



## Lead Education Trust Fund

**Financing Source:** Surcharge on Licensing and Renewal Fees

**Financing Amount:** \$2.5 Million Annually

**Focus:** Lead

The Lead Education Trust Fund (LETF) of Massachusetts healthcare reform legislation (**Section 22 of Chapter 482 of the Acts of 1993**) introduced a surcharge and fees on certain professionals to fund the Department of Public Health (DPH) to provide lead paint poisoning prevention and treatment education, and training of lead paint inspectors and homeowner training. DPH provides home visits to children with elevated blood lead level (EBLL), provide community-based health education, and (in specific instances) assign cases of children with lead poisoning to specially employed code enforcement lead inspectors.

### Financing Mechanism

The Conservation Law Foundation, a private environmental advocacy group, led advocacy efforts that resulted in the creation of the LETF. The LETF was established by statute in 1993 under Chapter 482: An Act Further Regulating Lead Paint in the Commonwealth, Section 22.

The 1994 amendments relieved certain groups of potential civil and criminal liability — considered a trade-off — and introduced fees not significant enough to create opposition. Chapter 482, Section 22 introduced a:

“Surcharge on fees assessed by certain boards of registration, or state agencies for the licensure or certification of certain professionals, and on fees assessed for the renewal of such licensure or certification.”

- \$25.00 – Board of registration of real estate brokers and salesmen; Department of Labor and Industries to person deleading services; Department of Health to perform lead inspections; licensing fee paid by property and casualty insurance brokers; property and casualty agents of direct writers registered with the division of insurance.
- \$100.00 – Annual licensing fee paid by mortgage brokers, mortgage lenders and small loan agencies registered with the division of banks.

Generated funds are deposited into a revenue account for the Department of Public Health and designated specifically for lead paint poisoning prevention and treatment, lead paint inspector training, and homeowner abatement training.

The fees amount to about \$2.5 million annually and are not subject to annual state appropriation. The money is in a revolving fund account that can roll over to the next fiscal year.

The funds are managed by the Department of Public Health, Childhood Lead Poisoning Prevention Program (CLPPP). The majority of trust funds are used to pay salaries, fringe, and indirect costs for CLPPP staff. Approximately \$750,000 has been used annually to contract with local/regional nonprofits or municipalities that respond to a request for proposals (RFPs). Public and private nonprofit entities participating in the childhood lead poisoning prevention can respond to competitive procurement RFPs.

A sponsored bill to double surcharges did not pass but is likely to be refiled.

## Program Overview

The LETF funds programs coordinated by the Department of Public Health that provide home visits to children with elevated blood lead levels (EBLL), provides community-based health education, and (in specific instances) assigns cases of children with lead poisoning to specially employed code enforcement lead inspectors. The inspectors will be responsible for all of the environmental follow-up work.

## Program Operations

The state health department manages the overall program—bringing the strengths of its surveillance, evaluation, and other resources – and articulates a framework of core objectives, operating procedures, and measures to ensure consistency across local programs.

### *Eligible Population Served:*

Children with elevated blood levels are eligible for direct services, and the general public are eligible for lead education.

### *Staffing:*

Services are provided by nonprofit agencies and health department employees such as community health workers (CHWs) and lead inspectors.

### *Billing for Services:*

The program is not billed as fee-for- service. Program services are billed as line-item costs on a monthly basis.

## Outcomes and Evaluation

The state health department is a primary recipient: It has over 30 people (CHWs, lead inspectors, managers, and supervisors) not on state appropriation but afforded through this resource. Without this resource, it would have no lead prevention program or would have a program that had to be funded by appropriation or tax revenue. Currently, the state public health agency and seven nonprofits are paid for CHW home visits and community education.

Any child with an EBLL has benefited, as have the general public.

### *Return on Investment:*

Indirectly, 20 years of lead data and 20 years of Massachusetts SAT scores showed that preventing lead poisoning helped to improve education outcomes. Research has looked at outcomes for reducing and preventing lead exposure.

## Lessons Learned

A trade-off approach can be beneficial. This funding mechanism used a carrot-and-stick approach. The state amended the lead law to remove liability from organizations, and they implemented surcharges as a trade-off.

## For More Information

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