DC CHILDREN'S LAW CENTER
family • health • education

250 Massachusetts Ave. NW, Suite 350
Washington, DC 20001
T 202.467.4900 · F 202.467.4949
www.childrenslawcenter.org

Testimony Before the District of Columbia Council
Committee on Transportation and the Environment
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Patrick Cothern
Policy Attorney
Children's Law Center

Introduction

Good morning, Chairperson Allen, and members of the Committee. My name is Patrick Cothern, and I am a Policy Attorney at Children's Law Center. Thank you for the opportunity to testify today regarding the budget for the Department of Energy and the Environment ("DOEE").

Children's Law Center believes every child should grow up with a strong foundation of family, health and education and live in a world free from poverty, trauma, racism and other forms of oppression. Our more than 100 staff, together with DC children and families, community partners and pro bono attorneys, use the law to solve children's urgent problems today and improve the systems that will affect their lives tomorrow. Since our founding in 1996, we have reached more than 50,000 children and families directly and multiplied our impact by advocating for city-wide solutions that benefit hundreds of thousands more.

Children's Law Center's clients are impacted by DOEE's day-to-day functioning because many of the families we serve live in rental housing with environmental conditions that directly affect children's health. When a home has water intrusion, persistent dampness, pest infestations, or deteriorating paint, children face increased risk of asthma exacerbations, respiratory infections, and exposure to toxic substances like lead.[1] In these moments, residents rely on District agencies to conduct assessments, provide clear guidance, and take meaningful action that prompts remediation and

prevents repeated harm, and DOEE remains a key part of that system, even as certain healthy housing functions have transitioned to DC Health.[2]

DOEE's work also affects our clients' stability and safety in more indirect but still immediate ways. Utility affordability assistance and weatherization can help families keep heat, cooling, and electricity on, which is essential in reducing health risks and preventing crises that can cascade into housing instability.[3] When agency roles are unclear, as remains the case following the transfer of DOEE's Healthy Housing Branch to DC Health, families can lose precious time navigating the system while hazards persist in the home.[4] For our clients, a well-functioning, adequately resourced DOEE, paired with a seamless handoff and coordination with DC Health, is a critical line of defense that helps keep children healthy, in school, and safely housed.

Children's Law Center urges the Council to amend the Mayor's proposed budget to (1) restore the proposed reduction in local funds for DOEE, (2) ensure the Healthy Housing transition to DC Health is supported and fully resourced so families do not face service gaps, and (3) protect and strengthen investments that keep children safe in their homes, particularly lead-safe and healthy housing functions, effective mold response systems, and utility affordability and weatherization supports.

Several Budget Amendments are Needed to Ensure that DOEE Continues to Protect Children's Health

The FY 2027 proposed budget includes a reduction of $72.7M (-28.6%) from DOEE's operating budget along with a proposed decrease of 34.1 FTEs (-6.3%).[5] These

reductions occur across funding sources, including $2M from local funds, $19.4M from special purpose revenue, and $51.4M from federal grant funds.[6] The budget narrative attributes a large portion of the reductions in federal and subsidy and grant to the rescission of the Greenhouse Gas Reduction Fund and a funding pause affecting the Charging and Fueling Infrastructure grant award.[7] Those federal developments may be outside the Council's control, but the District's response is not. The Council should ensure that essential health and safety functions are not collateral damage to shifting federal funding. Moreover, DOEE needs a contingency plan that backfills critical resident protections with stable funding where needed.

The Reduction of DOEE's Local Funding Should be Reversed

For the families we serve, these core functions are often the difference between a child's asthma being controlled or landing in the emergency room, and between a housing problem being resolved quickly versus dragging on for months while a child misses school and a parent misses work. When the District underfunds these basic functions, families are more likely to be bounced between agencies, experience delays in inspections and follow-up, and ultimately be forced into court simply to secure repairs that should have been prompted by effective government action.

The Council should restore the proposed reduction in local funds for DOEE and direct those dollars toward resident-facing functions that prevent harm before it escalates. Given the unclear future of federal grant funding, [8] local funds must be leveraged to

support timely response, clear public guidance, effective interagency coordination, and follow-through when hazards persist. The Committee must provide the resources necessary for DOEE to ensure stable, accountable staffing and continuity of resident-facing functions, regardless of shifts in federal funding due to fluctuating political priorities. Without sufficient local funds, the Council reduces the District's ability to ensure continuity for these essential services.

