



December 8, 2021

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

FROM: Amy Zaagman, Executive Director
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Re: Comments to HBs 5013-5023

SUSTAINING MEMBERS

Beaumont Children's Hospital

Children's Hospital of
Michigan/Detroit Medical Center

Henry Ford Health System

Hurley Medical Center

University of Michigan C.S. Mott
Children's Hospital and Von
Voigtlander Women's Hospital

CONTRIBUTING MEMBERS

Michigan Section, American
Congress of Obstetricians and
Gynecologists

Mott Children's Health Center

School-Community Health
Alliance of Michigan

PARTNERING MEMBERS

Calhoun County Public Health
Department

Health Department of Northwest
Michigan

Inter-Tribal Council of Michigan

Michigan Association for Infant
Mental Health

Michigan Breastfeeding
Network

Michigan School Health
Coordinators' Association

Michigan State Medical Society

Washtenaw County Public
Health

GENERAL MEMBERS

Maternal-Newborn Nurse
Professionals of Southeastern
Michigan

Michigan Association of School
Nurses

Michigan Chapter, National
Association of Pediatric
Nurse Practitioners

Nurse Administrators Forum

EXECUTIVE DIRECTOR

Amy Zaagman
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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 to Rep. Hood and her office for seeking our input and we thank all of the bill sponsors and this committee for taking time today to discuss these bills.

Before I share specific input I want to stress that **prevention is the key**. Improving our infrastructure—housing stock, water lines, etc.—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 much still 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 and are we anxious to work with the sponsors to address concerns with a few. Similar to the position of our advocacy partner MI-AAP, we would prefer to see HBs 5413, 5415 and 5417 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.

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 ask you to support HBs 5419, 5420 and 5421.

MCMCH has concerns about the approach of HB 5414 and the precedent it may set to use the continuing education process tied to physician licensure. The bill, as substituted and even with additional 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 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 practitioners for routine well child visits.

We believe HB 5416 represents a good goal but that additional input is needed from those who work with families about barriers to annual testing for all Medicaid and MIChild enrolled kids. As with all services, there is a finite amount 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.

We are also concerned about HBs 5418 and 5423. The bills as drafted reference enrollment in the Children's Special Health Care Services program. 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. Making any child with an EBLL automatically eligible for Children's Special Health Care Services is not a good use of the program. While some children with a highly elevated BLL may fall into this category and 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.

Thank you for the opportunity to add our voice on these bills and to emphasize to 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 lead it.