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February 29, 2020

Re: House Bill 921

To the Honorable Maryland State Legislature,

May I please offer my wholehearted support of House Bill 921 for the quick, easier and more effective screening of lead exposure and toxicity.

Lead exposure has been a continuing major health problem which that has historically not fully been and addressed still threatens the lives of children in Maryland, a problem that I continually encounter as an office based Pediatrician for close to thirty years, a member of the Trial Panel of the Public Defender's Office for children in Baltimore City for thirty six years, a Hopkin's trained public health specialist for forty four years, and the father, along with Governor O'Malley, the State Medical Society, of the 2012 Children's Seat Belt law.

For the consequences of lead exposure and toxicity has been recognized for thousands of years, and although lead levels are thought to be decreasing in Maryland and nationwide, the levels in minorities including the Hispanic and African American communities, now a large and growing percentage of the child population in our state, has a statistically higher level than the norm.

And as no level of lead in a child is safe, we must continue to be vigilant to find a quicker, easier and more widespread screening technique, especially as children's weaker neurologic state is so much more sensitive to its life-long term irreversible effects.

In fact, that's the beauty of House Bill 921, for there currently exists two office-based technologies and one laboratory to screen for lead.

First, a fingerstick capillary test which is messy, frightening, and very painful on top of the other forty to fifty times they receive vaccines on the current shot schedule, and not easy to perform especially with a screaming child.

Second, the easy quick painless salivary test (just collect saliva in a tube).

And third, the formal laboratory blood test, which is also a frightening and painful blood withdraw and always is performed if the capillary or salivary test results are positive!

So between all of the three above tests, when the salivary test results are negative and as this test has a one hundred percent negative predictive value, this will assure us that the child is now lead free and will not require any further laboratory testing.

And with widespread use of this method we could save saving untold thousands of dollars to taxpayer for repeat tests, avoid retesting in one half of all children in Maryland, avoid enormous suffering and worry, and increasing the number of children screened literally with every point of their meaningful contact with our health system!

Please help,

A handwritten signature in cursive script, appearing to read "Dr. Joseph Berk".

Dr Joseph Berk MD,JD.MHS