DOEE Must be Provided with Sufficient Resources to Fill Service Gaps and to Enable Communication to District Residents About the Transfer of the Healthy Homes Program from DOEE to DC Health

In October 2024, DOEE's Healthy Housing Branch, responsible for the Childhood Lead Poisoning Prevention Program and the Healthy Homes Program, transitioned to DC Health.[9] Unfortunately, a year and a half later, it is still unclear what the effects of those changes are, and which agency is to provide which services. The continued lack of clarity continues, as the public facing budget documents do not clearly communicate which lead and healthy housing functions, staff capacity, and resident-facing services now sit at DC Health versus DOEE. The only indication of a change is that several health-related budgetary categories have been zeroed out in DOEE's proposed budget when compared to the funding that was available in FY 2025.[10]

Additionally, the Council should seek greater transparency from DOEE on this shift to ensure that the combined resources across both agencies are held harmless, so families do not experience delays in home assessments, case management, or follow-up

when a child's health is at risk. For our clients, unclear agency roles are not a paperwork problem, they translate into missed intervention, prolonged exposure to hazards in the home, and families being forced into court just to secure basic repairs. As such, we urge the Committee to ensure that the budget for DOEE is sufficient to prevent service gaps created by the recent transfer of DOEE's Healthy Housing Branch to DC Health.

DOEE Needs Additional Resources to Support Its Lead Safety and Remediation Work

As described in our prior testimony, families seeking help for children with elevated blood lead levels have been met with undefined or undisclosed agency standards. [11] In one case, a family was told that their child's lead levels were "not high enough" for relocation assistance, despite the lack of any articulated threshold or written guidance. Lead exposure is preventable, but even low levels can cause lasting harm to children's development.[12] DOEE needs a real plan with clear standards regarding when the District will intervene, how agencies coordinate, and what assistance is available when a child has documented elevated blood lead levels. The Council should protect and strengthen funding for lead-safe and healthy housing functions and residential hazard abatement, and it should do so in a way that reflects where these services are delivered after the October 2024 transition to DC Health.

Our clients' experiences suggest that DOEE lacks the capacity needed to consistently develop, apply, and communicate clear standards for lead intervention and timely follow-through when hazards are identified. The persistence of undefined

thresholds, unwritten standards, and inconsistent responses indicate that this is more than a one-off mistake, it is an inability to scale work into a consistent approach.

Solving these service shortcomings will require expanded time and staff capacity, particularly as the work now spans two agencies (DOEE and DC Health), where interagency coordination creates an additional workload. Without sufficient resources, DOEE is likely to continue relying on informal or *ad hoc* decision making, increasing the risk that families experience delays or are left without clear answers when attempting to address health concerns.

Adequate resources are necessary to support the development and implementation of clear standards, effective interagency collaboration, and staff training so that families can receive the services and protections the Council intends for them to receive. Economic analyses have found that lead hazard control yields some of the highest returns of any public expenditure, saving far more in avoided health care costs, special education, and other downstream costs than it costs to prevent exposure in the first place.[13] Therefore, we urge the Committee to ensure that DOEE's budget includes sufficient funding and staffing to facilitate consistent and proactive lead safety and remediation.

<u>DOEE Needs Additional Resources to Support Its Mold Response Work</u>

DOEE's mold response work will not protect families unless the agency has the operating dollars and staffing capacity to do it well. The Council should increase DOEE's

operating budget and FTEs dedicated to mold response so the District can provide timely and reliable mold inspections.[14] These resources are needed to both support sufficient inspection and response capacity.

Other jurisdictions have moved toward clearer, more enforceable standards for mold assessment and remediation, which illustrates the types of gaps that currently exist in the District's approach. For example, Maryland has enacted a statewide framework requiring landlords to conduct a mold assessment within a defined timeframe after written notice and to remediate mold within a defined timeframe thereafter,[15] New York has established licensing requirements and minimum work standards for mold assessment and remediation professionals (including separation between assessment and remediation and post-remediation assessment requirements),[16] and Virginia's landlord-tenant law expressly requires landlords to maintain premises to prevent moisture accumulation and mold growth and to remediate visible mold consistent with professional standards.[17]

Each of these approaches inherently involves significant staff involvement and should serve as examples to the District that staffing and budgetary resources are needed to consistently and reliably provide similar services for District residents. Many of the families we serve have children with asthma, and when mold and moisture problems persist, symptoms worsen, families face more urgent care and emergency room visits, and children miss school.[18] Like with DOEE's lead remediation work, we urge the

Committee to ensure that the proposed cuts to the agency do no undercut this core function that provides important protections for DC tenants.

