Arizona—Impact Statement

Each year, approximately 100 children in Arizona are newly diagnosed with lead poisoning. The Arizona Department of Health Services (DHS) officials follow up on these cases as funding permits. Scientific research indicates the need to start helping even more children with blood lead levels below the current action level.

Arizona has maintained a surveillance system since 2007 to capture and aggregate the results of blood tests for lead. The surveillance data enables Arizona DHS to identify high-risk areas for lead poisoning and track patterns over time.

CDC funding enables this program to respond to emerging lead threats. For example, in some cases, multiple children in the same family may have elevated blood lead levels. The program's environmental health professional conducts an environmental inspection to identify a lead hazard in the home or child care facility. Arizona's lead program also tested numerous spices imported from Asia.

The program also creates opportunities for outreach in the forms of quarterly meetings and educational presentations.

Arizona's lead program receives no Medicaid reimbursement for environmental investigations, case management, or any other lead poisoning prevention-related services.

In 2010, CDC funding paid for 1.5 full-time positions. In 2011, Arizona's lead program is receiving $417,000 from the CDC. The CDC funding level will support full-time staff positions statewide. Arizona's lead control program benefits greatly from CDC funding; if the Senate version of the appropriations bill is adopted as law, the program itself could be eliminated by FY12, resulting in job loss and a reduction in vital services. Without the surveillance data, there will be no way to treat the existing threat or track a possible resurgence in blood lead levels.

Connecticut—Impact Statement

Each year, approximately 700 children are newly diagnosed with lead poisoning. The Connecticut Department of Public Health's Lead Poisoning Prevention and Control Program (LPPCP) officials follow up on these cases, inspect the homes, and order units with lead hazards to be repaired. Nearly 1,700 cases are followed or managed annually, with 117 new abatement orders issued in 2010. By comparison, 45 abatements were completed in 2009. The goal for the Connecticut LPPCP is to eliminate elevated blood lead levels (greater than 10 micrograms per deciliter) in children statewide. Scientific research indicates the need to start helping even more children with blood lead levels below the current action level.

The State also maintains a surveillance system to capture and aggregate the results of blood tests for lead. In 2009, the surveillance system accumulated almost 92,000 blood test records; the data provides Connecticut with information necessary to identify high-risk areas for lead poisoning and track patterns over time, to determine local health department allocation amounts (Connecticut has allocated nearly $1 million to lead poisoning prevention over the last three years), to target in-service training among pediatric practices with low rates of patient screening, to monitor compliance among community-based health centers, and to aid in efficient workload distribution and education/outreach for state-level staff collaborating with 70 health departments and districts carrying out lead-related activities across the state. LPPCP also uses the information in HUD, CDC, and EPA grant applications, as well as Healthy Homes proposals.

The LPPCP receives no Medicaid reimbursement for environmental investigations, case management, or any other lead poisoning prevention-related services. The Connecticut Department of Social Services won't reimburse the local or state health departments for lead-related services without their becoming an approved Medicaid vendor and setting up a billing system for each individual child case. The administrative costs and oversight render such an approach impractical when multiplied by at least 70 Medicaid providers and 700 children per year.

The LPPCP is primarily funded by grants from CDC and EPA amounting to $1 million annually; in FY10, the LPPCP received $772,314 from CDC. The CDC-funded program also helps the State respond to emerging lead threats. For example, in some cases, multiple children in the same family may have elevated blood lead levels. The CDC-funded environmental health professional conducts an environmental inspection to identify a lead hazard in the home or child care facility.

In 2010, CDC funding paid for five full-time staff positions, freeing other state funding sources to support local health departments. In 2011, those positions were cut in half; therefore, in the most recent application, they funded two full-time staff positions. In 2012, those positions will be eliminated as well if the Senate version of the appropriations bill is adopted as law. CDC funding is essential to Connecticut's primary prevention of lead. The loss of CDC funding could negatively affect the primary prevention staff.

In summary, the CDC funding level in FY10 was $772,314, which funded five positions statewide. The FY11 funding level is $198,000, funding only two positions. In FY12, the program could be eliminated, resulting in job loss and a reduction in vital services. Without the surveillance data, there will be no way to treat the existing threat or track a possible resurgence in blood lead levels.

