RYAN A. BIZZARRO, CHAIRMAN
116 MAIN CAPITOL BUILDING
P.O. BOX 202003
HARRISBURG, PA 17120-2003
(717) 772-2297

HOUSE MAJORITY POLICY COMMITTEE
PAHOUSE.COM/POLICY
POLICY@PAHOUSE.NET
@PADEMPOLICY

HOUSE OF REPRESENTATIVES
COMMONWEALTH *of* PENNSYLVANIA

House Democratic Policy Committee Hearing

Get the Lead Out

Thursday, February 20, 2025 | 12:00 p.m.

Representative Tarik Khan

OPENING REMARKS
12:00p.m. Rep. Tarik Khan, D-Philadelphia

PANEL ONE
12:05 p.m. George Dalembert, MD, MSHP, Pediatrician
Children's Hospital of Philadelphia

Carla Campbell, MD, MS, FAAP, Affiliate Faculty
Drexel Dornsife School of Public Health

Q & A with Legislators

PANEL TWO
12:30 p.m. Jerry Roseman, Managing Director
Healthy School Buildings

David Masur, Director
PennEnvironment

TESTIMONY FOR THE PENNSYLVANIA HOUSE OF DR. CARLA CAMPBELL

Good afternoon. I am Dr. Carla Campbell, a pediatrician trained in environmental medicine. I have worked in childhood lead poisoning treatment and prevention for most of my career. I ran the Lead Evaluation Clinic at the Children's Hospital of Philadelphia, where I treated children for lead poisoning. I had the pleasure of working as a Pediatric Consultant for the Philadelphia Department of Public Health, helping to reduce the exposures to lead of Philadelphia children. I have researched some important issues related to lead exposure and treatment, and currently I am an Affiliate faculty member at the Dornsife School of Public Health at Drexel University, in the Department of Environmental and Occupational Health.

So, why should we care about lead exposure of children in Pennsylvania? Lead poisoning is one of the leading environmental conditions affecting American children. Lead can affect children's development, cognition (leading to decreased IQ points), behavior, attention, hearing, and some studies have linked past lead exposure to delinquent and criminal behaviors. Lead exposure can lead to decreased achievement in school and difficulty in obtaining adequate employment as an adult. It can lead to increased spending on special education and juvenile detention, as well as increased medical spending.

The Pennsylvania Lead-Free Project has been championing prevention of lead exposure for years and can be a partner in protecting children from lead exposure. In 2022, 7332 Pennsylvania children under age 6 years tested positive for elevated blood

lead levels (EBLLs) (EBLLs; >= 3.5 mcg/dL); 3.88% of African American and 3.83% of Hispanic children had EBLLs 3.5-9.9, compared to 2.00% of non-Hispanic white children; 0.75% and 0.93%, respectively vs. 0.43% had EBLLs >=10 mcg/dL. About 70% of PA housing is pre-1978. Why is this significant? A major source of exposure for American children is ingestion of lead-contaminated dust and soil in their homes, especially those living in pre-1978 homes that likely have lead paint (lead paint was banned from residential use in 1978). Homes in which the lead paint is peeling, chipping, and otherwise deteriorating are particularly dangerous for young children, who explore their worlds by putting everything in their mouths, including paint chips and house dust. Lead in water has also been a source of lead exposure. The Biden administration in their Inflation Reduction Act allocated billions of dollars toward removal of lead service lines in homes. Certainly, removing lead from water sources in schools is a no-brainer in terms of keeping children safe from lead exposure.

Data from Philadelphia from 2022 showed that 11% of three-year-olds had ever had a BLL >= 3.5 mcg/dL. The data showed that 15% of Non-Hispanic Black children had ever had a BLL >=3.5, versus <9% of other racial/ethnic groups. More than 82 percent of Philadelphia's housing units were built prior to 1980, according to the 2023 American Community Survey.

A study conducted by the Urban Health Collaborative at Drexel's Dornsife School of Public Health in conjunction with the Big Cities Health Coalition found that Philadelphia had the third highest percent of children with elevated blood lead levels in 2022, when compared with 33 of the largest U.S. cities. Elevated BLLs were much higher in five cities (Cleveland, Detroit, Philadelphia, Baltimore and Milwaukee). In those

five cities, one out of 25 children tested had EBLLs, compared to one of every 100 children in the other study cities. The five cities also had higher proportions of Black residents, families living in poverty, older housing, and racial segregation. Therefore, socioeconomic factors have been associated with higher rates of lead exposure, and some communities have suffered environmental injustice.

Getting the lead out of drinking water in Pennsylvania will help protect Pennsylvania children from the multiple and serious effects of lead exposure and lead poisoning!

REFERENCES

Pennsylvania Department of Health, Childhood Lead Surveillance Report for 2022 (released in 2024). Website: https://www.pa.gov/agencies/health.html.

Website for Philadelphia Department of Public Health, accessed in February 2025: https://www.phila.gov/departments/department-of-public-health/

Website for Lead-Free Promise Pennsylvania: https://paleadfree.org, accessed in February 2025.

Testimony Prepared By:

George Dalembert, MD, MSHP
Attending Physician, General Pediatrics, Children's Hospital of Philadelphia (CHOP)
Associate Director, CHOP Center for Health Equity
Faculty Scholar, CHOP PolicyLab
Assistant Professor of Clinical Pediatrics, Perelman School of Medicine

Good afternoon,

My name is George Dalembert. I am a pediatrician at Children's Hospital of Philadelphia (CHOP) where, in addition to taking care of patients clinically, I serve as the Associate Director of CHOP's Center for Health Equity and as a faculty scholar with CHOP's PolicyLab. In these roles, I seek to understand and act upon factors that help children to thrive, particularly related to the conditions in which children and their families are born, live, work, play, and learn, colloquially known as "social determinants/drivers of health."

