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ROBERT L. COWLES

Wisconsin State Senator
2nd Senate District

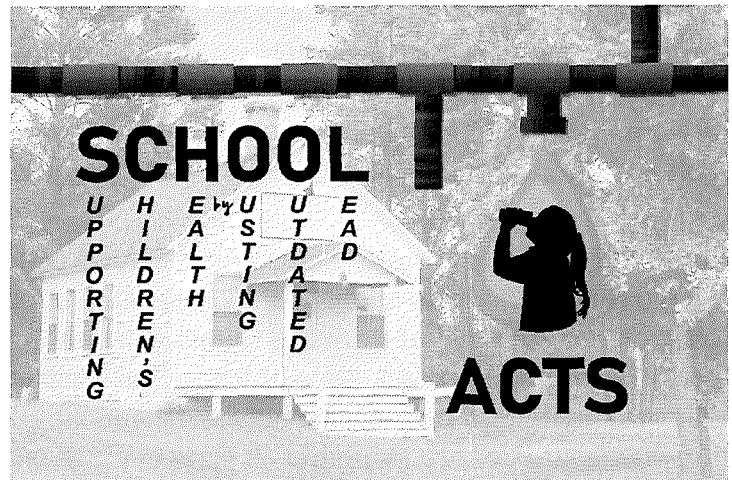
Testimony on 2019 Assembly Bill 476

Senator Robert Cowles

Assembly Committee on Energy and Utilities – February 4, 2020

Thank you, Chairman Kuglitsch and Committee Members, for holding a hearing and allowing me to testify on 2019 Assembly Bill 476. This bill would address lead in school drinking water by requiring testing and, if necessary, requiring that contaminated water sources be taken offline and replaced with clean water sources while encouraging long-term remedial efforts.

Overexposure to lead can be bad for anyone’s health, but children are particularly susceptible to negative health consequences from the consumption of lead. These health outcomes from lead have lasting impacts not only on the children, but on the entire community as the children’s development can be stunted, impacting both their physical and mental growth. Numerous studies, including a 2014 report by our state’s Department of Health Services, have found increased behavioral issues such as juvenile delinquency, teen pregnancy, truancy or dropping out, and even gun violence correlated to an overexposure to lead as a child. By introducing the Supporting Children’s Health by Ousting Outdated Lead Acts, SCHOOL Acts for short, we’re looking to give our youth a brighter future by reducing lead exposure and giving parents and guardians the peace-of-mind that their kids will drink clean, safe water when they leave the house in the morning.



Wisconsin has been given an ‘F’ in 2017 and 2019 by a third-party interest group for failing to address the issue of lead in schools and other places frequented by children. Local efforts in Madison, Rock County, and Waukesha County have all shown that the issue of lead in schools varies in severity, and while often the scope of the problem is very manageable, lead laden water has impacted all three of those communities and likely many other communities throughout the state.

Following a nation-leading effort last session known as the Leading on Lead Act which provided options to local governments to tackle residential lead laterals, legislation that I’m sure many members of this Committee remember, these two bills are an effort to prevent Wisconsin’s youth from any future lead water poisoning when they leave the home. 2017 Wisconsin Act 137 had advocates from both sides of the aisle that helped the Leading on Lead Act become law. We hope to expand off of last session’s successes and once again show that providing clean drinking water, especially to children, can lead to bipartisan laws to address these nonpartisan problems.

One bill in the SCHOOL Acts, Assembly Bill 476, requires all K-12 schools that receive public funding to test all sources of potable water used for drinking for lead contamination to determine if the levels are above the federal action limit of 15 parts-per-billion (ppb). I'll testify on this bill as amended by Assembly Substitute Amendment 1 which incorporated feedback from a series of school, environmental, and health-related stakeholders to ensure the best policy is advanced.

Testing is phased in over three-years and allows the submission of tests completed in prior years if it meets the testing standards prescribed by this bill. Testing continues to be required every five-years unless two consecutive tests show lead levels below 5 ppb. This 5 ppb level matches the federal standard for bottled water, and tests below 5 ppb can have higher levels of uncertainty in the test results making levels below 5 ppb harder to reliably achieve. Potable water sources that a school does not believe are used for consumption, such as bathroom sinks, may be posted as 'not to be used for drinking' in-lieu of testing that source.

Test results must be posted on the school's website or available for examination upon request if the school doesn't have a website. The test results must also be submitted to the Department of Public Instruction (DPI) within thirty-days of receiving results. If no potable source had lead levels higher than federal action limits of 15 ppb, no further action is required until the next round of testing in five-years. However, if lead levels on any source of drinking water test above the federal action limit, the source of water with lead contamination, such as a drinking fountain, must be taken offline and, if necessary, alternative sources of drinking water must be provided.

