



Green & Healthy Homes Initiative®

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Delegate Shane E. Pendergrass, Chair  
House Health and Government Operations Committee  
House Office Building, Room 241  
Annapolis, Maryland 21401

Re: **OPPOSE** - HB1266 - Dentists - Saliva Lead Poisoning Screening Tests - Scope of Practice and Requirements

Dear Chairman Pendergrass and Members of the Committee:

On behalf of the Green & Healthy Homes Initiative (GHHI), I offer this testimony in opposition to HB1266. I represent GHHI as a member of the EPA Children's Health Protection Advisory Committee and as the Chair of the Maryland Lead Poisoning Prevention Commission. GHHI is also a member of the Maryland Public Health Association Advisory Committee. GHHI is dedicated to addressing the social determinants of health and the advancement of racial and health equity through the creation of healthy, safe and energy efficient homes. GHHI has been at the frontline of holistic healthy housing for over three decades.

Over its 30-year history, GHHI has developed the holistic health, housing and energy efficiency service delivery model adopted by the U.S. Department of Housing and Urban Development and implemented in our nationally recognized, Maryland-based direct services program. GHHI has helped to elevate Maryland as a national leader in healthy housing and in the reduction of childhood lead poisoning by 99% statewide through more than 45 pieces of state and local healthy housing supported legislation. Through our own research and evidence-based practices, GHHI has found that a healthy and energy efficient home yields a multitude of health, energy and non-energy benefits for residents, particularly low-income residents who can benefit the most from housing improvements in terms of financial and housing stability and wealth attainment over the long-term. We are deeply committed to advancing racial and health equity, economic mobility and climate resiliency through lead safer and more energy efficient standards for low-income housing.

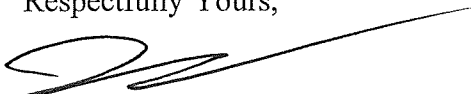
GHHI recognizes that increased methods for screening for elevated lead levels in children has the potential to help advance the objective of ending childhood lead poisoning in Maryland. However, we believe there is not enough evidence at this time to support the efficacy of using saliva samples to assess for lead poisoning as an effective testing method.

Further evaluation is needed to determine whether testing for lead poisoning in saliva, as outlined in HB1266, represents best practices for the protection of children in our state. A proper system of sample collection and sampling analysis standards and quality controls would need to be created for Maryland. In addition, determinations of what are elevated saliva lead levels would have to be established and decisions made on whether a positive result for a saliva test should be used as a new diagnostic standard or whether it would need to be confirmed with a blood lead test. The current legislation does not explicitly describe whether saliva tests should be used as a screening tool that requires a confirmatory blood test (venipuncture) or whether a positive saliva test should be considered as a lead poisoning diagnosis. This could lead to considerable confusion amongst pediatricians, healthcare providers and parents.

While one benefit of saliva testing is that it is less invasive than a blood test, it still requires the time delay and cost of a saliva sample being sent to a laboratory for analysis in order to have a lead test result. We have concerns about saliva testing possibly being deemed by parents as replacing point of care blood lead testing or standard blood lead testing which are the best practice testing methods utilized by the state. State approved reporting mechanisms for elevated saliva lead level reporting by dentists would also need to be established in consultation with MDH and MDE.

Lastly, MDH staff and state lead testing resources should be focused on Maryland's universal blood lead testing initiative of young children at 12 and 24 months as well as other blood lead testing of children under age 6. For these reasons, we ask the Committee for an Unfavorable Report on HB1266. In the alternative, if the Committee deems it beneficial to pursue further study of saliva lead testing of children in Maryland, GHHI would not oppose that undertaking by the legislature.

Respectfully Yours,



Ruth Ann Norton  
President and CEO