I'd like to thank Rep. Kahn and the House Democratic Policy Committee for the opportunity to join you today for this important discussion of how we can protect our commonwealth's children from the dangers of lead and, in doing so, help to ensure they can reach their full potential.

I approach today's dialogue from a few vantage points – as a pediatrician; as a public health researcher and advocate; and as a concerned citizen. I greatly appreciate the chance to share what I know about how lead affects children from each of these perspectives.

The Impact of Lead Poisoning from the Pediatrician's Perspective

You might imagine that I spend a lot of my time as a pediatrician dealing with things like colds and child development. You'd be right. What you might not imagine is that I see a fair amount of poisoning. This poisoning that I see isn't because of some nefarious, Clue®-inspired actor. Rather than homicidal intent, the root cause is neglect and under-resourcing. Pennsylvania's dated infrastructure – specifically our lead pipes – expose children to lead. Lead is a poison. It is insidiously dangerous. My job as a pediatrician is to help my patients to be able to grow well; learn; and become healthy, fully-contributing, fulfilled members of society – all of this is undermined by lead. It literally leaches into your bones; it is well documented to be associated with reading, learning and behavioral problems. While I may perform American Academy of Pediatrics-recommended routine testing for lead poisoning, the best thing would be to stop the poisoning *before* it starts. *Prevention* should be a key part of our approach to protecting our children – so that, as a pediatrician, I'm not playing "catch-up" or sharing devastating news to a tearful, scared parent that their beautiful baby has been poisoned, and I can instead focus on those colds and child development questions.

The Impact of Lead Poisoning from the Researcher's Perspective

The research is clear about the impact of lead: there is no safe level of poisoning. To be sure, we have made significant progress in the past decades in reducing the lead burden and exposure for our children. But the data are clear about the cost of not finishing the job – children with even low levels of lead exposure can face lifelong negative outcomes; the earlier they're exposed the worse those outcomes. Those negative outcomes include abnormal growth, development, behavior and physical symptoms like stomach pain, headaches, vomiting, and weakness. If lead levels get high enough, you can end up with seizures, coma, or even death. We know what doesn't work alone – testing. Even with testing protocols in place, you can still end up with situations like the public health crisis in Flint Michigan. Pennsylvania has the second-largest number of children testing positive for lead poisoning in the country. The, likely under-reported, scope of the problem underscores the need for a new type of intervention if we want to see progress.

The Impact of Lead Poisoning from the Concerned Citizen's Perspective

There's a commonsense element to this conversation – you don't need to be a medical professional; you don't need to be a researcher. Lead is a poison. Ingesting poisons is bad. This isn't a political question – it's a moral one. It's about protecting our children. Children don't have political parties. It's true that they can't vote. Children are one of our most vulnerable populations. They depend on us to be their advocates. Not just pediatricians, all of us. We all pay the cost when our children don't thrive.

Conclusion

Quite simply, we need to move away from just testing and get to the heart of the problem – stopping the lead poisoning before it happens. Representative Kahn and colleagues' proposal to start addressing the lack of infrastructure in our schools (where children can spend the majority of their days) with lead-filtering hydration stations is an important step in the right direction.

Let's be clear, addressing lead poisoning isn't a "moonshot" – we can and we must win this fight. Our kids are depending on us. We just have to make up our minds that it matters enough for us to address it. We're already paying the price for lead poisoning – we just have to choose our currency. Do we want to pay by undermining the ability of the next generation to achieve their potential (to attain more than we have; stand on our shoulders; tackle the challenges that we haven't yet been able to overcome) or do we want to tackle this scourge head on, invest in the infrastructure necessary to really move the needle and reap the benefits that means for society?

Thank you again Representative Kahn for the invitation to testify and to you all, the House Democratic Committee, for holding a hearing on this important issue. I look forward to our conversation.

Testimony

by Jerry Roseman, MScIH., Director of Environmental Science for the Philadelphia Federation of Teachers Health & Welfare Fund and Union and Environmental Science Advisor to the Philadelphia Healthy Schools Initiative

1. Thank you for the opportunity to address the Pennsylvania State Senate House Democratic Policy Committee to provide testimony related to removing lead from school drinking water throughout Pennsylvania.

2. As Director of Environmental Science for the Philadelphia Federation of Teachers Health and Welfare Fund and Environmental Science Advisor to the Philadelphia Healthy Schools Initiative, I have spent more than four (4) decades examining school building infrastructure and environmental health conditions – this of course includes evaluation of the quality and safety of school drinking water.

3. My work, somewhat uniquely, focuses on representing core stakeholders – particularly school staff, students, parents, and community advocates - rather than just district administration or facilities management with whom I also work in a cooperative and coordinated manner. This perspective includes a deep understanding of the building occupant as-experienced and as-lived conditions and also allows me to prioritize assessment of health and safety concerns and

impacts, as well as developing and recommending best practice solutions, while maintaining independence from institutional constraints.

4. The scientific consensus is unequivocal: there is no safe level of lead exposure for children. The American Academy of Pediatrics recommends that school drinking water should not contain more than 1 part per billion (ppb) of lead. This is far stricter than the current EPA action level of 15 ppb, which was not set based on health considerations but rather on treatment technology limitations from the 1980s. It is also stricter than the Philadelphia standard, which itself, is one of the most protective in the U.S. but still not good enough; that this is the case is being acknowledged by the School District of Philadelphia by it's pursuit of, and commitment to, a robust initiative to ensure that every drinking water outlet is either a filtered hydration station or has been fitted with an in-line filter.