Additionally, for those sources above the federal action limit, a remediation plan must be developed, posted online or made available for examination upon request, and submitted to DPI within six months. If only one or a couple of drinking fountains or other sources are contaminated, as has happened in some of the limited known cases of testing in Wisconsin, producing alternative sources of drinking water or remediation may not be necessary and simply taking the source offline may suffice since other safe potable sources are available. A flow chart illustrating this process has been provided with the testimony.

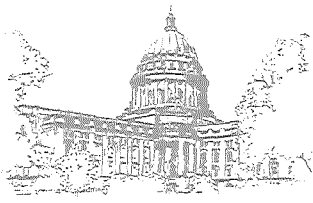
If remedial efforts are necessary and may not be absorbed in the current budget of a school district, Assembly Bill 476 as amended allows districts to ask a third referendum question in a given year if necessary and only for the purposes of lead remediation. This third question ensures that schools don't have to adjust planned referendum questions to address a health concern, and ensures that residents and voters don't have to weigh lead remediation against other capital projects when deciding how to vote on what may otherwise be one all-encompassing question.

To finance remediation, this legislation creates clear authority for schools to fund lead remediation by applying for a School Trust Fund Loan from the Board of Commissioners of Public Lands (BCPL). These loans have very low interest rates, and BCPL has indicated their interest in issuing loans for this purpose. The legislation also seeks federal funding which is available under the Water Infrastructure Improvements for the Nation (WIIN) Act and Lead and Copper Rule Revisions, among other sources. Funding would be distributed as equitably.

After discussions with stakeholders, Assembly Substitute Amendment 1 also makes several additions to clarify terms and processes to strengthen this legislation, including requiring the Department of Health Services to work with five other state agencies and stakeholders on developing a technical guidance and model plan for lead water testing, remediation, and information dissemination. This change ensures that, as testing begins, discussions ensue with all the experts in the same room to review the data and create a framework for actions by schools, daycares, and other places children frequent. The amendment also ensures that schools with daycares authorized by the school board test and report under this legislation to reduce complexity for those schools.

Assembly Bill 476 ensures that action is taken to deal with the issue of lead in drinking water while balancing this priority with the preservation of independence of local schools. The Legislative Fiscal Bureau has identified more than 25 unique statutory requirements related to health and safety already on school districts. This bill isn't the Legislature's first attempt to help ensure that students are healthy and safe in schools, but it is a very important addition to existing standards.

In short, Assembly Bill 476 is an important step to ensure the delivery of clean water and to protect the health and safety of Wisconsin's youth. While doing so, we still recognize that the scope of this issue varies by community, and therefore we must provide flexibility to break-away from a one-size fits all approach and instead allow local solutions driven by local engagement.



STATE SENATOR
LaTonya Johnson

WISCONSIN STATE SENATE

6TH DISTRICT

Assembly Committee on Energy and Utilities
Testimony on Assembly Bill 476
February 4, 2020

Good morning members of the committee,

Toxic lead exposure in Wisconsin's children is a public health crisis. A 2016 Wisconsin Department of Health Services (DHS) report found that 5.0% of tested children under 6-years-old statewide had elevated blood lead levels. Flint, Michigan's rate of 4.9% in 2015 was declared a state of emergency. My hometown, Milwaukee, found a rate of lead poisoning at 10.8% of tested children under 6, including 13.2% for African American children. Other Wisconsin communities with significantly higher rates of lead poisoning than Flint include Watertown, Lafayette County, Rock County, Buffalo County, and Sheboygan County, ranging from 5.75% to 8.4%.

Lead poisoning is extremely harmful to young children, who absorb lead faster than adults. Lead poisoning can hurt a child's brain and nervous system and slow down growth and development. Exposure to lead can also affect almost every organ and system in a child's body. Further problems include learning or behavior problems, liver and kidney damage, and hearing loss. Extreme cases of lead poisoning may even cause seizures, coma, or death. The effects of lead exposure cannot be corrected, so it is imperative that we eliminate lead from facilities that serve our children to prevent lead exposures before they occur.

First, Substitute Amendment 1 to Assembly Bill 476 (AB 476) requires school boards, operators of independent charter schools, and governing bodies of private schools participating in a parental choice program or in the Special Needs Scholarship Program to test all potable water sources in schools for lead concentration at least once every five years. If the results of a test shows a concentration of lead that is greater than the concentration considered safe for drinking water under the federal Safe Drinking Water Act (currently 15 parts per billion), the water source must be disconnected, a plan must be submitted for the remediation of the lead contamination and it must be made available to the public. Schools must show two consecutive lead tests of no more than five parts per billion in order to satisfy the ongoing testing requirement.

