



LEGAL COUNCIL
FOR HEALTH JUSTICE

Testimony in Support of Capital Bill Funding for Statewide Lead Paint Abatement Investments

Presented by

Legal Council for Health Justice

Civitas ChildLaw Center at Loyola University Chicago School of Law

SENATE SUBCOMMITTEE ON THE CAPITAL - APPROPRIATIONS

ILLINOIS GENERAL ASSEMBLY

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Thank you for the opportunity to provide written testimony in support of a capital investment for lead paint abatement. There is no more important infrastructure for children and families than the homes and buildings in which they spend the majority of their time. While not typically thought of in capital plans, these spaces are just as important to make safe for families as the roads and bridges they frequent. The burden of lead poisoning in Illinois is one of the highest in the nation. Almost 8,400 children were identified in 2016 with blood lead levels greater than $5\mu\text{g}/\text{dl}$,¹ the reference value the Centers for Disease Control and Prevention has adopted to identify children who have been lead poisoned.² That means over 8,000 of our children are unnecessarily put at risk each year for significant cognitive and developmental delays and behavioral and long-term health challenges linked to lead exposure. An increase in lead paint abatement funds will allow the state to make significant gains in preventing thousands of future Illinois children from being poisoned by lead, increase the stock of lead-safe housing, and create statewide employment opportunities.

Legal Council for Health Justice (LCHJ) conducts education, outreach, advocacy and direct representation through medical-legal partnerships to address disparities in health and well-being across the lifespan of vulnerable populations. For over 20 years LCHJ's staff has spearheaded successful legislative and policy efforts on lead poisoning prevention, including most recently the Early Intervention (EI) and Lead pilot effort focused on EI automatic eligibility for lead-exposed children, and partnering with IDPH on its Maternal and Child Environmental Health Collaborative Improvement and Innovation Network (MCEH COIIN). Recently, LCHJ worked with Senator David Koehler on [SB 155 SA1](#), to amend the Early Intervention Services System Act to include "exposure to a toxic substance" ensuring that young children with lead poisoning have access to critical services and supports that can prevent lead-induced delays.

The Civitas ChildLaw Policy Institute at Loyola University Chicago School of Law focuses on policy and legislative reform on behalf of underserved and underrepresented children and

families. The Policy Institute spearheaded state and local lead poisoning prevention efforts for over 15 years, advocating for policy reform, promoting public awareness, and fostering collaborations to achieve its mission. Its efforts included drafting and advocating for PA 95-0492, which established the Comprehensive Lead Education, Reduction and Window Replacement Program (CLEAR-Win), passed in 2007 and funded in 2009 through the Build Illinois Bond Fund. CLEAR-Win was a prevention-focused pilot program based in Peoria and the Englewood community of Chicago that aimed to address lead hazards primarily through window replacement in low-income properties in Illinois, and to create jobs by using windows manufactured in Illinois and training and hiring members of the communities impacted by lead to do the work. The CLEAR-Win program was a precursor to CLEAR-Win 2.0.

There is no safe level of lead exposure. Even at low levels, lead can cause developmental delays, behavioral problems and learning disabilities.³ One in five cases of ADHD in the U.S. may be attributable to lower level lead exposure. Lead exposure has been shown to increase the risk of delinquent behavior and adult arrest rates. In one study, children who had been lead poisoned during early childhood were six times more likely to have a reading disability, seven times more likely to be high school dropouts, and significantly more likely to have a lower class standing and higher rate of absenteeism than their non-lead exposed counterparts. At higher levels, lead exposure can cause significant health impacts for both children and adults.

According to the Illinois Department of Public Health, the primary source of lead exposure for children in the state is paint hazards in their homes.⁴ These hazards are most common in homes built before 1978. According to IDPH, an estimated 1.4 million housing units across Illinois have significant lead-based paint hazards. In the wake of the Flint water crisis attention has also turned to lead in water and the importance of replacing lead services lines throughout the state. While lead in water cannot be ignored, it is imperative that Illinois devote resources and efforts to eliminating lead paint hazards in homes, schools and child cares.⁵ Only in this way, can we comprehensively protect our most precious resource—our children.

Despite these challenges, Illinois is positioned to be a leader in the fight against lead poisoning, with several innovative initiatives that we could now leverage and build on with a capital bill investment:

- The CLEAR-Win pilot program was one of the first programs in the country to focus on window replacement as a key response to children being lead poisoned, and was recognized through a HUD-funded evaluation and a separate state-funded evaluation as improving the lives of children and families. The pilot program replaced almost 8000 windows and addressed other lead hazards in 466 units, boosted local economies as window manufacturing, window installation, and program management were all performed by Illinois companies, and provided the state with a net \$2.46 million in benefits.⁶
- After recent changes to law and rule, Illinois is now a leader in providing services to lead-exposed children, providing nurse case management and environmental

inspections to all children with blood lead levels of 5 micrograms per deciliter and greater.⁷ Illinois is one of the few states to implement services at this blood lead level.

- In its FY 2019 budget, the General Assembly appropriated \$15,000,000 from the Build Illinois Bond Fund to IDPH for the CLEAR-WIN 2.0⁸ program established under PA 100-0461, and \$50 million from the School Construction Fund to the Capital Development Board for grants to school districts for lead abatement projects. These dollars, once released, can contribute to ensuring that our children will remain safe and healthy in the spaces in which they spend significant time.