5. The challenge of lead in school drinking water is inextricably linked to the age of our educational infrastructure. In Philadelphia, the average school building is 73 years old - nearly 25 years older than the national average; the average age of Pennsylvania is about 70 years. This timing is significant because lead was commonly used in plumbing materials until 1986, and even after that date, "lead-free" materials were permitted to contain up to 8% lead by weight until 2014.

6. Through systematic data review and assessment of school buildings throughout Philadelphia, and in consultation with Philadelphia school district managers and leaders over many years, I have documented extensive evidence of lead

contamination risks in school drinking water systems. This contamination stems from both aging infrastructure and the historical use of lead-containing materials in school construction.

7. Lead is especially dangerous to children because:
    a. They absorb 4-5 times more lead from their environment than adults
    b. Their developing brains and bodies are more susceptible to lead's neurotoxic effects
    c. Early exposure can cause permanent cognitive and behavioral impacts
    d. Effects are cumulative and irreversible.

8. Research has demonstrated that even low levels of lead exposure can result in:

    a. Reduced IQ scores
    b. Learning disabilities
    c. Behavioral problems
    d. Impaired brain development
    e. Reduced academic achievement.

9. My work with the Philadelphia School District demonstrates that comprehensive lead prevention through filtered water stations is both feasible and highly effective. The district's program to install lead-filtering hydration stations has consistently achieved lead levels below 1 ppb at equipped outlets. This success stands in stark contrast to the "test and fix" approach still used by many districts, which:

    a. Fails to detect lead due to its highly variable nature in water
    b. Provides only a snapshot of conditions at the moment of testing
    c. Cannot account for changes in water chemistry or use patterns

d. Leaves children at risk between testing intervals.

10. By paying attention to the as-built reality of our public schools, and the fact that domestic water supply was often antiquated and beyond it's expected useful life ("EUL), commonly installed prior to 1986 when lead use was phased out, and in many cases pipe fittings and material components were visible deteriorated and damaged, it was clear that significant lead hazards both existed, and that effective measurement sufficient to safely manage the lead hazard was very difficult to do and did not make sense as a strategy for ensuring safe lead levels for our kids.

11. My assessments have consistently found multiple potential sources of lead contamination in school water systems including but not limited to:

a. Lead service lines connecting buildings to municipal water supply.
b. Lead solder joining copper pipe.
c. Brass fixtures and fittings containing lead
d. Legacy lead pipes still in use in older sections of buildings.
e. Galvanized steel pipes that have absorbed lead over decades.

12. The prevalence of these materials means that virtually every school building constructed before 1986 has multiple potential sources of lead contamination. Even newer buildings may have fixtures that can leach significant amounts of lead into water.

13. Testing of school drinking water as part of a programmatic effort to determine lead levels as part of a comprehensive plan to ensure students and staff are not drinking water with dangerous lead contamination doesn't work for a number of reasons including:

    a. Fails to detect lead due to its highly variable nature in water
    b. Provides only a snapshot of conditions at the moment of testing
    c. Cannot account for changes in water chemistry or use patterns
    d. Leaves children at risk between testing intervals

14. Pennsylvania's current approach to lead in school drinking water, as embodied in Act 39 of 2018, is fundamentally flawed because it:

    a. Relies on periodic testing rather than continuous prevention
    b. Allows schools to opt out of testing entirely
    c. Sets no minimum number of outlets to be tested
    d. Lacks enforcement mechanisms
    e. Does not require direct notification to parents.

15. Most critically, the current "test and fix" paradigm fails to recognize lead's nature as a "moving contaminant." Lead levels in water can vary dramatically:

    a. From day to day or hour to hour
    b. Based on water chemistry changes

c. Due to water use patterns

d. Because of physical disturbance to pipes

e. Seasonally with temperature changes

16. The Philadelphia program's success rests on several key elements:

a. Installing certified lead-filtering systems for all drinking water access

b. Regular filter maintenance and replacement

c. Continuous monitoring and verification testing

d. Transparent reporting of results

e. Stakeholder engagement in implementation

17. It is quite simple to install either filtered drinking water/bottle filling hydration stations and/or in-line/point-of-use water filters at drinking water outlets. The most recently published American National Standards Institute (ANSI)/National Sanitation Foundation (NSF) guidelines and recommendations for removing lead from drinking water by either activated carbon and/or reverse osmosis systems).

17. Based on my extensive experience, I strongly recommend that Pennsylvania adopt a prevention-first approach that:

a. Requires installation of ANSI - NSF-certified lead-filtering at all drinking water access points in schools.

b. Mandates regular filter maintenance and replacement schedules.

c. Establishes a maximum allowable lead level of 1 ppb in school drinking water.

e. Creates clear enforcement mechanisms and penalties for non-compliance

f. Requires transparent, systematic, comprehensive, and easily accessible public reporting of the most currently determined lead levels and of all remediation efforts.

g. Provides funding assistance for initial implementation.

h. Establishes oversight mechanisms that include stakeholder representation, review, and input.

18. The cost of the preventative measures recommended is minimal compared to the lifetime impacts of lead exposure on children's health and development. Moreover, the success of Philadelphia's program demonstrates that comprehensive prevention is both technically and financially feasible.

19. Thank you for the opportunity to provide this testimony. I am happy to answer any questions about the technical aspects of lead contamination or the practical implementation of prevention measures.