Second, AB 476 allows districts to hold a special referendum to exceed its revenue limit in order to cover the costs of lead contamination remediation. The bill also authorizes the Board of Commissioners of Public Lands (BCPL) to use school trust funds to issue loans to school districts, municipalities, technical college districts, and cooperative educational service agencies for the purpose of remediating lead contamination in schools.

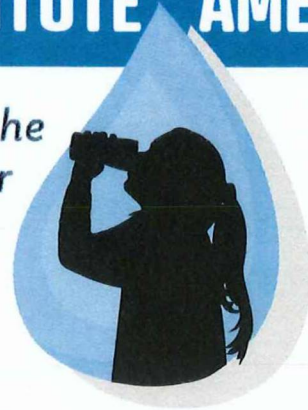
Over the biennium, Wisconsin will spend over \$15 billion on K-12 education, and I think we all believe strongly in the power of education to move our state forward and provide a prosperous future for our children. However, unless we are willing to take the necessary steps to prevent our children from losing IQ points at the school bubbler, our educational investments will continue to be undermined by toxic lead. While we often struggle to effectively address achievement gaps and other inequities in our state, negative outcomes resulting from toxic lead exposures are truly low-hanging fruit. We know how to prevent them, we know they are

already costing our state billions, and we know that delay will only increase the harms suffered by our state's children and their families in the future.

AB 476 provides our schools and the families they serve with the information and the financial mechanism to rid our school facilities of toxic lead once and for all. I would like to thank my co-authors, Senator Cowles, Representative Thiesfeldt, Representative Taylor, and Representative Kitchens for their work on this bill and thank you, committee members, for your consideration of this proposal.

ASSEMBLY SUBSTITUTE AMENDMENT 1 TO ASSEMBLY BILL 476

Overview of the Process for Schools



A school's governing body determines how sources are best categorized

Potable water source used for consumption (e.g., water fountain, sinks in a kitchen, kindergarten classroom, or home economics classroom, etc.)

Potable water source NOT used for consumption (e.g., bathroom sink, science lab sink, etc.)

Nonpotable water source (e.g., sprinkler, toilet, school laundry facilities, etc.)

Test sources in schools built before 1974 by the end of the first year

Test sources in schools built between 1974 and 1984 by the end of the second year

Test sources in schools built after 1984 by the end of the third year

Post that the source should not be used for consumption in-lieu of testing which will increase flexibility for districts to decrease testing costs

No testing or posting necessary

Post results online and submit to DPI within 30 days

Disconnect contaminated source, make other drinking water sources available, and develop a remediation plan

> 15 ppb

Test again in five years

5 to 15 ppb

Test again in five years; however, two consecutive tests below 5 ppb exempts that source from all future testing

< 5 ppb



School Administrators Alliance

Representing the Interests of Wisconsin School Children

TO: Assembly Committee on Energy and Utilities
FROM: John Forester, Executive Director
DATE: February 4, 2020
RE: AB 476 – Lead Testing of Drinking Water in Schools

The School Administrators Alliance (SAA) is testifying for information only on Assembly Bill 476, relating to lead testing of drinking water in schools. We are focusing our testimony on Assembly Substitute Amendment 1, and we are maintaining a neutral position on ASA 1. We greatly appreciate this opportunity to testify on this important bill.

Following the public hearing on Senate Bill 423 (the Senate companion to AB 476), the SAA worked extensively with Senator Cowles and his staff on modifications to the bill. Those modifications are included in ASA 1 to AB 476. I want to thank Senator Cowles for the opportunity to participate in improving the bill.

In our efforts on bill modification, the SAA pursued three general objectives: greater clarity in bill language and ease of administration for school management; incorporation of a model plan and guidance document; and a reliable funding mechanism for schools to handle lead testing and remediation costs.

Clarity and Ease of Administration

I'll provide three examples of how, in my estimation, ASA 1 achieves greater clarity and ease of administration for school management. First, in modifying the definition of "potable" in the amendment, the author makes it much clearer which water sources are to be tested as well as the express authority school districts have in determining which water sources are "drinking water" and must be tested. Second, the amendment changes the frequency of required testing from a three-year cycle to a more manageable five-year cycle. Finally, ASA 1 makes it clear that the testing requirements only apply to those school buildings in which children are regularly present or are used to prepare food or provide water for pupil consumption.

Model Plan and Guidance Document

I think that most of the suggestions we made to modify this bill reflected our belief that clarity leads to better compliance. I'm very pleased that the author agreed to incorporate the development of a model plan and guidance document into the amendment. We believe that this is an extremely important modification to the bill. Why? We are experiencing tremendous turnover in the ranks of school administrators. I simply believe that such a valuable resource would provide many inexperienced and overburdened administrators with the guidance and support needed for better compliance and, ultimately, a more effective law.

