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Maryland Chapter
INCORPORATED IN MARYLAND
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Speaking for Maryland Kids!

TO: The Honorable Paul G. Pinsky, Chair
Members, Senate Education, Health, and Environmental Affairs Committee
The Honorable Jill P. Carter
The Honorable Cory V. McCray

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
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DATE: February 11, 2020

RE: **SUPPORT** – Senate Bill 371 – *Environment – Drinking Water Outlets in School Buildings – Testing for Elevated Level of Lead*

SUPPORT – Senate Bill 992 – *School Buildings – Drinking Water Outlets – Elevated Level of Lead (Safe School Drinking Water Act)*

On behalf of the Maryland State Medical Society (MedChi) and the Maryland Chapter of the American Academy of Pediatrics (MDAAP), we submit this letter of **support** Senate Bill 371 and Senate Bill 992.

The provisions in both Senate Bill 371 and Senate Bill 992 propose to strengthen the testing thresholds and requirements for school drinking water outlets that were enacted through legislation passed in 2019. The bills are essentially identical with the exception of a provision in Senate Bill 371 that requires school systems to test every 18 months as opposed to existing law which requires the school systems to determine the frequency of testing. These bills amend the current threshold for a determination of an elevated lead level in a drinking water outlet for the Environmental Protection Agency (EPA) recommended standard that is not defined to a specific standard of 5 parts per billion.

It is well recognized that no safe blood lead level in children has ever been identified. Children can be exposed to lead from a number of sources, including tap water. Lead exposure from tap water comes from the decay of plumbing or the solder that connects pipes, and the risk is higher in older buildings. Water that remains in pipes overnight or when schools are not in session stays in contact with lead pipes or lead solder and could contain higher levels of lead. As such, it is important to identify elevated levels of lead in drinking water in schools in order to reduce or prevent a child's exposure to lead.

High levels of lead in tap water can cause health effects if the lead in the water enters the blood. A high blood lead level can cause damage to the brain and kidneys and can interfere with the production of red blood cells that carry oxygen to all parts of the body. Children under the age of six are especially vulnerable to lead poisoning, which can affect their health and development, such as impaired mental and

physical development as well as hearing problems. Specifying a specific threshold for defining an elevated blood level provides clear direction to the schools with respect to their responsibilities to address the elevated level and protect the children they serve. It also enhances the safety and well-being of our children from the negative health impacts associated with lead exposure.

Senate Bill 371's requirement for testing water lines sources every 18 months also increases the direction provided to the school systems. We do not have a position on whether that provision is necessary given the schools current requirement to establish a policy on testing frequency and a lack of awareness on what timeframes school districts have adopted. Therefore, MedChi and MDAAP urge the Senate Education, Health, and Environmental Affairs Committee to give either or both Senate Bills 371 and 992 favorable reports depending on the Committee's decision on the 18-month testing frequency.

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