Good afternoon, and thank you for the opportunity to testify before the House Democratic Policy Committee today on the important topic of lead in school drinking water. I particularly want to thank Chairman Bizzarro and his staff, as well as Reps. Khan and Green, for inviting me to testify today.

My name is David Masur, and I am the Executive Director for the statewide nonprofit environmental group, PennEnvironment. PennEnvironment works to promote clean water, clean air, and protect our state's incredible outdoors and natural resources.

PennEnvironment has a long history working on the topic of lead in school drinking water. We have written multiple studies on the topic, including last year's study entitled, Lead in School Drinking Water: How Pennsylvania school districts and the commonwealth are failing to protect children's health, which showed how Pennsylvania school districts regularly expose children to lead in school drinking water by violating state law, skirting reporting requirements and ignoring best practices. This followed on the heels of our 2022 study showing that self-reported data from the School District of Philadelphia found 98% of school buildings testing positive for lead in drinking water, which led to massive policy changes in the city.

In 2017, PennEnvironment helped Philadelphia City Council draft and implement its first policy to uncover lead in school drinking water, and then in 2022 we helped craft and pass new legislation to address the threat of lead in school drinking water across the School District of Philadelphia. This legislation is considered the cadillac of standards for tackling the threat of lead in school drinking water, and it is this policy on which Representatives Green and Khan's statewide legislation, House Bill 341 is modeled.

I hope if you take anything away from today's hearing, that you will take these 4 points:

1. Lead is unsafe at ANY LEVEL.
2. Lead is pervasive in the water of school districts and buildings across Pennsylvania.
3. We must STOP testing for lead as quickly as possible, and start TREATING for the lead that is pervasive in school drinking water.
4. If you believe that lead is unsafe at any level, and believe the data that lead *is* pervasive in Pennsylvania school districts' water, then you must implement HB 341 as quickly as possible to solve this threat.

For point #1–Lead is unsafe at any level: as you've already heard from health experts on this panel, lead has chronic, negative health effects, and there is no safe level of lead. The CDC, the EPA, the World Health Organization, the American Academy of Pediatrics and many others all agree to this statement. And yet, we continue to hear school district officials, and some regulators and elected officials toss around numbers (15ppb, 10ppb, 5ppb) as if there is a healthy level for lead in drinking water–but this is false and only confuses and delays much-needed action to protect our kids from lead in their school drinking water. I cannot tell you how many times I have spoken with elected officials or school district officials who both concede

that lead is unsafe at any level–and then immediately turn around and try and set a level for lead in drinking water that we know is unsafe.

Point #2: Lead is pervasive in school district drinking water across Pennsylvania. There is ample data to show that lead in school drinking water is commonplace in Pennsylvania. Women for a Healthy Environment, for example, showed that more than 90% of school districts in the commonwealth that tested for lead in their schools' drinking water were reporting lead contamination. PennEnvironment's 2022 study found that 98% of Philadelphia's school buildings tested positive for lead in drinking water. These findings should not be in debate: in both of these examples, the data is **SELF-REPORTED DATA BY THE SCHOOL DISTRICTS THEMSELVES**. From the statewide data that we have, it shows that lead in school drinking water is pervasive and indiscriminate–it is found in school drinking water in urban districts, suburban districts and rural school districts. It will be found in schools in Republican legislative districts and it will be found in schools in Democratic legislative districts. Given this, *solving* the threat of lead in school drinking water should easily be a bipartisan issue.

Point #3–and this may sound controversial to some legislators attending today's hearing: it is critical that we stop promoting testing for lead in school drinking water as quickly as possible and start implementing the simple and well-trusted solution being promoted in HB 341. We must STOP confirming that lead exists in school drinking water, and start PREVENTING it. Testing will not do that.

Point #4–If you truly want to tackle the threat of lead in school drinking water in school buildings across Pennsylvania, you must implement HB 341 as quickly as possible. The solutions called for in HB341–taking out the old, antiquated drinking fountains in our schools and replacing them with lead-filtering water bottle filling stations and lead-filtering drinking fountains–are considered the most effective, and least expensive, for addressing the threat of lead in school drinking water. I could go into extensive detail about why this is the case: tackling lead service lines won't solve the problem because most schools aren't connected to lead service lines–and most of the lead contamination is coming from the pipes, valves and other components in the building itself. You can't just remove the drinking fountains that test positive for lead, because lead is a moving contaminant and it's common to find lead in a drinking fountain in the future that tested negative for lead today. You could rip all of the pipes out of the walls of every school–but that would be exorbitantly expensive, compared to the relatively inexpensive and quick fix proposed in HB341 for taking the old drinking fountains out.

Lastly–and purely from a political perspective–tackling lead in drinking water is wildly popular. In an era where elected officials are looking for policies that are populist and trans-partisan, few policies fit the bill like ensuring drinking water is lead-free. That's because no-one (and I mean, no one), wants lead in their drinking water. It shows in the broad coalition that supports this policy, from health organizations like the American Academy of Pediatrics, Physicians for Social Responsibility, the PA Medical Society and the American Heart Association, to labor unions like the building trades, PSEA and AFT-PA, to parent groups like the Pennsylvania PTA and Parents United for Public Education, as well as over 100 other organizations and dozens of local elected

officials. What other policies have such a broad and diverse coalition of health organizations, labor unions, environmental and community groups, education advocates and local officials?

For all of these reasons, I hope that you will support HB 341 and ask the House leadership to move this proposal swiftly. Thank you again Chairman Bizzarro for inviting me to speak today, and I look forward to any questions that members may have regarding this topic or my testimony.