Reliable Funding Mechanism

We applaud the provision in the substitute amendment that requires DPI, in consultation with DHS and DNR, to seek federal funding to assist districts in paying for the costs of complying with the testing and remediation requirements created in the bill. But, if there is one disappointment in the substitute amendment, it is the lack of a reliable mechanism for funding lead remediation efforts. The bill allows the calling of a special referendum to address the costs associated with the remediation plan. Very simply, what if the public votes "no"? While we appreciate the author's efforts to open up the referendum process for this purpose, the special referendum process is time-consuming, uncertain and costly. We believe a better alternative is to create a non-recurring revenue limit exemption for lead testing and remediation costs. It should be noted here that such a revenue limit exemption was recommended by the Blue Ribbon Commission on School Funding.

Once again, I want to thank Senator Cowles for allowing us to be a part of the bill modification process and for his willingness to make numerous changes in the bill that, in our estimation, makes it a much stronger, more effective piece of legislation. I would like to again note for the committee that the SAA is maintaining its neutral position on the bill.

Thank you for your consideration of our views. If you should have any questions on our thoughts on AB 476, please call me at 608-242-1370.

Assembly Energy and Utilities Committee
February 4, 2020

**Department of Public Instruction
Statement on 2019 Assembly Bill 476**

The Department of Public Instruction (DPI) appreciates the opportunity to provide comment for information only regarding 2019 Assembly Bill 476 (AB 476), relating to lead testing of potable water sources in certain schools; providing loans for lead remediation in certain schools; and providing an exception to referendum restrictions for lead remediation.

Description of Assembly Bill 476

This bill requires school boards, operators of independent charter schools, and governing bodies of private schools participating in a parental choice program or the special needs scholarship program to test all sources of potable water for lead contamination and post the results on the school board's, operator's, or governing body's internet site and provide the results of such tests to the DPI. If no potable water source yields a level of lead concentration to be higher than the federal standard of what is considered safe for drinking water, no further action is required. If lead levels on any source of drinking water exceed the federal standard, the source of water with lead contamination must be taken offline and, if necessary, alternative sources of potable drinking water must be provided. Additionally, a remediation plan must be developed, posted online or made available for examination upon request, and submitted to the department within six months.

A school board that conducts a test that shows lead contamination may call a special referendum to be held within six months of its submission of the lead remediation plan to the DPI and is not subject to current law restrictions on the scheduling of referenda, provided that the special referendum only includes costs associated with the lead remediation plan. Finally, the bill allows the Board of Commissioners of Public Lands to use school trust funds to issue loans to school districts for the purpose of lead remediation.

Analysis

The health and safety of all Wisconsin students is of the utmost importance. A recent report issued by the Wisconsin Department of Health Services¹ has found increased behavioral issues experienced by children that are exposed to lead in school, such as truancy and juvenile delinquency, and the negative physical and mental health impacts stemming from a child's

¹ Wisconsin Department of Health Services. 2014 Report on Childhood Lead Poisoning in Wisconsin. Madison, WI: Wisconsin Department of Health Services, Division of Public Health, Bureau of Environmental and Occupational Health, 2016. Accessed September 30, 2019.
<http://www.dhs.wisconsin.gov/publications/p01202-14.pdf>.

exposure to lead are well documented.²

The testing provisions of this bill will aid schools in their efforts to address any potential problems arising from lead contamination. Given the impacts on children's health, the department is concerned with the bill's provisions requiring school boards to go to referendum to finance lead remediation projects if a school district's test yields a high concentration of lead in its water sources. Not only is time of the essence when dealing with lead exposure, it is not immediately clear what alternatives a school board would have to pay for lead remediation projects in the event a referendum does not pass.

A public hearing was held on the Senate companion bill- SB 423 on October 10, 2019. Based on testimony shared by multiple stakeholders, the bill was amended to provide additional clarification that improves the overall legislation. We understand an amendment reflecting those changes has been drafted for AB 476 as well.

The Blue Ribbon Commission on School Funding recommended in their recent report that additional financial resources could be provided to school districts under adjustments to the revenue limit calculation, including revenue limit adjustments for lead testing and abatement projects.³ The department asks the committee to consider similar provisions in this bill to allow school boards the ability to take the necessary actions to safeguard the health and well-being of students and staff.

Again, thank you for the opportunity to provide information on Assembly Bill 476.

² American Academy of Pediatrics. "Lead Exposure in Children." Last modified August 28, 2019. Accessed September 30, 2019. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/lead-exposure/Pages/Lead-Exposure-in-Children.aspx>.

