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Testimony of Dr. Deborah Patten, Board Member
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Before the Joint Standing Committee on Health and Human Services
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
February 9, 2021

Good morning, Senator Claxton and Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, my name is Dr. Deborah Patten. I am a retired pediatrician and a board member of the Maine Children's Alliance. I am here today to present comments regarding 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. The Maine Children's Alliance is a statewide non-partisan, non-profit research and advocacy organization whose mission is to promote sound public policies to improve the lives of children, youth, and families in Maine.

At the Maine Children's Alliance, we believe that Maine's future success depends upon how our children are doing today. We know from years of research of the harmful effects of lead on children. Lead is a neurotoxin, and it has the potential to cause damage to the brain and nervous system. Even at low levels, lead can cause cognitive and developmental harm.

The focus of our public policy related to lead should always be prevention. There are no effective treatments for children to reverse the damage caused from lead. The damage is permanent and lasts a lifetime.

Information from the KIDS COUNT Data Center indicates that in 2018 about three out of every 100 Maine children tested for lead was found to have a venous blood lead level of 5 µg/dL or higher (One µg/L equals one part per billion or ppb). It is a positive trend to see the number decrease from 492 in 2009 to 288 in 2018.

Lead Poisoning in Maine

We urge the committee to make several changes to the major substantive rule for Lead Testing in School Drinking Water Rule. First, we suggest that the committee adopt the standard of 1 part per billion/ppb to protect children from lead in water at schools. The standard proposed by the department of 15 ppb is simply too high. The American Academy of Pediatrics has called for a standard of no more than 1 part per billion in school drinking water.

We also suggest that you clarify that schools may need to be tested on a regular basis. Changes to water chemistry or treatment can impact and change lead levels in water. We urge you to adopt language to clarify that schools, depending on the age of the building, should test the water once every five years.

The language regarding the testing method should also receive further examination. We believe that the intent of the law is to identify potential lead problems. For example, if water is sitting in pipes for an extended period of time, such as over a weekend or school holiday, we want to identify those locations where lead levels could cause harm. Suggestions in the rule relating to "flushing the pipes" could result in a missed opportunity to identify a potential problem site.

Finally, we urge that the language in the rule should encourage transparency. Parents and staff should receive notice as soon as possible. We suggest that ten days to provide notice about a potential health risk is too long.

Thank you for your consideration and attention to this important issue.

Definitions: Children can be given a blood test to measure the level of lead in their blood. If a venous blood lead level is at or above 5 ug/dL it is an elevated blood lead indicative of lead poisoning. The estimated number of children with a blood lead level ≥ 5 ug/dL is the number with confirmed tests plus 38% of the children with unconfirmed 5-<10 ug/dL tests. The percent of lead poisoning reflects the number of children in the county ages 0-<36 months with elevated blood lead levels among the number screened.

Data Source: Maine Center for Disease Control, Maine Tracking Network

Footnotes: Uploaded August 2020

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