## Chair:

Sheela Sathyanarayana, MD, MPH University of Washington Department of Pediatrics Seattle Children's Research Institute 2001 8<sup>th</sup> Avenue Seattle, WA 98101 (206) 884-1037 <u>sheela.sathyanarayana</u> @seattlechildrens.org

Committee Members:

## Ellen Braff-Guajardo

Patrick Breysse, PhD, CIH Tyra Bryant-Stephens, MD Susan Buchanan, MD, MPH Stephanie Chalupka, EdD, RN, PHCNS-BC, FAAOHN, FNAP Nancy Clark, MA, CIH, CSP Jennifer Counts, PhD Barbara Ferrer, PhD, MPH Joel Forman, MD Maeve Howett, PhD, APRN, CPNP-PC, IBCLC Gredia Huerta-Montanez, MD Lloyd Kolbe, PhD, MS Sandra W. Kuntz, PhD, APRN, CNS Lawrence Lash. PhD Jeanne Leffers, PhD, RN Jennifer Lowry, MD Leyla McCurdy, MPhil Barbara Morrissey, MS Thomas Neltner, JD, CHMM Greg Ornella, MD, MS Joanne Perron, MD, MPH Brenda Reyes, MD, MPH Kate Sande, MS Martha S. Sandy, PhD, MPH Adam Spanier, MD, PhD, MPH

August 28, 2014

Administrator Gina McCarthy United States Environmental Protection Agency 1200 Pennsylvania Ave, NW Washington, DC 20460

RE: Promoting Children's Health

Dear Administrator McCarthy:

The Children's Health Protection Advisory Committee (CHPAC) applauds your work to protect children and future generations from environmental health threats including climate change. CHPAC takes this opportunity to respond to your charge to us at the meeting on April 10, 2014 to identify actions that the Agency can implement in the next few years to improve children's health. We make the following recommendations:

- 1. CHPAC recommends that you convene the President's Task Force on Environmental Health and Safety Risks to Children at the cabinet level in 2014 and at least annually thereafter with the following actionable items:
  - a. Currently, clinicians have little to no ability to bill for the prevention, assessment, and intervention of environmental exposures. The Task Force should aim to improve access and funding for children's environmental preventive healthcare services to address and prevent children's threats in their home and communities (including, but not limited to, schools, childcare settings and greenspace).
  - b. Most health care professional schools and training programs do not include environmental health topics in their education. The Task Force should engage relevant accrediting and certifying organizations of medical and nursing schools and residency training programs to develop and implement educational standards and curricula for children's environmental health.
  - c. The Electronic Health Record (EHR) is used to prompt clinical activities such as screening, counseling on prevention, and documentation, but most EHRs do not include environmental health topics in their medical record templates. The Task Force should work towards the integration of environmental health assessments into healthcare information management systems.
- 2. CHPAC recommends that you increase the capacity of EPA to more effectively protect children's health. You can accomplish this recommendation with the following actions:
  - a. Increase the number of Office of Children's Health

Protection (OCHP) staff that have both children's environmental health expertise and designated responsibility for children's health initiatives and policies.

- b. Require OCHP review, guidance, and concurrence with the application of safety factors protective of prenatal, infant and child populations in all Agency rules and regulations, with a specific focus on pesticide registration/re-registration eligibility decision documents and other pesticide risk assessments. The Government Accountability Office 2013 Report, "EPA Has Made Substantial Progress but Could Improve Processes for Considering Children's Health" stated that the Office of Pesticide Programs (OPP) operates independently of the EPA's standard regulatory process. As a result, OCHP currently has limited involvement in the OPP decision making process addressing tolerances for pesticide residues that can pose significant risks to children's health. We concur with the report's recommendation to establish procedures for OCHP involvement in OPP decisions that affect children's health.
- c. Increase the number of managers and staff with children's environmental health expertise within all EPA programs, regional offices and its partners responsible for protecting prenatal, infant, and child populations from environmental health risks.
- 3. With their grounding in respected universities in the communities they serve, Pediatric Environmental Health Specialty Units (PEHSUs) are trusted sources of science-based information regarding environmental threats to children, including climate change. Currently, there are too few PEHSUs and the existing ones have too little funding to provide the reliable and robust support needed in their regions. CHPAC recommends that you advocate throughout EPA and with other federal agencies to increase the capacity of PEHSUs to provide science-based environmental health education and technical assistance to health care professionals, health departments, schools and community organizations, especially those that serve vulnerable communities.

You can achieve significant improvements in children's health by implementing these recommendations. We thank you for requesting our input on action items that are feasible in the near term. We are happy to elaborate further on concrete steps that could be taken to accomplish the tasks above, and we welcome continued conversations on these issues.

Thank you.

Sincerely,

Sheela Sathyanarayana, M.D., M.P.H. Chair, Children's Health Protection Advisory Committee (CHPAC)

cc: Jim Jones, Assistant Administrator, Office of Chemical Safety and Pollution Prevention Khesha Reed, Acting Director, Office of Children's Health Protection