances[vii].*** The good news is that these causes are preventable.

When it comes to chemicals, lead has one of the strongest links to neurological harm. In fact, everyone agrees that there is NO SAFE LEVEL of lead exposure for children. LDA-ME share the distress of parents, professionals, and schools over the lead in drinking water crisis affecting so many across our country.

We know that there is more than just the emotional and social costs to learning and developmental disabilities. It costs the school system about twice as much to educate a child with special needs as it does other students. And the burden on the caretakers and parents with children with special needs is greater.

Despite the reduction in population blood lead concentrations, the estimated yearly cost of childhood lead exposure in the United States is $50 billion[viii]. Reducing blood lead levels result in significant savings. For example, every $1 invested to reduce lead hazards in housing units, the economic benefit would be $17 to $221[ix]. Another analysis looking at the reduction in children's blood lead concentrations between the 1970s and 1990s estimated an economic benefit of $110 to $319 billion for each year's cohort of 3.8 million children aged 2 years (primarily attributed to improvements in worker productivity as a result of increased IQ scores)[x]. Imagine the savings to both schools, the state, and to families when we reduce lead exposures from drinking water.

Flint Michigan in 2015 brought the lead in drinking water issue to the forefront and jumped started awareness and action. **We have known for years it is not enough to test children for lead, we need to eliminate the source of the exposure. This is good for children as well as our state. Reducing the healthcare, special education, and other costs resulting from lead exposure is a win for everyone.**

Water with high levels of lead can cause neurological harm leading to lifelong impacts such as learning disabilities, lowered IQs, and behavioral problems. Recent studies show that learning and behavior deficits occur in children even at very low levels of lead exposure, and that these deficits persist. In addition to learning disabilities, lead exposure can cause intellectual impairment, ADHD, and behavior problems. Scientists also link low levels of lead exposure in toddlers to declines in math and reading test scores when the children reach elementary school.

Maine law can ensure that Maine finally takes action on a major source of lead exposure, our drinking water. We know that schools need to test for lead because contamination usually occurs from water pipes, soldering, copper fittings, or other sources that are within the building. But sadly, this bill is not strong enough to truly protect our children.

We fear it may be even worse to pass a weak bill and have Maine families think that the state is protecting their children, when in fact the law falls way short of that goal.

LDA-ME strongly encourages this committee to strengthen this bill in the follow ways:

- The level standard needs to be health protective. The American Academy of Pediatrics has called for a standard of no more than 1 ppb in school drinking water[xi]. LDA-ME asks you to **replace "15 ppb" with "1 ppb" everywhere it occurs in the rule.** As I said earlier, experts agree that there is no sage level of lead. Sadly, school drinking water is just one potential source of lead. We need the limit to be health protective.

- Fix the testing methodology. If schools Pre-flush pipes, we will not get an accurate reporting of lead levels. **Please amend section 1(b)(4) to read: "First-Draw Sample means a lead water sample that is collected from an outlet where the water has sat motionless in the school's plumbing for a minimum of eight hours ~~and a maximum of no more than 18 hours~~. Prior to the 8 hour period, normal use is acceptable, but no attempt may be made to deliberately run outlets or otherwise flush the pipes."**

- The Department has made clear in the rule that it intends for schools to be tested a single time. This is inadequate for public health and doesn't meet the statutory intent. Because changes in water chemistry or treatment technique, as well as building remodeling or disturbances to the plumbing system can change lead levels, and little is known about how levels change. Routine testing is necessary auto protect children's health. Building remodeling, changes in plumbing systems, treatment of water and even water chemistry can impact lead levels in drinking water. **Please add section 3(C):** "**After an initial round of testing, the Department shall assign schools to a testing schedule that will ensure roughly 1/5 of schools are tested each year, such that each school is tested once per five years. After the initial testing, the Department may exempt schools that were constructed after January 1, 2014 from further testing. The Department will notify schools of the schedule and provide testing materials in accordance with section 3(A)."**

- Federal rules mandate water districts notify homeowners about elevated lead as soon as possible and within no more than 3 days. **Please amend section 6(c) to read: "Schools must distribute public notice as soon as practicable within ~~10~~3 days of receiving lab results**

Now, more than ever with the current economic crisis, we should be preventing these disabilities and saving Maine schools and Maine families the financial and emotional costs of these disabilities and reducing possible additional neurological impacts on children who are already struggling with neurological challenges. We need to get this right.

On behalf of Maine children, Learning Disabilities Association urges this committee to **strengthen LD 206 with the amendments above** so that Maine can finally join the ranks of other states that are protecting kids from toxic lead in drinking water.

Please don't hesitate to contact us if we can be of further assistance.

Sincerely,

Tracy Gregoire
Learning Disabilities Association of Maine
Healthy Children's Project Coordinator
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[i] National Center for Learning Disabilities 2015-2016 statistics.
[ii] John Hopkins Bloomberg School of Public Health and Center for Disease Control, March 2020.
[iii] Center for Disease Control, *Children aged 3-17 years old in 2015-2017.*
[iv] U.S. Department of Education, EDFacts Data Warehouse (EDW): "IDEA Part B Child Count and Educational Environments Collection," 2018-19. Maine Department of Education. (n.d.). Specific Learning Disability Eligibility Form.
[v] Center for Disease Control, 2011.
[vi] *Scientific Frontiers in Developmental Toxicology and Risk Assessment*, Executive Summary, National Academy of Sciences Committee on Developmental Toxicology, 2000.
[vii] Polluting Our Future: Chemical Pollution in the U.S. that Affects Child Development and Learning", National Environmental Trust, Physicians for Social Responsibility, and Learning Disabilities Association of America, September 2000.
[viii] Trasande L, Liu Y. Reducing the staggering costs of environmental disease in children, estimated at $76.6 billion in 2008. *Health Aff (Millwood)*. 2011; 30(5):863-870.
[ix] Gould E. Childhood lead poisoning: conservative estimates of the social and economic benefits of lead hazard control. *Environ Health Perspect*. 2009; 117(7):1162-1167.
[x] Grosse SD, Matte TD, Schwartz J, Jackson RJ. Economic gains resulting from the reduction in children's exposure to lead in the United States. *Environ Health Perspect*. 2002;110(6):563-569.
[xi] American Academy of Pediatrics, 2016.