Michigan Filter First Cost Estimate

The filter first approach to reducing lead contamination in drinking water at school calls for providing one filtered drinking water station for every 100 students and staff in Michigan Public Schools.

Filtered drinking water stations are water fountains or bottle fillers with filters that remove lead and other impurities.

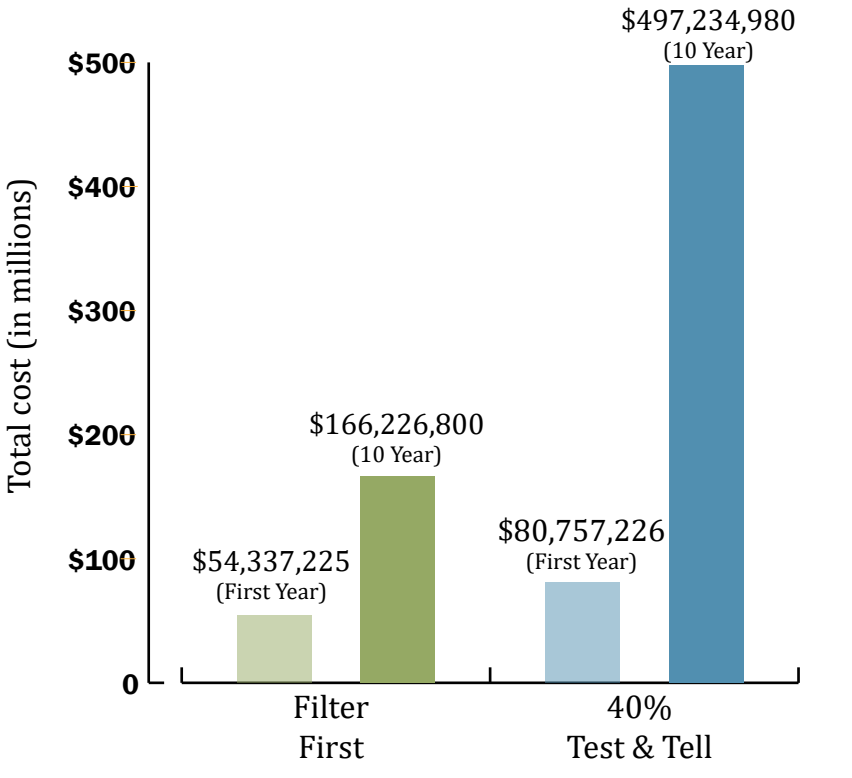
The filter first approach is more cost effective than a "test and tell" policy that has previously been proposed. The "test and tell" approach would require school districts to test all drinking water fixtures and then replace those that tested positive for lead above a set action level.

Our cost analysis shows that the filter first approach is the most cost effective and health protective option.

The graph shows that both the first year and the 10-year costs of the Filter First are significantly lower than the Test and Tell costs. The 10-year cost savings may be as much as $331 million.

Michigan Projected Costs

Filter First versus Test & Partial Fixture Replacement



Michigan Filter First Cost Estimate

Filter First Analysis Assumptions and Facts

This filter first cost analysis assumes that the cost of purchasing and installing one filtered water bottle filling station is $2,725 based on purchase information from Detroit Public Schools Community District (DPSCD). The State of Michigan may be able to secure an even lower price via bulk purchasing. It will cost $141 to replace each units filter three times a year, but filters may need to be replaced less often.

We also assume that every filtration station will be sampled twice a year to verify performance. We estimated this to cost $77.19 per sample, based upon the real costs of testing from an Indiana effort to test school drinking water.

Our calculations assume that one filtered drinking water station will be installed per 100 students and staff, or for schools with less than 50 students/staff at least five taps/fixtures would be equipped with point of use filters. Additional point of use filtered taps/fixtures were calculated by taking the school population and dividing by 200, but a minimum of 5 filtered taps were assigned to each school regardless of population.

The estimate on the number of students and staff at schools in the state was drawn from MichiganSchoolData.org and PublicSchoolReview.com. The Detroit public schools were not included in the estimate for purchasing filtered drinking water stations because they have already been purchased and installed, however the cost of maintenance and testing is included for these schools.

These costs we estimated for the first year, which includes the installation costs, and then the 10 year costs include the filter replacement and water sampling costs.

As long as the filters are properly maintained, the filter first method assures a reliable, lead-free source of water in schools.

Test and Tell Analysis Assumptions and Facts

We assumed that the total number of taps in the state was the total school population divided by five. We assumed that all taps would be sampled twice a year. We also assumed that the cost per sample would be the same as in the filter first approach, $77.19/sample.

We estimated that 40% of faucets would need to be replaced in the first year. It is important to note that new plumbing materials STILL CONTAIN LEAD up to 0.25% by weight. This faucet replacement cost may be an underestimate because different fixtures will test high in different years. For example, this could result in 10% faucet replacement some years but due to existing allowable lead content, new fixtures may need to be replaced again in the future.

This estimate does not assume any filtered drinking water stations or filtered taps.

Lead release in drinking water is sporadic. Test results can vary widely from year to year. It is important to note that the test and tell approach does not guarantee that lead-free water is available to students and staff at all times.

