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Testimony of Sarah Rae Durrin, MD Pediatrician Children's National Hospital before Health and Government Operations Committee IN SUPPORT OF HB 97: Baby Food – Toxic Heavy Metals – Testing and Labeling

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Chairwoman Peña-Melnyk, Vice Chair Cullison and members of the committee, thank you for the opportunity to provide written testimony in favor of House Bill 97. My name is Sarah Durrin, MD, and I am a General Pediatrician at Children's National Hospital. Children's National has been serving the nation's children since 1870. Nearly 60% of our patients are residents of Maryland, and we maintain a network of community-based pediatric practices, surgery centers and regional outpatient centers in Maryland.

House Bill 97 takes an important step in preventing unnecessary and harmful exposure of infants and toddlers to heavy metals. Multiple studies have demonstrated the detrimental effects that early exposure to heavy metals can have on a child's health. Studies have linked exposures to heavy metals such as mercury, cadmium, and arsenic to numerous pediatric growth disorders, neurocognitive impairments, organ and bone disease, and cancers. There is literature which demonstrates children with exposure to lead are more likely to have deficits in executive functioning, problems with inattention and irritability, poor self-regulation, mental health disorders, and even increased rates of criminal behavior and rates of arrest.¹ Exposure to heavy metals has disproportionate effects on young children because their brains and bodies are rapidly developing. There is no safe level of exposure to heavy metals for children and thus, we must do everything that we can to protect this vulnerable age group.

Heavy metals can be found naturally in the environment and parents must be cautious to try to limit their child's exposure. However, a distressing source of heavy metals for parents and pediatricians is processed foods and cereals, many of which are targeted to children at the ages when they are most vulnerable to heavy metal exposure. This recently hit home when it affected a patient of mine, an adorable and healthy 2-year-old girl who resides in Baltimore County, Maryland. At 22 months old, this patient was found to have very high lead levels in her blood, approximately 4x higher than what we consider normal or acceptable for her age. Her mom saw on the news that the FDA recalled a food product that her child regularly consumed due to concerns for lead contamination, and very proactively brought her daughter in for evaluation at which time she was found to have elevated lead. Prior to this visit, she had routine lead screenings that were normal and lived in a certified lead-free home, reassuring that she had not had significant prior exposure. Her high lead levels were almost certainly caused by intake of these toddler pouches. Luckily, her mom caught this before her lead levels were high enough to require hospitalization or immediate decontamination, but the 2-year-old girl is continuing to undergo monthly blood draws to monitor her lead levels as they slowly decrease after removing the exposure. It is too early to say what affect this will have on her future neurocognitive development and unfortunately, there is nothing we can do at this point besides continue to monitor.

Primary prevention of exposure to heavy metals is the only way to minimize the dangerous effects of these toxins. Packaged baby foods should be a convenient and healthy way to help infant and young children eat a nutritious and varied diet, not another potential risk to children's health and stress for caregivers. I applaud Delegates Taveras and Pasteur for introducing this important legislation, which will benefit our state's youngest residents and their families, and request a favorable report on House Bill 97. Thank you for the opportunity to submit testimony. I am happy to respond to any questions you may have.

References:

^{1.} Al osman, M., Yang, F., & Massey, I. Y. (2019). Exposure routes and health effects of heavy metals on children. *Biometals*, 32(4), 563–573. <u>https://doi.org/10.1007/s10534-019-00193-5</u>