Kansas—Impact Statement

Each year, approximately 138 children and 319 adults are newly diagnosed with lead poisoning. The Kansas Healthy Homes and Lead Hazard Protection Program (KHHLHPP) and county health department officials follow up on these cases, inspect the homes, and order repairs to units with lead hazards. Scientific research indicates the need to start helping even more children with blood lead levels below the current action level.

KHHLHPP also maintains a surveillance system, STELLAR, to capture and aggregate the results of blood tests for lead. STELLAR accumulated over 38,000 blood test records in 2010. The surveillance data enables the KHLHPP to identify high-risk areas for lead poisoning and track patterns over time. The data is also shared with other health and environmental agencies and is matched with several other area programs.

KHHLHPP is also responsible for enforcing EPA's Renovation, Repair, and Painting Rule, the most important legislation enacted by EPA in the last twenty years. KHHLHPP trains renovators in lead-safe work practices and has engaged in several outreach activities to educate the general public about the dangers of lead-based paint and the importance of working lead-safe.

CDC funding enables this program to respond to emerging lead threats. For example, in some cases, multiple children in the same family may have elevated blood lead levels. The CDC-funded environmental health professional conducts an environmental inspection to identify a lead hazard in the home or child care facility.

KHHLHPP received $254,737 in FY10, which paid for five full-time staff positions for grantees. KHHLHPP was also able to support five small subcontracts using these funds. The FY11 funding level is $594,000, allowing for a great expansion in scope; but the entire program could be in jeopardy if the Senate version of the appropriations bill is adopted as law. Elimination of or severe cutbacks to the program in FY12 will result in job loss and a reduction in vital services. Without the surveillance data, there will be no way to treat the existing threat or track a possible resurgence in blood lead levels.

Louisiana—Impact Statement

Each year, approximately 800 children and 135 adults are newly diagnosed with lead poisoning. The Louisiana Childhood Lead Poisoning Prevention Program (CLPPP) officials follow up on these cases, inspect the homes, and order units with lead hazards to be repaired. Nearly 800 cases are being followed or managed annually with 25 new abatement orders issued. Scientific research indicates the need to start helping even more children with blood lead levels below the current action level.

The State has maintained a surveillance system since 2002 to capture and aggregate the results of blood tests for lead. By March 2011, the surveillance system had accumulated almost 500,000 blood test records; the data provides the CLPPP with information necessary to identify high-risk areas for lead poisoning and track patterns over time and to guide program activities and evaluation.

Louisiana Administrative Code 48: V. 7005, 7007, 7009 requires that all children ages six to 72 months residing or spending more than 10 hours in any Louisiana parish must be screened for lead. The code also mandates case reporting by health care providers. The resulting environmental investigations and case management are very expensive. Medicaid reimbursement doesn't cover the expense. The CLPPP has reported that the cost for its environmental investigations ranges anywhere from $557 to $773 per incident; Medicaid reimbursement is $22.61.

CDC funding enables this program to respond to emerging lead threats. For example, in some cases, multiple children in the same family may have elevated blood lead levels. CDC-funded environmental health professionals conduct an environmental inspection to identify a lead hazard in the home or child care facility.

The LPPCP received $407,974 in FY10, which paid for 2.5 full-time staff positions for grantees, plus 4.5 sub-grantee jobs. The CLPPP was also able to fund three subcontracts totaling $250,615. The FY11 funding level is $594,000, allowing for a slightly expanded program; but the program could be in jeopardy if the Senate version of the appropriations bill is adopted as law. If the program is eliminated or severely cut back in FY12, it will result in job loss and a reduction in vital services. Without the surveillance data, there will be no way to treat the existing threat or track a possible resurgence in blood lead levels.

Massachusetts—Impact Statement

Each year, approximately 1100 children and 800 adults are newly diagnosed with lead poisoning in Massachusetts. The Massachusetts Childhood Lead Poisoning Prevention Program (CLPPP) and county health department officials follow up on these cases, inspect the homes (including 10,000 preventative lead inspections), and order that units with lead hazards be repaired. Between abatements and lead hazard control orders, the CLPPP completes about 5,000 repair actions annually.

Massachusetts maintains a surveillance system to capture and aggregate the results of blood tests for lead. The surveillance data enables the CLPPP to identify the high-risk areas for lead poisoning and track patterns over time.