Protect kids' health:

Get the lead out of Philadelphia schools' drinking water

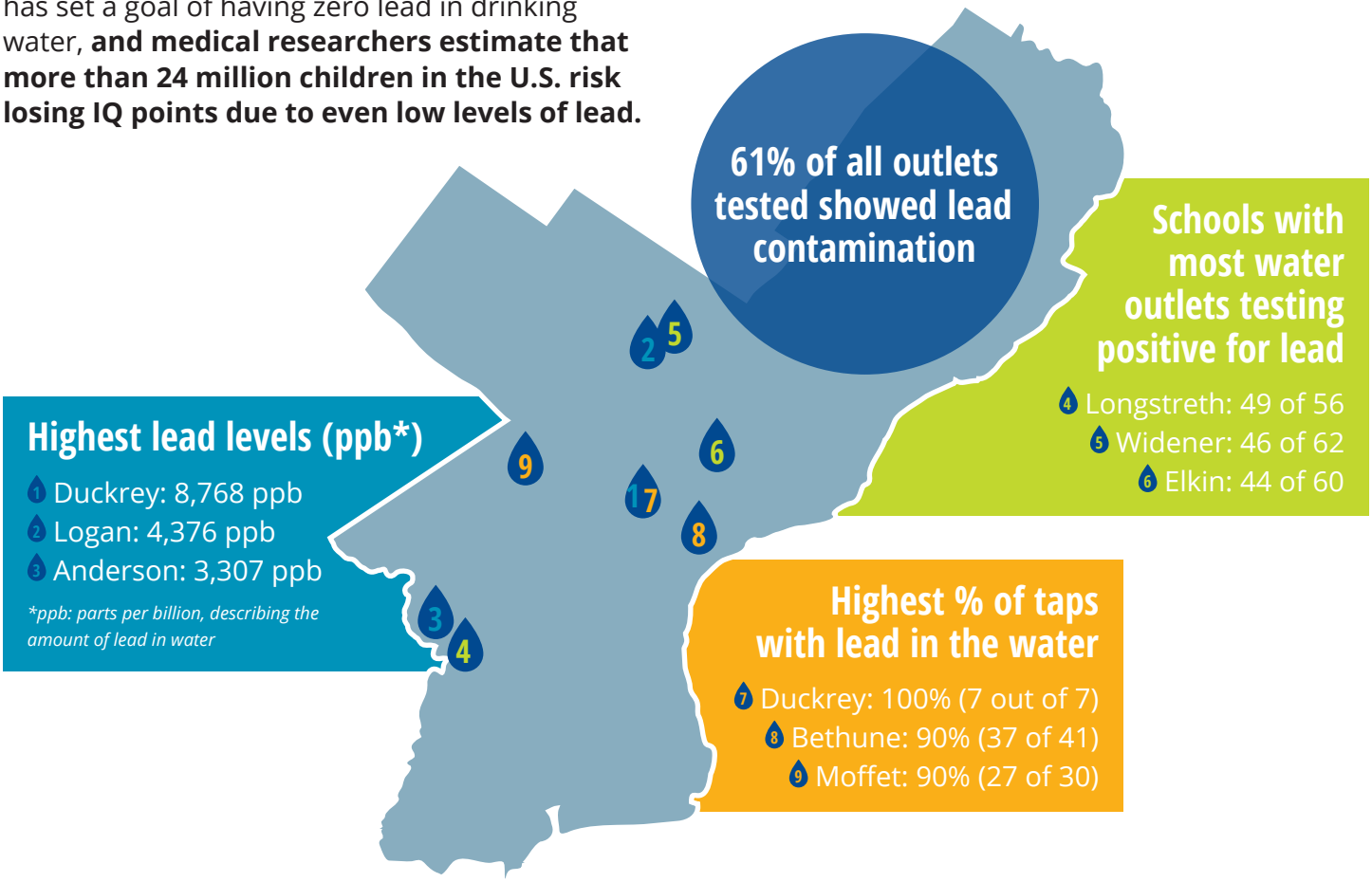
Lead: Unsafe at any level

It's no secret that lead contamination puts our health at risk — especially for our children. That's because lead is a potent neurotoxin that affects how our kids learn, grow and behave.

There is no safe level of lead. Lead is so toxic that the Environmental Protection Agency (EPA) has set a goal of having zero lead in drinking water, **and medical researchers estimate that more than 24 million children in the U.S. risk losing IQ points due to even low levels of lead.**

Lead is regularly found in Philadelphia school drinking water

We send our kids to school to learn and play, and they spend most of their waking hours in school buildings. Yet samples from schools across the city regularly show lead in the drinking water, according to the School District of Philadelphia's own tests.



Philadelphia schools are receiving $1.1 billion in new federal funding

By spending a small fraction of their federal monies, the school district could replace every drinking fountain in Philadelphia's schools with water bottle filling stations that filter out lead

Historic opportunity to get the lead out of Philadelphia schools' drinking water

The good news is that Philadelphia has a historic opportunity to finally address the threat of lead in our schools' drinking water, once and for all.

That's because the School District of Philadelphia received a massive financial boost in the spring of 2021 when the U.S. government gave $1.1 billion to school officials as part of the federal stimulus package.

By directing a small fraction of these funds toward tackling the threat of lead in school drinking water, we could replace water fountains in all of Philadelphia's schools with lead-filtering water bottle filling stations.

We're calling on the Philadelphia School District and local officials to make this commitment TODAY.