³ Blue Ribbon Commission on School Funding. *Recommendations of the Commission*. Madison, WI: Blue Ribbon Commission on School Funding, 2019. Accessed September 30, 2019. http://docs.legis.wisconsin.gov/misc/lfb/misc/206_recommendations_of_the_blue_ribbon_commission_on_school_funding_1_4_19.pdf.

Health Effects of Lead
Testimony presented by Elizabeth J. Neary, MD, MS, FAAP
Adjunct Clinical Assistant Professor of Pediatrics
UW School of Medicine and Public Health
Assembly Committee on Energy and Utilities
February 4, 2020

Dear Chairman Kuglitsch and Members of the Committee:

I appear before you in support of Assembly Bills 475 and 476.

As a pediatrician, I am deeply concerned about the exposure of children to lead and its devastating health effects on the developing brain. I commend Chairman Kuglitsch for his leadership on passing 2017 Wisconsin Act 137 related to lead service line replacement and for continuing to protect our children from lead poisoning. This is so important as there is no national mandate to test drinking water of daycares, camps and schools. Only nine states and the District of Columbia have established standards for testing drinking water, so again Wisconsin can "Lead on Lead."

Lead is toxic to all cells, but especially the developing brain. Its damage is long-lasting and it can even affect the next generation. The health effects can be seen in all age groups, but are particularly devastating to the brains of young children and the developing fetus.

The 2 main sources of lead poisoning in the US are lead paint in older homes and lead in drinking water. The lead service line is the main contributor to lead in drinking water.

Lead poisoning is 100% preventable.

New research has shown evidence of damage to the brain at very low blood lead levels. There is NO safe level of lead in the blood. (Ref 3, 4)

- 1) Lead in a liquid form is more easily absorbed than in a solid form.
- 2) Young children can absorb lead more easily than adults. Children absorb 40-50 % of a dose, whereas the average adult absorbs about 10%.
- 3) Formula fed infants under 6 months are at the highest risk of lead poisoning because of their small size, their rapidly developing brain and the fact that their entire diet consists of formula made from contaminated water
- 4) Some lead is excreted, but the vast majority of lead remains in the body. It is stored in the bones in the same way as calcium. Later in life, this reservoir of lead in the bones can be released back to the blood. (Examples- when bones are broken, during pregnancy and at menopause.) During pregnancy, calcium from a mother's bones is released to the blood and contributes to the skeleton of their developing

2. Hanna-Attisha et al. Elevated blood lead levels in children associated with Flint drinking water crisis. AJPH 2016:283-290
3. Lanphear BP, Hornung R, Khoury J, Yolton K, Baghurst P, Bellinger DC, Canfield RL, Dietrich KN, Bornschein R, Greene T, Rothenberg SJ, Needleman HL, Schnaas L, Wasserman G, Graziano J, Roberts R. Low-level environmental lead exposure and children's intellectual function: an international pooled analysis Environ Health Perspect. 2005 Jul;113(7):894-9. PMID: 16002379
<https://ehp.niehs.nih.gov/doi/10.1289/ehp.7688>
4. National Toxicology Program (US Dept of Health and Human Services) Monograph on Health Effects of Low-Level Lead (June 13, 2012)
https://ntp.niehs.nih.gov/ntp/ohat/lead/final/monographhealtheffectslowlevellead_newissn_508.pdf
5. Miranda, ML et al. The relationship between early childhood blood lead levels and performance on end-of-grade tests. Environmental Health Perspectives 2007;115(8):1242-1247.
6. Cost of Lead Exposure and Remediation in Michigan: Update October 2016
https://www.michigan.gov/documents/deq/deq-dwmad-cws-Lead.Cost.Report.Designed.Final2016pdf_602173_7.pdf
7. Dr. Bruce Lanphear... "Little Things Matter" Watch this for a visual representation of how the impact of lead affects the intelligence of the population
<https://www.youtube.com/watch?v=E6KoMABz1Bw>

The following pie chart is from Reference 6 (Michigan data) which demonstrates the real costs to society of lead poisoning.. including treatment, special education, lost lifetime earnings, costs associated with crimes and incarceration costs.



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**Written Testimony of Megan Severson
State Director, Wisconsin Environment**

Assembly Bills 475 and 476, “Protecting Children from Lead in Drinking Water”

Committee on Energy and Utilities

Wisconsin State Assembly

February 4, 2020

Members of the Assembly Committee on Energy and Utilities:

Thank you for the opportunity to testify in support of AB475 and AB476. I am sharing this testimony today on behalf of Wisconsin Environment and our thousands of members statewide. We are a member-funded, non-partisan advocacy organization operating at both the state and national level, and we work to protect the places we love and champion the environmental values we all share.