CDC funding enables this program to respond to emerging lead threats. For example, in some cases, multiple children in the same family may have elevated blood lead levels. The CDC-funded environmental health professional conducts an environmental inspection to identify a lead hazard in the home or child care facility. Medicaid does not reimburse for environmental investigations or case management, so CDC funding is critical to the success of the CLPPP.

In FY 2010, $1,037,000 from CDC funding paid for a full complement of staff employed by the state and sub-grantees. For FY 2011, CDC's funding for Massachusetts has been reduced to $594,000 In FY 2012, if the Senate version of the appropriations bill is adopted as law, the program's scope would be scaled back considerably, and functions not mandated by state law would be eliminated, resulting in job loss as well as a reduction in vital services. Further, without federal support for managing surveillance data, there will be no way to treat the existing threat or track a possible resurgence in blood lead levels.

Michigan—Impact Statement

Each year, approximately 1300 children and 750 adults are newly diagnosed with lead poisoning in Michigan. The state and county health department officials follow up on these cases, inspect the homes, and order repairs to units with lead hazards. The Michigan Department of Community Health (MDCH) issued more than 280 abatement or lead hazard control orders in 2010, and 1,089 lead hazard control activities were completed. Scientific research indicates the need to start helping even more children with blood lead levels below the current action level, and MDCH follows these lower-level cases as well.

MDCH also maintains a surveillance system to capture and aggregate the results of blood tests for lead; they have accumulated nearly 2.1 million records since January 1, 1998. The surveillance data enables them to identify high-risk areas for lead poisoning and track patterns over time. MDCH also uses the data for program planning and grant applications.

MDCH's CDC-funded program also helps Michigan respond to emerging lead threats. For example, in some cases, multiple children in the same family may have elevated blood lead levels. The CDC-funded environmental health professional conducts an environmental inspection to identify a lead hazard in the home or child care facility.

Despite MDCH's aggressive efforts, there are still serious problems. While MDCH's prevention efforts have drastically reduced the number of lead-poisoned children, Michigan still ranks fifth worst in the U.S. for lead-poisoned kids. Only 21% of Michigan children under age six receive testing for lead annually, and a recent study indicates that more than half of the kids in the Detroit Public School system alone have been lead-poisoned at some time. Estimates show that childhood lead poisoning costs Michigan between $3.2 and $4.85 billion per year for the annual loss of future lifetime earnings of lead-poisoned kids. That figure doesn't include the skyrocketing costs of special education, medical treatment, and law enforcement. There is much work left to do.

MDCH relies on CDC funding to keep its lead poisoning prevention program running. In 2010, CDC funding paid for seven full-time positions and CLEARCorps projects that focused on Detroit, Pontiac, Grand Rapids, and Muskegon. In 2011, that funding was reduced from $739,485 to roughly $544,000—a 19% cut. If the Senate version of the appropriations bill is adopted as law in FY12, it will result in job loss and a reduction in vital services, as well as the complete elimination of several important programs. Without the surveillance data, there will be no way to treat the existing threat or track a possible resurgence in blood lead levels.

Minnesota—Impact Statement

Each year, approximately 778 children and 411 adults are newly diagnosed with lead poisoning in Minnesota. The Minnesota Department of Health (MDH) Childhood Lead Poisoning Prevention Program (CLPPP) and county health department officials follow up on these cases, inspect the homes, and help coordinate repairs to units with lead hazards. Scientific research indicates the need to start helping even more children with blood lead levels below the current action level.

MDH also maintains a surveillance system to capture and aggregate the results of blood tests for lead. Since 1992, CLPPP has accumulated blood test records from 880, 000 Minnesotans. The surveillance data enables MDH agency to identify high-risk areas for lead poisoning and track patterns over time. MDH CLPPP also uses the surveillance data for health plans to determine the completeness of its testing and to match data between MDH and DHS for Medicaid. CLPPP shares the surveillance data with the MDH Refugee Health unit to examine lead testing in this high-risk group.

CDC funding enables this program to identify and respond to emerging lead threats and allows it to enhance and evaluate its program. For example, in some cases, multiple children in the same family may have elevated blood lead levels. The CDC-funded State Case Monitor assists local public health agencies and assessing agencies to coordinate environmental inspection to identify a lead hazard in the home or child care facility. MDH CLPPP has revised its blood lead clinical treatment and case management guidelines, adding additional recommendations for blood lead results between 5 and 9.9 micrograms per deciliter, including confirming capillary tests within three months.