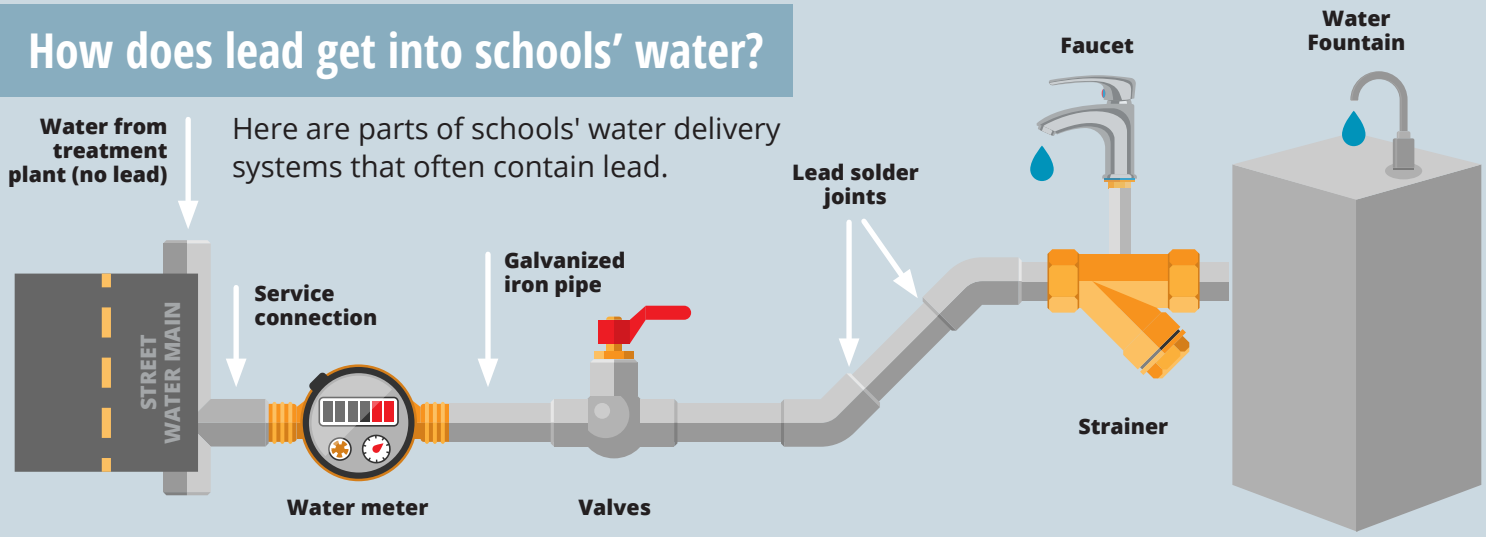
Join us in getting the lead out of school drinking water, once and for all

You can help us get school district officials and local elected leaders to commit to investing in addressing the threat of lead in our schools' drinking water. Join us!

- Sign our petition calling on Philadelphia school district officials to tackle the threat of lead in school drinking water. Just go to **bit.ly/gtlophilly** to add your name and take action!
- Get involved and help us recruit other concerned parents and community leaders, submit letters to the editor, and participate in citizen advocacy efforts. **Just email info@pennpirg.org.**
- Send a text to School District officials calling on them to take action to protect our kids from the threat of lead in schools. **Text LEAD to 21333** to join our Mobile Action Network and take this action today!

How does lead get into schools' water?

Here are parts of schools' water delivery systems that often contain lead.



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THE BLACK CHURCH CENTER FOR JUSTICE AND EQUALITY
theblackchurch.net

PennEnvironment
RESEARCH & POLICY CENTER

1528 Walnut St., Suite 1400
Philadelphia, PA 19102
(215) 732-5897

Dear Governor Shapiro,

On behalf of the public health, community group and educational organizations signed on below, we are writing to respectfully request you include $30 million to address the threat of lead in school drinking water in your 2025 budget, and to call on the General Assembly to send you legislation requiring all Pennsylvania school districts to install lead-filtering water stations and filters on other drinking water taps. By taking these steps, you can help ensure that Pennsylvania is protecting generations of kids from the negative effects of lead exposure.

While the U.S. Environmental Protection Agency' (EPA) new lead rule sets a deadline for replacing lead service lines, the widespread contamination of schools' water mainly comes from plumbing and fixtures within school buildings.

Lead is a pervasive problem in Pennsylvania's schools' water, with 90% of school districts that reported testing their water finding lead contamination in the results, according to a recent survey.

The science is clear: lead exposure is unsafe at any level, especially for kids. Even low levels of lead can cause numerous negative health effects, including damage to the nervous system, learning disabilities, and impaired hearing.

Because children spend so much time in school buildings during the prime years of their development, lead contamination in school drinking water is particularly dangerous.

Further bolstering the threat posed by lead in school drinking water, a new report released by the PennEnvironment Research & Policy Center in September 2024 found all of the school districts surveyed were failing to implement best practices to keep students safe from lead in their school drinking water, and in most cases violating existing state law.

More and more health experts agree that the most comprehensive way to address the potential threat of lead in school drinking water is to replace old, antiquated drinking fountains with lead-filtering water bottle filling stations or hydration stations as quickly as possible, and to ensure that there is at least one of these lead-filtering hydration stations for every 100 students and staff in each respective school building.

Some Pennsylvania school districts are already leading the charge in this effort. For example, legislation passed by Philadelphia City Council in 2022 requires the School District of Philadelphia to replace all remaining antiquated drinking fountains with lead-filtering water bottle filling stations by the end of the spring 2025 school year.

The Pittsburgh Public Schools. voluntarily finished replacing all of their old drinking fountains with lead-filtering water bottle filling stations and drinking fountains in 2023.

Statewide legislation to require all Pennsylvania school districts to replace their antiquated drinking fountains with lead-filtering hydration stations was introduced in both the State Senate (SB986) and State House (HB2011) during the 2023-2024 legislation session, with bipartisan support in both chambers. Both bills included revenue to assist the Commonwealth's school districts in funding this critical public health initiative. The measures are supported by the American Academy of Pediatrics, the Pennsylvania Medical Society, Pennsylvania PTA, American Federation of Teachers-Pennsylvania, the Pennsylvania State Education Association (PSEA), the Pennsylvania building trade unions, and many others.