Thank you for considering the urgent issue of lead in our children’s drinking water. Lead is a powerful neurotoxin that can irreversibly damage how kids learn, grow and behave, even at low levels. Public health experts and agencies, from the American Academy of Pediatrics to the CDC, now agree: there is no safe level of lead for our children.¹

Passing AB475 and AB476 as written would improve state laws to require testing and remediation of drinking water in our schools, daycares and summer camps. We appreciate that the bills require action when lead levels exceed “a concentration considered safe for drinking.” Meanwhile, we do not support Assembly Substitute Amendment 1, which would tie the definition of lead contamination to the federal action level, which, currently set at 15 parts per billion (ppb), is too high to protect children from exposure. This federal action level is set to limit corrosion in plumbing rather than to protect public health. As stated previously, experts agree that there is no safe level of lead exposure for children.

¹ See for instance: Centers for Disease Control and Prevention, “Lead” (webpage), September 2016, <https://www.cdc.gov/nceh/lead/>; and the American Academy of Pediatrics, “Lead Exposure in Children” (webpage), 2016, accessible at <https://www.aap.org/en-us/advocacy-andpolicy/aap-health-initiatives/lead-exposure/Pages/Lead-Exposure-in-Children.aspx>.

Across Wisconsin, lead-bearing fixtures, pipes and plumbing are contaminating the water our children drink, including in schools and child care facilities. Most schools and pre-schools still have fountains or faucets that contain lead — and wherever there is lead, there is a risk of water contamination. Schools and daycares from Middleton to Wausau to Janesville to Wisconsin Rapids to Milwaukee have reported lead-contaminated drinking water.

State Policies Are Currently Failing to Protect Kids from Lead at School

Our recent *Get the Lead Out* report gave Wisconsin’s policies an “F” for failing to protect children from lead exposure where they learn and play.² The report found that, across the board, Wisconsin still lacks comprehensive measures to detect, disclose and remove lead from school drinking water. Requiring testing and lead remediation in schools and daycares were among the report’s top recommendations.

All of our children deserve safe drinking water. Yet we have constructed systems that deliver water to their fountains and faucets laced with lead. And wherever there is lead, there is an ever-present risk of corrosion and contamination.

Schools, child care centers and summer camps — where our kids learn and play every day — are the perfect place to focus on prevention and remediation efforts, particularly when faced with limited financial resources.

Thank you for the opportunity to provide testimony today.

² Wisconsin Environment Research & Policy Center and WISPIRG Foundation, *Get the Lead Out*, March 2019, <https://wisconsinenvironment.org/sites/environment/files/reports/WIE%20GetTheLeadOut%20Mar19%20%281%29.pdf>.



TO: Assembly Committee on Energy & Utilities
FROM: Heather Paradis, MD, Medical Director, Community Services, Children's Wisconsin
DATE: Tuesday, February 4, 2020
RE: Support for AB 475 & AB 476—School and child care lead testing

Good afternoon, Chairman Kuglitsch and members of the committee. My name is Dr. Heather Paradis and I am a practicing pediatrician and the Medical Director of Community Services at Children's Wisconsin (Children's). Thank you for holding this hearing today and allowing me this opportunity to testify today in support of both AB 475 and AB 476 regarding school and child care lead testing.

As many of you know, Children's is the state's only independent health care system dedicated solely to the health and well-being of children. We serve children and families in every county across the state, with inpatient hospitals in Milwaukee and the Fox Valley and more than 30 primary, specialty and urgent care clinics. We care for every part of a child's health, from critical care to routine checkups, and focusing on all aspects of pediatric well-being by providing a multitude of ancillary services and programs.

Lead remains a significant public health issue in our communities across the state. Despite great public health gains in childhood lead poisoning throughout the late 1970s to early 2000s, recent progress has plateaued despite increasing evidence that even low levels of exposure cause lifelong harm. As a primary care pediatrician, I see firsthand the effects lead poisoning can have on a child's health and well-being, including learning difficulties, developmental delays and behavioral issues. There is no "natural" level of lead that comes from our diet or nature; therefore, any detectable level of lead in a person's bloodstream is there as environmental contamination. When it comes to lead and children, no level can be considered "safe." While much of Wisconsin's lead poisoning continues to stem from degrading paint sources, efforts to protect our water supply and identify other potential significant sources of lead on a case-by-case basis are critical to reducing incidence of this harmful condition.