MDH CLPPP relies on CDC funding to keep their lead prevention program running. In 2010, CDC funding paid for six full-time positions. In 2011, MDH CLPPP received $589,000 (only $180,000 of which is retained by the CLPPP, representing an already major reduction in federal funding), but the Senate version of the appropriations bill, if adopted as law in FY12, will result in job loss and a reduction in vital services. Without the surveillance data, there will be no way to treat the existing threat or track a possible resurgence in blood lead levels. Minnesota children will once again be on their own in dealing with exposure to a potent neurotoxin prevalent in their home environment. In addition, the transition to Healthy Homes will be stopped just as it is showing progress across the state and nation.

New York—Impact Statement

Each year, approximately 500 children (excluding NYC) are newly diagnosed with lead poisoning in New York. The NYSDOH and county health department officials follow up on these cases, inspect the homes, and order repairs to units with lead hazards. About 1,000 abatements are completed annually. The State also maintains a surveillance system to capture and aggregate the results of blood tests for lead. The surveillance data enabled NYSDOH to identify the high-risk areas for lead poisoning, which it now uses for a state-funded "Primary Prevention Initiative."

CDC funding enables this program to respond to emerging lead threats. For example, in one case, multiple children in the same family had elevated blood lead levels. The CDC-funded environmental health professional conducted an environmental inspection and couldn't find a housing hazard. The environmental health professional ultimately identified Tumeric as the likely source.

In 2010, CDC funding paid for about nine positions (employed by a quasi-governmental organization called the Health Research Institute). In 2011, those positions were cut in half; therefore, in the most recent application, they funded about 4.75 staff positions. In 2012, the remaining positions will be eliminated as well if the Senate version of the appropriations bill is adopted as law. The state has a $10.1 million state budget dedicated to primary prevention of lead, which leverages the CDC funding. The loss of CDC funding will severely impact the primary prevention staff.

In summary, in FY10 the CDC funding level was $1.1 million, which funded nine positions in 57 counties. The FY11 funding level is $594,000, funding four positions. In FY12, the program would be eliminated, resulting in job loss and a reduction in vital services. Two cities in New York have already reported a leveling off or uptick in the number of children with high blood lead levels. Without the surveillance data, there will be no way to track such a resurgence.

North Carolina—Impact Statement

Each year, approximately 150 children are newly diagnosed with lead poisoning in North Carolina. Scientific research indicates the need to start helping even more children with blood lead levels below the current action level. North Carolina's Childhood Lead Poisoning Prevention Program (CLPPP) and county health department officials follow up on these cases, inspect the homes, and order repairs to units with lead hazards. The CLPPP issues and completes 50 abatement or lead hazard control orders annually, and follows or manages 300 cases. Medicaid's reimbursement rate has not increased since 1999, so it does not fully cover the costs associated with environmental investigations and case management.

North Carolina's CLPPP maintains a surveillance system to capture and aggregate the results of blood tests for lead. Using this system, it has accumulated over two million blood test records since 1992. The surveillance data enables the CLPPP to identify high-risk areas for lead poisoning and track patterns over time.

CDC funding enables this program to respond to emerging lead threats. For example, in some cases, multiple children in the same family may have elevated blood lead levels. The CDC-funded environmental health professional conducts an environmental inspection to identify a lead hazard in the home or child care facility.

North Carolina's CLPPP received approximately $441,000 in FY10, which paid for two full-time staff positions for grantees and 7.5 sub-grantee jobs. North Carolina was also able to support eight subcontracts with a cumulative value of $300,000 using these funds. The FY11 funding level is $594,000, allowing for a slightly expanded program; but the program could be in jeopardy if the Senate version of the appropriations bill is adopted as law. If the program is eliminated or severely cut back in FY12, it will result in job loss and a reduction in vital services. Without the surveillance data, there will be no way to treat the existing threat or track a possible resurgence in blood lead levels.

Ohio—Impact Statement

Each year, approximately 1800 children and 900 adults are newly diagnosed with lead poisoning in Ohio. The Ohio Department of Health (ODH) and county health department officials follow up on these cases, inspect the homes, and order repairs to units with lead hazards. ODH issues an average of 260 abatement or lead hazard control orders annually, completing approximately 170. Scientific research indicates the need to start helping even more children with blood lead levels below the current action level.

