

Ms. Becky Phillips  
Administrative Rules Coordinator  
Ohio Department of Developmental Disabilities  
Rhodes State Office Tower  
30 East Broad Street  
Columbus, Ohio 43215

**RE: Early Intervention Program – Written Testimony on Proposed Rule 5123-10-02**

December 29, 2018 -- Sent by electronic transmission to [becky.phillips@dodd.ohio.gov](mailto:becky.phillips@dodd.ohio.gov)

Dear Ms. Phillips:

Thank you for the opportunity to provide comment on the Ohio Department of Developmental Disabilities (DoDD) proposed new rules concerning the Early Intervention (EI) program. The Schubert Center for Child Studies at Case Western Reserve University bridges research, education, policy and practice for the well-being of children and adolescents. We are joined by other partners, including researchers in early childhood, health and education; medical doctors and other practitioners; Legal Aid attorneys representing children and families impacted by lead exposure, and other advocates, to offer recommendations concerning EI eligibility for children who have been identified as having elevated blood lead levels (EBLL). Because children are especially vulnerable to the effects of lead toxicity and can suffer profound life-long damage, our Center has an interest in reducing childhood exposure to lead as well as supporting policies that advance best practices for well-being of children and families.

Lead exposure impairs learning and intellectual functioning, speech and language, hearing, attention, motor skills and other cognitive and behavioral abilities. Research demonstrates that children with, or at high risk for developmental delays benefit most from interventions in early childhood.<sup>i</sup> Ensuring access to appropriate developmental supports for children adversely affected by lead would significantly help to mitigate the immediate, and prevent future, harm caused by lead poisoning. As such, **we recommend the following language be added to rule 5123-10-02(C) (1)[Eligibility for early intervention services under part C]: “Children who have had a confirmed elevated blood lead level (EBLL) of 5 micrograms per deciliter, or at the reference level established by the Centers for Disease Control and Prevention (CDC), as an automatic condition of eligibility.”**

Children who have had a confirmed EBLL have a condition of established risk for developmental delay that warrants automatic eligibility. Indeed, eighteen (18) states already classify EBLL as medical criteria for automatic eligibility in the EI Program (in addition to four states that recognize EBLL as a “risk factor” for EI services and other states, such as Illinois, that are piloting automatic eligibility).<sup>ii</sup> Automatic eligibility is warranted as well because neurotoxic effects of early lead exposure may not be expressed until a child is older; as a result, neurodevelopmental assessments conducted in young children may fail to identify a child who is at risk for later neurodevelopmental dysfunction who would still benefit from supportive services and ongoing monitoring of their condition for potential additional supports.<sup>iii</sup>

Provision of EI supports to infants and toddlers who have been lead poisoned is consistent with the purposes of the IDEA Part C EI Program, particularly to minimize their potential for future developmental delays and to enhance families' capacities to meet the needs of their children.<sup>iv</sup> Automatic eligibility for the EI program will help to streamline access to developmental assessments and services in order to reduce potential harm to a child's developing brain. Automatic EI eligibility would also facilitate identification of children for the Child Find system who may subsequently be in need of special education and related services under Part B of the IDEA.

With the recent transition of the EI program from the Ohio Department of Health to the Ohio DDoD, and the adoption of new rules for the EI Program, Ohio is in a uniquely opportune position to ensure children who have been poisoned by lead, and their families, have access to these critical EI supports. While primary prevention of child lead exposure must be a top priority overall for our state, it is imperative that we ensure those children who have or may become lead poisoned are connected with early intervention services and supports as soon as possible, in order to mitigate the deficits in our children *before* they reach school-age and to optimize cognitive, emotional, and social development that will ensure a successful future.

Thank you for your consideration of these comments.

Respectfully,



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<sup>i</sup> U.S. Department of Health and Human Services. Educational Services for Children Affected by Lead Expert Panel. Educational interventions for children affected by lead. (2015). Retrieved at:

[https://www.cdc.gov/nceh/lead/publications/educational\\_interventions\\_children\\_affected\\_by\\_lead.pdf](https://www.cdc.gov/nceh/lead/publications/educational_interventions_children_affected_by_lead.pdf)

<sup>ii</sup> Hamp, N., Zimmerman, A., Hoffen, J. Advocating for Automatic Eligibility for Early Intervention Services for Children Exposed to Lead. *Pediatric Annals* Vol. 47, No. 10. (2018). Retrieved at <https://www.ncbi.nlm.nih.gov/pubmed/30308678>. See also, Cabrera Y. "Study Hopes to Help Lead-Exposed Children Before Disparities Emerge" (Dec. 13, 2018) *Huffington Post*. Retrieved at [https://www.huffingtonpost.com/entry/lead-exposure-children-early-intervention\\_us\\_5c105f5ae4b084b082fdceb1](https://www.huffingtonpost.com/entry/lead-exposure-children-early-intervention_us_5c105f5ae4b084b082fdceb1)

<sup>iii</sup> U.S. Department of Health and Human Services. Educational Services for Children Affected by Lead Expert Panel. Educational interventions for children affected by lead. (2015) at 10.

<sup>iv</sup> *Ibid* at 23.