At Children's, we are dedicated to providing the best care for children and we have implemented measures to increase testing and identification of children in need of care. We follow Wisconsin Lead Poisoning Prevention Program guidelines and recommendations for testing, including enhanced testing for children who live in areas with elevated lead poisoning risk, including children covered by Medicaid and those residing in the cities of Milwaukee and Racine. We have equipped each of our Primary Care sites with point-of-care instruments, so lead results are immediately known and shared with both families and the local health department at the time of testing. Lead testing compliance is one of our internal quality metrics for Primary Care, Children's Community Health Plan and the Care4Kids program serving children in out-of-home care. Unfortunately, Children's continues to see far too many children who are hospitalized for chelation therapy due to lead poisoning. This is an issue that we can't ignore, and that needs continued focus and attention to address.

Eliminating the lead risk in our community will continue to take committed and coordinated action by community, health and government entities. We are thankful that city and state officials are looking at this as a public health issue and we encourage and support focused efforts and resources on lead poisoning prevention, including increased testing efforts. AB 475 and AB 476 put in place a process for our schools and child care settings to test water sources for lead. Implementing standardized lead testing and remediation at locations where children spend much of their time will help prevent lead



poisoning among children. While we can treat children for lead poisoning, the effects can have long-lasting impacts on a child's life which is why preventing lead poisoning is so critical.

Our children face so many potential threats to health and well-being during the first years of life – years that are foundational to their growth and development. Lead exposure is one threat that we have the ability to control and to mitigate the risks. Identifying and removing sources of lead is crucial to preventing the harmful effects of lead poisoning.

Chairman Kuglitsch and committee members, I thank you again for the opportunity to testify in support of AB 475 and AB 476. Children's is glad to serve as a resource on this important public health matter facing our state, and in particular, our most vulnerable community members. I am happy to answer any questions now.

If you have any questions, comments or concerns after the hearing, please feel free to contact me via email at hparadis@chw.org or via phone at 414-337-6916.

As you know, Children's Wisconsin (Children's) serves children and families in every county across the state. We have inpatient hospitals in Milwaukee and the Fox Valley. We care for every part of a child's health, from critical care at one of our hospitals, to routine checkups in our primary care clinics. Children's Hospital also provides specialty care, urgent care, emergency care, dental care, school health nurses, foster care and adoption services, family resource centers, child health advocacy, health education, family preservation and support, mental health services, pediatric medical research and the statewide poison hotline.

At Children's, we are dedicated to providing the best care for children and we have implemented measures to increase testing and identification of children in need of care. We follow Wisconsin Lead Poisoning Prevention Program guidelines and recommendations for testing, including enhanced testing for children who live in areas with elevated lead poisoning risk, including children covered by Medicaid and those residing in the cities of Milwaukee and Racine. We have equipped each of our Primary Care sites with point-of-care instruments, so lead results are immediately known and shared with both families and the local health department at the time of testing. Lead testing compliance is one of our internal quality metrics for Primary Care. Children's Community Health Plan and the CareLink program testing children in out-of-home care. Unfortunately, Children's continues to see far too many children who are hospitalized for chelation therapy due to lead poisoning. This is an issue that we can't ignore, and that needs continued focus and attention to address.

Eliminating the lead risk in our community will continue to take committed and coordinated action by community, health and government entities. We are thankful that city and state officials are looking at this as a public health issue and we encourage and support focused efforts and resources on lead poisoning prevention, including increased testing efforts. AB 475 and AB 476 put in place a process for our school and child care settings to test water sources for lead, implementing standardized lead testing and remediation at locations where children spend much of their time will help prevent lead



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Andrea Palm, Secretary-designee

TO: Assembly Committee on Energy and Utilities

FROM: Lisa Olson, Legislative Director

DATE: February 4, 2020

RE: Assembly Bill 476, relating to: lead testing of potable water sources in certain schools; providing loans for lead remediation in certain schools; and providing an exception to referendum restrictions for lead remediation & Assembly Bill 475, relating to: testing for lead in drinking water in facilities used for recreational and educational camps and child care

Chairman Kuglitsch and committee members, thank you for the opportunity to submit written testimony on Assembly Bill (AB) 475 and Assembly Bill 476. The Department would like to provide testimony for information only on both bills to share the lessons that we have learned about assessing for, and responding to, risks from lead in drinking water.

Accelerating efforts towards eliminating childhood lead poisoning in Wisconsin is a major priority for our Department and for Governor Evers. We appreciate that both AB 475 and AB 476 focus on this important issue and seek to protect children in Wisconsin by addressing lead in drinking water.

Both bills would establish testing requirements to characterize the risks of lead in drinking water at the places where Wisconsin children grow, learn, and play. For any risk assessment of a hazardous substance, we believe it is critical that the assessment yields reliable, actionable data. While testing for some water contaminants like nitrate and bacteria is relatively straightforward, assessing the risks of lead in drinking water can be challenging, complex, and costly.

