Dear Dr. Koh:

We are writing to urge the Centers for Disease Control and Prevention (CDC) to reconsider a tentative decision to disband the Advisory Committee on Childhood Lead Poisoning Prevention (ACLPPP), to discontinue its charter, and to demote lead poisoning prevention to a subcommittee of the Board of Scientific Counselors (BSC) of the National Center for Environmental Health. We are seeking immediate action to preserve the Committee since its current charter is due to expire on October 31st.

On January 4, 2012, ACLPPP issued a major public health report that recommended that CDC eliminate the use of the term ‘level of concern’ since no blood lead level without effects on children could be identified, and that the public health community recognize a childhood blood lead concentration of $\geq 5 \mu g/dL$ as a reference concentration above which medical and public health attention is advised. This recommendation represented a substantial departure from prior guidance, issued in 1991, that identified $10 \mu g/dL$ as a blood lead level of concern. CDC accepted ACCLPP’s recommendation in April 2012. The policy change increased the number of children estimated to have elevated blood lead concentrations nationally from 77,000 children to 535,000.

Paradoxically, shortly after this action expanding the scope of the nation’s childhood lead poisoning problem, the budget allocated to the CDC’s childhood poisoning program was cut by 94%. A series of continuing budget resolutions by Congress have funded the program at less than $5 million a year, effectively terminating longstanding federal support that had enabled state and local health departments to identify, track, and prevent childhood lead poisoning. Just recently, in September 2013, officials at CDC announced their tentative proposal to discontinue the charter of the ACCLPP as a discretionary federal advisory committee.

ACCLPP has long been regarded by national and international bodies as the preeminent science advisory body for medical and public health guidance on childhood lead poisoning prevention. In addition to evaluating the scientific research that shapes CDC’s efforts to prevent childhood lead poisoning, ACLPPP has published authoritative guidance on topics such as lead exposure during pregnancy, and case management of lead-exposed children. ACCLPP recommendations on childhood lead poisoning have not only directly benefited CDC, but have formed the basis for preventive public health efforts by a panoply of national and international agencies, including the Environmental Protection Agency, the Department of Housing and Urban Development, the Food and Drug Administration, the Health Resources and Services Administration, the Consumer Products Safety Commission, the World Health Organization, and other international, state, and local governments and organizations.

As a newly formed subcommittee of BSC, the entity proposed to replace ACCLPP would encounter restrictions on its ability to offer policy guidance on lead poisoning prevention. Unlike the currently chartered ACCLPP, a subcommittee of BSC could only report to the parent committee and would not be allowed to recommend policies or strategies to the Director of CDC and the Secretary of HHS. In the past, subcommittees have seldom been convened by the BSC, which is an advisory body that has served principally to oversee external peer reviews of NCEH/ATSDR programs. Rather than fostering efficiency, disbanding the ACCLPP and filtering future guidance and recommendations on lead poisoning prevention through the BSC will increase bureaucracy and foster delay without adding public health value.
Recent research documenting the expanded scope and dimension of childhood lead poisoning argues that this challenge requires more rather than less attention and resources. In view of the high societal cost associated with the persistent adverse developmental effects of lead, preventive efforts are highly cost effective. The policy expertise and innovative, independent guidance of ACCLPP is one of HHS’ few remaining assets in the fight to eliminate this preventable public health problem.

We thank you for your consideration and all that you do to protect the nation’s health. Should more information be desired, please contact Deborah Cory-Slechta at 585-275-7060 or deborah_cory-slechta@urmc.rochester.edu.

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