



February 16, 2021

TO: Rep. Bronna Kahle, Chair
Members of the House Health Policy Committee

FROM: Amy Zaagman, Executive Director
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Re: Updated comments to HBs 5413-5423

The Michigan Council for Maternal and Child Health and our members support improving our systems of care to detect and respond when a child is, unfortunately, exposed to lead. Thank you Rep. Kahle and members of this committee for bringing this important issue and these bills up again. We appreciate the opportunity to provide updated comments to the bills based on discussions with Rep. Hood, her staff and other bill sponsors.

As we have shared previously—**prevention is the key**. Improving our infrastructure, including housing stock and water lines to eliminate sources of lead, as well as strengthening and supporting our local public health system to promote awareness and ways to avoid lead exposure are key ways to truly protect children, starting at the earliest point possible by preventing exposure during pregnancy. There is still much to be learned about the impact of lead exposure during pregnancy, but it is a known cause of miscarriage, stillbirth, premature birth and low birthweight.

MCMCH supports the majority of the bills in the package. However, we hope to continue to discuss possible improvements to HBs 5418 and 5423 and we must oppose HBs 5414 and 5416:

HBs 5413, 5415 and 5417 - support

Similar to the position of our advocacy partner MI-AAP, we would prefer to see the level of lead in the blood tied to the CDC's Lead Reference Value as the number has been adjusted downward twice in recent years as more is understood about the impact of even small amounts of lead on children's health and development. Additionally, it is our understanding that a substitute for HB 5417 will require a referral to Early On services designed to assess and help children achieve developmental goals.

HBs 5419, 5420 and 5421 – support

As a member of the Michigan Alliance for Lead Safe Housing, MCMCH has been advocating alongside partners for years to ensure safe housing with quick, affordable lead abatement and renovation when needed. We support these bills and would also support inclusion of a plumbing inspection.

HB 5414 - oppose

We oppose the precedent this may set to use the continuing education process tied to physician licensure for education on specific topics. The bill, as substituted and even with clarifying work by the licensing boards, may capture providers who would benefit from spending valuable time on continuing education more specific to their duties, including many specialty practitioners. For example, there are pediatricians in this state who specialize in child abuse and neglect cases; they do not see children in a primary

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care setting but rather are called in to consult in emergency rooms and hospitals to verify the cause of injuries. Also the bill is limited to physicians and it is possible for a child to be seen by other types of medical practitioners for routine well child visits, not to mention the many other licensed and regulated professions who have daily contact with children. We just believe this is the wrong vehicle for needed education.

HB 5416 - oppose

We believe HB 5416 represents a good goal but based on feedback from providers who work with families we have major concerns about the feasibility of implementing this requirement. As with all services, there is a finite number of staff, testing kits and resources especially in the current environment. With much room for improvement on our 12 and 24 month testing numbers it seems ill-timed and unrealistic to create such a requirement.

HB 5418 and 5423- neutral

As introduced HB 5418 and HB 5423 reference required enrollment in the Children's Special Health Care Services program for any child with an EBLL. CSHCS is intended to provide medical care and supports to children with medical diagnoses that require specialty care including complex medical conditions and/or life-limiting diagnoses. While some children with a highly elevated BLL may require intervention such as chelation therapy, that is a very small group and there is no evidence that these children have difficulty accessing CSHCS under the current eligibility. If a substitute can be offered to clarify that only children who need medical intervention will be eligible for CSHCS that is definitely an improvement.

Thank you for the opportunity to add our voice on these bills and to emphasize the need to continue efforts in our state to provide services and supports to families dealing with lead exposure and ways in which to prevent it.