Lead levels in water are affected by many factors, including materials present in the plumbing system, water temperatures, water use, and disturbances of the water system. This means that water lead levels can fluctuate unpredictably. For these reasons, reaching conclusions about the health risks associated with a particular water source based on a single test result is challenging.

The best approach for assessing the risk of lead in water will vary by size and type of facility. Larger schools and child care facilities are less likely to have a lead service line, so plumbing components, especially fixtures and drinking water outlets, may be a more likely source of lead. In smaller facilities and family child care providers, where a lead service line is likely present, the collection of a single water test is unlikely to yield reliable, actionable data.

For that reason, DHS recommends a plumbing assessment at these smaller facilities in lieu of testing. The results of an assessment may provide sufficient information to inform remediation measures for protecting health without needing to collect additional data. We are therefore appreciative of the bill authors including a plumbing assessment as an option for child care facilities under AB 475. Additionally, the Department will be able to factor in variables such as building size and age when developing technical guidance and model plans on lead testing for school districts and child care providers. The requirement to



Testimony of Carly Michiels
Government Relations Director
Assembly Bill 475 relating to lead testing in childcare facilities and camps
Assembly Bill 476 relating to lead testing in schools
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Thank you for the opportunity to testify on Assembly Bill (AB) 475 and AB 476 both relating to lead testing in schools and childcare facilities. Clean Wisconsin is a non-profit environmental advocacy organization focused on clean water, clean air, and clean energy issues. We were founded almost fifty years ago and have over 20,000 members and supporters around the state. We have been working on water pollution issues in Wisconsin since our founding, and while some of the particulars have changed Wisconsin remains a state with abundant water resources but also abundant challenges in restoring and protecting those waters. Clean Wisconsin employs scientists, policy experts, and legal staff to bring all the tools at our disposal to protect and improve both our air and water resources.

We appreciate the authors, Senator Cowles and Representative Thiesfeldt prioritizing lead contamination through these bipartisan bills that focus on testing for lead in drinking water during the Year of Clean Drinking Water. It continues to surprise me that there is no requirement for the places where kids spend most of their time – in school, at day care, and at summer camp – to test the drinking water for lead. These bills call attention to the harmful nature of lead contamination to our youngest Wisconsinites.

It is important to note that there is no safe level of lead exposure. The current standard – or more accurately – the action limit of 15 parts per billion (ppb) is a technology-based standard set in 1991 as a measure of the effectiveness of corrosion control. 15 ppb is not a health-based standard and the federal Environmental Protection Agency (EPA) identifies this as a common misperception among the public. In fact, the EPA has consistently emphasized that the health-based maximum contaminant level goal for lead is zero and that there is no safe level of lead exposure.

In Wisconsin 6% of kids have tested positive for lead poisoning, higher than the national average. Lead can have harmful impacts, with long-term consequences especially among children. According to The Department of Health Services (DHS), low to moderate levels of lead exposure can have a life-long effect on neurological and cognitive development, health and behavior, like aggression and violence, and learning and school performance. It can affect memory, fine motor skills, result in reproductive problems, artery, kidney and heart damage, and can affect children's ability to learn, speak, or understand words. The Department of Natural Resources (DNR) has estimated there are 192,000 lead service lines remaining in the state, at a cost of \$2 billion to replace. Lead contamination in drinking water contributes to high lead blood levels in many communities across Wisconsin and is 100% preventable.

- AB 475 requires lead testing of drinking water sources as a condition of licensure for day care centers, day care providers, group homes, and summer camps. Like the school testing bill, if levels are above the federal action limit of 15 ppb the contaminated sources must be taken offline. Under this bill, if there is contamination, testing must continue until the lead levels are shown to be not higher than 5 ppb, an alternative permanent external source is established, or a plumbing assessment is conducted that shows no presence of lead.



- AB 476 requires schools to test for lead in drinking water sources and if there is any source found to be above the federal action limit of 15 ppb it must be taken offline and a clean source of water must be provided. Additionally, testing is then required until lead levels are not higher than 5 ppb. An important part of this bill is public disclosure of test results and remediation plans if a source tests above the limit. This ensures that there is transparency and residents can remain aware and informed on the safety of drinking water in schools.

There has been increased bipartisan attention on addressing lead pollution in Wisconsin. These bills are an important step forward and we thank the authors for their hard-work and the committee for hearing the bill today. Clean Wisconsin will continue to support research-based protections and all efforts to limit and eliminate sources of lead contamination.

Everyone seems to agree that we need to come together to address lead contamination in drinking water in Wisconsin, as there is much work yet to be done on this issue. We support AB 475 and 476 and thank the authors and those already in support of the bills.

Thank you.