The Council Must Ensure that DOEE is Maximizing Its Access to Federal Grants Made Available for Utility and Weatherization Assistance

The Council should protect, and where possible expand, utility affordability assistance and weatherization services so families can keep their homes safe and habitable. For low-income households, utility shutoffs and unsafe heating, cooling, or ventilation conditions can quickly become a health crisis, particularly for children and medically vulnerable family members.[19] These programs help prevent emergencies and housing instability by keeping basic services on and improving home conditions.

Frustratingly, DOEE is leaving federal dollars on the table in the Low Income Home Energy Assistance Program ("LIHEAP"). In its FY 2026 LIHEAP State Plan, DOEE allocates 0% of LIHEAP funds to develop and implement leveraging activities.[20] The Leveraging Incentive Program exists precisely to reward jurisdictions that bring additional, non-federal resources to the table and to provide supplemental LIHEAP dollars that can increase or maintain benefits for eligible households.[21] When the District declines to pursue those funds, it is not an abstract policy choice, it is fewer dollars available to help families avoid shutoffs, keep heat on, and stay safely housed. The Council should direct DOEE to reverse course and to apply for leveraging incentive funds when available. We urge the Council to push DOEE to explain why it is not pursuing the additional available funds. Further, we encourage DOEE to develop a concrete plan

outlining how they will qualify for these federal funds through eligible leveraging activities going forward. We urge the Committee to conduct regular oversight of this plan to monitor DOEE's progress toward maximizing all available LIHEAP funding. This is essential so that money intended to help struggling families reaches them.

We recognize that some proposed reductions reflect developments in federal funding, including the rescission of the Greenhouse Gas Reduction Fund and impacts to the Charging and Fueling Infrastructure grant award. But those external changes make it even more important that the District use stable funding to protect essential, resident-facing services, so that children's health and families' stability are not treated as optional when federal dollars shift.

Conclusion

For these reasons, Children's Law Center urges the Council to amend the Mayor's proposed budget to (1) restore the proposed reduction in local funds for DOEE, (2) ensure the Healthy Housing transition to DC Health is supported and fully resourced so families do not face service gaps, and (3) protect and strengthen investments that keep children safe in their homes, particularly lead-safe and healthy housing functions, effective mold response systems, and utility affordability and weatherization supports.

Thank you for the opportunity to testify, and I welcome your questions.

[1] Ctrs. for Disease Control & Prevention, *Mold* (Sept. 26, 2024), https://www.cdc.gov/mold-health/about/index.html; U.S. Envtl. Prot. Agency, *Mold Exposure and Respiratory Conditions in Young Children* (Aug. 13, 2025), https://www.epa.gov/children/mold-exposure-and-respiratory-conditions-young-children.

[2] D.C. Dep't of Energy & Env't, *Lead in the District* (listing services now at DOEE vs. DC Health, including "Division of Indoor Environment (formerly Healthy Housing Branch)" and CLPPP/Healthy Homes Program at DC Health), https://doee.dc.gov/lead (last visited Apr. 25, 2026).

[3] LIHEAP Clearinghouse, *District of Columbia* (last updated Feb. 23, 2026), https://stage.liheapch.acf.gov/index.php/profiles/DC.htm.

[4] D.C. Dep't of Health, *District of Columbia Healthy Housing Resource Directory* (Dec. 2021) (describing the "Interagency Working Group on Healthy Housing" created to "enhance collaboration and coordination among District government agencies" addressing poor housing conditions affecting health), https://dchealth.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/DC_healthy_housing_directory_December%202021.pdf.

[5] D.C. Off. of the Chief Fin. Officer, *FY 2027 Proposed Budget and Financial Plan: Department of Energy and Environment (KG0)* tbl. KG0-1 (2026).

[6] *Id.*

[7] Georgetown Climate Ctr., *Understanding Recent Federal Actions | Transportation Funding & Programs* (Aug. 11, 2025), https://www.georgetownclimate.org/articles/explainer-dot-funding-low-carbon-transportation.html; Ann-Therese Schmid, *States File New Lawsuit Challenging U.S. DOT Suspension of Electric Vehicle Charging Funding Programs* (Dec. 22, 2025), https://www.jdsupra.com/legalnews/states-file-new-lawsuit-challenging-u-s-6367779/.

