

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.