Sadly, this important legislation to protect Pennsylvania children did not receive a vote in either chamber.

We know that tackling environmental health hazards in Pennsylvania's school buildings is an issue you care deeply about, and we applaud you for championing the recent approval of hundreds of millions of dollars for environmental repairs in Pennsylvania's school buildings. Yet without funds allocating specifically towards remediating lead in school drinking water and requiring school districts to replace their old drinking fountains with lead-filtering drinking fountains and water bottle filling stations, history has shown us that most school districts will not take the steps necessary to protect kids from this threat.

Given this, the undersigned individuals and groups respectfully ask you to include $30 million to help fund school districts' replacement of old drinking fountains in your 2025 budget address, and to call on the General Assembly to send you legislation requiring all Pennsylvania school districts to replace their antiquated drinking fountains (pre-2014) with lead-filtering fountains and water bottle filling stations, as quickly as possible.

We look forward to hearing back from you on this important topic, and call on you to take these steps immediately to protect students' health from the threat of lead in drinking water.

Sincerely,

State Senator Amanda Cappelletti
State Senator Carolyn Comitta
State Senator Art Haywood
State Senator John Kane
State Representative Tim Briggs
State Representative Nancy Guenst
State Representative Patrick Harkins

State Representative Tarik Khan
State Representative Chris Pielli
State Representative Chris Sappey
State Representative Greg Scott
State Representative Jared Solomon
Northampton County Controller Tara Zrinksi
Pittsburgh City Councilmember Bobby Wilson
Conshohocken Borough Mayor Yaniv Aronson
Chester Heights Borough Council President Marta Driscoll
Dublin Borough Council President Tim Hayes
Lower Moreland Township President Denise Kurtz
West Conshohocken Borough Council President Stephen Blumenthal
Bridgeport Borough Council Vice President Tony Heyl
Narberth Borough Council Vice President Cyndi Richards
Abington Township Commissioner John Spiegelman
Abington Township Commissioner Lori Schreiber
Bridgeport Borough Councilmember Amy High
Bridgeton Township Supervisor Roger Keller
Bridgeton Township Supervisor Michael Lynch
Caln Township Commissioner Mark Evans
Darby Township Commissioner Michael Fritz
Downington Borough Councilmember Joseph Ferris
East Fallowfield Township Supervisor John Nielsen
East Whiteland Township Supervisor Richard Orlow
Etna Borough Councilmember Jessica Semler
Hatboro Borough Councilmember Alexander Myers
Jenkintown Borough Councilmember Joanne Bruno
Lansdowne Borough Councilmember Benjamin Hoover
Middletown Township Supervisor Anna Payne
Oxford Borough Councilmember Amanda Birdwell
Radnor Township Commissioner Maggy Myers
Springfield Township Commissioner Jim Lee
Uwchlan Township Supervisor Mayme Baumann
Valley Township Supervisor Sharon Yates
West Conshohocken Borough Council President Stephen Blumenthal
Westtown Township Police Commissioner Richard Pomerantz
Vice President Arthur Purcaro, Villanova University

David Masur, Executive Director, PennEnvironment Research & Policy Center
Matthew Mehalik, Executive Director, Breathe Project
Katie Huffling, Executive Director, Alliance of Nurses for a Healthy Environment

Hope Grosse, Co-Founder, Buxmont Coalition for Safer Water
Marita Garrett, President & CEO, Civically, Inc.
Liz Schultz, Political Director, Clean Air Action
Steve Hvozdovich, Pennsylvania Campaign Director, Clean Water Action
Deborah Gentile, Medical Director, Community Partners in Asthma Care
Katie Blume, Political & Legislative Director, Conservation Voters of Pennsylvania
Tracy Carluccio, Deputy Director, Delaware Riverkeeper Network
Bobby Hughes, Executive Director, Eastern PA Abandoned Mineland Reclamation Project
Emily Pugliese, Policy and Program Director, Green Building United
Lynn Schwartz, Principle, H3 Philanthropy Partners
Tracy Lira, Climate Action Group Leader, Havertown-Area Community Development Corporation
Rachel McDaniel, Heritage Community Development Corporation
Pat Lupo, Environmental Director, Inner City Neighborhood Art House
Brooke Petry, Field Organizer, Moms Clean Air Force - PA Chapter
Patrick McDonnell, President & CEO, PennFuture
Beth Dale, President, Pennsylvania Congress of Parents & Teachers
Chris Mendel, Executive Director, Pennypack Ecological Restoration Trust
Drew Murray, Executive Director, Philadelphia Crosstown Coalition
Greg Windle, Campaigns Coordinator, Philly Democratic Socialists of America
Matthew Shorraw, Policy & Program Director, Physicians for Social Responsibility of PA
Laurie Mazer, Parents United for Public Education
Pennsylvania State Education Association
Louise Troutman, Executive Director, Pocono Heritage Land Trust
Sergio Cea & Seth Anderson-Oberman, Executive Directors, Reclaim Philadelphia
Daniel Rossi-Keen, Executive Director, Riverwise
Jen Quinn, Legislative & Political Director, Sierra Club Pennsylvania
Donna Henry, Executive Director, Southwest Community Development Corporation
Heather Stanton, Vice President, West Torresdale Morrell Park Civic Association
Professor Ward Allebach, University of Pittsburgh
Professor Scott Van Bramer, Widener University
Sister Annette Marshall, Benedictine Sisters of Erie
Reverend Kipp Gilmour-Clough, Chestnut Hill United Church