ODH maintains a surveillance system to capture and aggregate the results of blood tests for lead. Using this system, ODH has accumulated over 2.2 million blood test records since 1994. The surveillance data enables the ODH to identify high-risk areas for lead poisoning and track patterns over time, as reflected in their 10-Year Lead Report and Healthy Homes Community Analysis. The data is also used to support grant requests, projects for multi-offenders, and local point source studies.

ODH also tracks companies and individuals trained in the Renovation, Repair, and Painting Rule, the most important legislation enacted by EPA in the last 20 years. ODH has engaged in several outreach activities to educate the public about the dangers of lead-based paint and the importance of working lead-safe.

CDC funding enables this program to respond to emerging lead threats. For example, in some cases, multiple children in the same family may have elevated blood lead levels. The CDC-funded environmental health professional conducts an environmental inspection to identify a lead hazard in the home or child care facility.

ODH received approximately $1.22 million in FY10, which paid for 12 full-time staff positions for grantees and 31 sub-grantee jobs ODH was also able to support nine subcontracts with a cumulative value of $600,000 using these funds. The FY11 funding level is $594,000 (less than half of the previous year), resulting in a major reduction in scope. The entire program is in jeopardy in FY12 if the Senate version of the appropriations bill is adopted as law. Elimination of or severe cutbacks to the program in FY12 will result in job loss and further reduction in essential services. Without the surveillance data, there will be no way to treat the existing threat or track a possible resurgence in blood lead levels.

Rhode Island—Impact Statement

Each year, approximately 325 children are newly diagnosed with lead poisoning in Rhode Island. Scientific research indicates the need to start helping even more children with blood lead levels below the current action level. The Rhode Island Department of Health (DOH) follows up on these cases, inspects the homes, and orders repairs to units with lead hazards. The DOH issued and completed 482 abatement or lead hazard control orders annually, and follows or manages roughly 185 open childhood lead poisoning cases and 225 open environmental cases. Medicaid reimburses at a flat rate for inspections and hourly charges for case management, so it does not fully cover the costs associated with DOH's lead protection work.

The DOH maintains a surveillance system to capture and aggregate the results of blood tests for lead. Using this system, the DOH accumulated 26,894 blood test records in 2010. The surveillance data enables the CLPPP to identify high-risk areas for lead poisoning and track patterns over time. Visit *http://www.health.ri.gov/programs/childhoodleadpoisoningprevention/index.php* for more information generated from DOH's surveillance data usage. DOH publications are available there as well.

The Rhode Island DOH also oversees the licensure of renovation firms and workers trained in the Renovation, Repair, and Painting (RRP) Rule, the most important legislation enacted by EPA in the last 20 years. To date, over 500 firms and 1700 workers have received RRP licenses under the DOH. The DOH responds to any lead-based complaints by the public directly and performs Compliance and Enforcement checks of RRP-related issues to prevent problems from evolving out of lead hazard work activities.

DOH has engaged in several outreach activities to educate the public about the dangers of lead-based paint and the importance of working lead-safe and partnered with City Year volunteers for a soil remediation day, where cited properties were cleaned up for homeowners with financial hardships. DOH and the Rhode Island Lead Centers collaborated with six local municipalities to enforce code violations at the local level. DOH's partnership with the Department of Education led to strengthening of environmental compliance reporting for school districts—showing conformance with lead, radon, and asbestos regulations.

CDC funding enables this program to respond to emerging lead threats. For example, in some cases, multiple children in the same family may have elevated blood lead levels. The CDC-funded environmental health professional conducts an environmental inspection to identify a lead hazard in the home or child care facility.

The DOH received $830,678 in FY10, which paid for six full-time staff positions for grantees and four sub-grantee jobs. Rhode Island was also able to support eight subcontracts with a cumulative value of $139,464 using these funds. By comparison, the FY11 funding level is only $594,000—a 28% cut. If the Senate version of the appropriations bill is adopted as law in FY12, it will result in job loss and a reduction in vital services, as well as the complete elimination of several important programs. Without the surveillance data, there will be no way to treat the existing threat or track a possible resurgence in blood lead levels.