Between 2014-2016 only 2,281 lead abatement projects were conducted in Illinois, barely making a dent in the over one million residential units that continue to put children at risk of lead poisoning.⁹ Without prioritizing funding towards abatement, we will continue making slow progress in addressing this issue.

Several sources of funding could be bonded and leveraged to significantly build abatement dollars. These include, the \$15 million appropriated toward CLEAR-Win 2.0 from the Build Illinois Bond Fund and the \$50 million Capital Development Board funding. In addition, in December 2018, HUD awarded \$13.7 million to the Illinois Department of Commerce and three local governments to help make sure that families throughout Illinois are protected from the threat of lead poisoning. Illinois should also explore lead abatement funding opportunities through Children's Health Insurance Program (CHIP) dollars.¹⁰

Providing more funding for lead abatement while leveraging existing resources and programs will save costs and increase the earning potential of many future generations of Illinoisans by preventing further lead poisoning.

It makes sense for Illinois to invest in lead poisoning prevention and remediation. According to the Pew Charitable Trusts, keeping blood lead levels of U.S. children born in 2018 at zero would generate \$84 billion in benefits accrued from increased lifetime earnings and savings to healthcare, education and criminal justice systems.¹¹ On a state level state revenue would increase as more people are employed and pay taxes and government expenditures would decrease for social assistance programs.¹²

We have an historic opportunity to build on the commitment Illinois has made to respond to more children with elevated lead levels by ensuring that sufficient funds exist to eliminate not only the lead hazards that poisoned them, but to also proactively address lead hazards before children are poisoned. Increased funding to remediate high risk homes must be a priority for the state. Put quite simply, investing in lead abatement is investing in the future of Illinois.

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Sources

- [1] Illinois Department of Public Health. (2017). *Illinois Lead Program 2016 Annual Surveillance Report*. Retrieved from <http://www.dph.illinois.gov/sites/default/files/publications/lead-surveillance-report-2016.pdf>;
- [2] Centers for Disease Control and Prevention. Lead, from https://www.cdc.gov/nceh/lead/acclpp/blood_lead_levels.htm; see also Lead Poison Prevention Act (Pub Act 100-0723) (<http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0723>); *Illinois adopted the Center for Disease Control and Prevention's lead reference level of 5µg/dl in 2018*.
- [3] Hamp, N., Zimmerman, A., & Hoffen, J. (2018). Advocating for automatic eligibility for early intervention services for children exposed to lead. *Pediatric Annals*. 47(10), E413-E418, Retrieved from <https://www.healio.com/pediatrics/journals/pedann/2018-10-47-10/%7B96dc07b8-dc79-4aaa-a505-ad77c98fc731%7D/advocating-for-automatic-eligibility-for-early-intervention-services-for-children-exposed-to-lead>
- [4] *Supra note 1*.
- [5] *Id*. In order to more productively prioritize units for abatement, the state can (and should) use predictive modeling to identify the most at risk units in addition to inspecting and addressing lead in homes where children with elevated blood lead levels have already been identified for remediation prioritization.
- [6] Jacobs, D., Tobin, M., Targos, L., Clarkson, D., Dixon, S., Breyse, J., . . . Cali, S. (2016). Replacing Windows Reduces Childhood Lead Exposure: Results From a State-Funded Program. *Journal of Public Health Management and Practice: JPHMP*, 22(5), 482-91. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26910871>.
- Gordon, J. and Nevin, R. (2014). Clear-Win Program Pilot Phase Evaluation. Illinois Department of Public Health. Retrieved from <http://www.dph.illinois.gov/sites/default/files/publications/publications-ohp-clear-winreport-042016.pdf>
- [7] Lead Poisoning Prevention Code (77 Ill. Adm. Code 845). Retrieved from <http://www.ilga.gov/commission/Jcar/admincode/077/07700845sections.html>
- [8] PA 100-0461, known as CLEAR-Win 2.0, passed in 2017, and established a Direct Assistance Program to assist property owners of single-family homes and multi-unit residential properties statewide, in reducing lead paint and leaded plumbing hazards.
- [9] *Supra note 1*.
- [10] Mann, C., Serafi, K., & Traub, A. (n.d.). *Leveraging CHIP to Protect Low-Income Children from Lead* (Issue brief). Woodrow Wilson School of Public and International Affairs, Princeton University. Retrieved from <https://www.shvs.org/wp-content/uploads/2017/01/SHVS-Manatt-Leveraging-CHIP-to-Protect-Low-Income-Children-from-Lead-January-2017.pdf>, Several states, including Michigan and Ohio, have used CHIP funds to pay for home remediation, signaling that lead poisoning prevention is as much a health issue as it is an infrastructural one.
- [11] Pew Charitable Trusts. (2017). *10 Policies to Prevent and Respond to Childhood Lead Exposure: An assessment of the risks communities face and key federal, state, and local solutions*. Retrieved from https://www.pewtrusts.org/-/media/assets/2017/08/hip_childhood_lead_poisoning_report.pdf
- [12] *Id*.