[8] This includes services like receiving and processing resident complaints related to environmental hazards (for mold, air quality, and lead exposure risk) and ensuring timely follow up by conducting inspections. Providing public education and communicating clear, accurate, and helpful information about which agencies handle which issues, what help is available, what standards apply, and how to access that help.

[9] D.C. Dep't of Energy & Env't, *DC Healthy Homes Digest: October 2024*, at 1 (Nov. 4, 2024), https://doee.dc.gov/sites/default/files/dc/sites/doee/page_content/attachments/DC%20Healthy%20Homes%20Digest-%20October%202024.pdf.

[10] D.C. Off. of the Chief Fin. Officer, *FY 2027 Proposed Budget and Financial Plan: Department of Energy and Environment (KG0)* tbl. KG0-1 (2026).

[11] Patrick Cothern, Testimony Before the D.C. Council Comm. on Transportation & the Env't, Performance Oversight Hearing: Dep't of Energy & Env't (Feb. 20, 2026) (describing DOEE's failure to exercise its authority to enforce lead laws or order relocation assistance despite documented lead hazards); Saisha Nanduri, Testimony Before the D.C. Council Comm. on Transportation & the Env't, Performance Oversight Hearing: Dep't of Energy & Env't (Feb. 20, 2026).

[12] Ctrs. for Disease Control & Prevention, *Preventing Childhood Lead Poisoning* (June 12, 2024), https://www.cdc.gov/lead-prevention/prevention/index.html.

[13] Elise Gould, Childhood Lead Poisoning: Conservative Estimates of the Social and Economic Benefits of Lead Hazard Control, 117 *Env't Health Persps.* 1162 (2009), https://pubmed.ncbi.nlm.nih.gov/19654928/; U.S. Envtl. Prot. Agency, *Final Lead and Copper Rule Improvements Technical Fact Sheet: Summary of Benefits and Costs* (Oct. 2024), https://www.epa.gov/system/files/documents/2024-10/final_lcri_fact-sheet_cost_benefit.pdf.

[14] *See Ctrs. for Disease Control & Prevention, Community Guide: Home-Based Asthma Interventions* (recommending multicomponent housing interventions to reduce asthma morbidity), https://www.thecommunityguide.org.

[15] S.B. 856, 2025 Gen. Assemb., Reg. Sess. (Md. 2025) (enacted as ch. 539) (Maryland Tenant Mold Protection Act), https://mgaleg.maryland.gov/2025RS/Chapters_noln/CH_539_sb0856e.pdf.

[16] N.Y. State Dep't of Lab., *Mold Program*, https://dol.ny.gov/mold-program (last visited Apr. 25, 2026); N.Y. Lab. Law § 947 (McKinney 2025), https://law.justia.com/codes/new-york/lab/article-32/title-2/947/.

[17] Va. Code Ann. § 8.01-226.12 (2026).

[18] Margaux Sauvere et al., *Home Exposure to Moisture and Mold Is Associated with Poorer Asthma Control in Children*, 4 J. Allergy & Clinical Immunology: Global 100415 (2025), https://pmc.ncbi.nlm.nih.gov/articles/PMC11930685/; Elizabeth C. Matsui et al., Indoor Environmental Control Practices and Asthma Management, 138 Pediatrics e20162589 (2016), *reaffirmed* Feb. 2024, https://doi.org/10.1542/peds.2016-2589.

[19] Julia Rosenberg et al., *Medical Certification for Utility Shut-Off Protection and Health-Related Social Needs*, 150 Pediatrics e2022057571 (2022), https://doi.org/10.1542/peds.2022-057571.

[20] District of Columbia Dep't of Energy & Env't, *Detailed Model Plan (LIHEAP)* § 1.2 (FY 2026) (showing "Used to develop and implement leveraging activities: 0.00%"), https://liheapch.acf.gov/docs/2026/state-plans/DC_Plan_2026.pdf.

[21] *See* 42 U.S.C. § 8626a (the program staute); LIHEAP Clearinghouse, *Leveraging and LIHEAP: Providing Non-Federal Funds for Energy Assistance* 1–2 (Feb. 2015), https://liheapch.acf.gov/pubs/LCIssueBriefs/leveraging.pdf (explaining that portion of the program).