



**County  
Health Officials  
of New York**  
Leading the way to healthier communities

# SUPPORTS

With Concerns

## A.6906/S.6472 (RYAN/HANNON)

### AN ACT TO AMEND THE PUBLIC HEALTH LAW, IN RELATION TO THE DEFINITION OF ELEVATED BLOOD LEAD LEVELS

The New York State Association of County Health Officials (NYSACHO) supports the above-referenced legislation, which would amend the public health law, in relation to the definition of elevated blood lead levels.

In New York State, “elevated lead levels” is set at a blood lead level greater than or equal to 10 micrograms of lead per deciliter of whole blood. This legislation would amend the public health law to change the definition of “elevated lead level” to greater than or equal to five micrograms of lead per deciliter of whole blood. The New York State Association of County Health stands in strong support of any prevention effort designed to limit childhood exposure to lead. There is no safe level of lead exposure; even small amounts can adversely affect health, learning and behavior. Children with a history of lead exposure are at higher risk of a multitude of health problems that impact their ability to learn.

In 2012, experts from the Centers for Disease Control and Prevention (CDC) updated their recommendation to follow a reference level of 5 micrograms per deciliter (md/dL) to identify children with elevated blood lead levels. In July 2018, NYC Department of Health and Mental Hygiene took a proactive approach by lowering their reference level to 5 mg/dL which is in line with the CDC recommendations. This legislation takes important policy steps to protect children who have been exposed to lead by mandating an earlier intervention timeframe.

While NYSACHO is supportive of this proposal, we urge the legislature accompany the expansion of the current mandate with increased state aid for general public health work under Article 6 of the Public Health Law to ensure resources match workload. Lowering the actionable blood lead levels without increasing Article 6 funding will further strain demands on a shrinking local health department workforce. The burden of this increased expense will then fall on the local taxpayer. It is critical we work in collaboration to ensure local health departments receive adequate funding to provide the staffing needed to carry out an expansion of the number of children who require follow-up due to elevated blood lead levels under this new definition.

While this legislation is an important step in protecting children from the life-long consequences of exposure to lead hazards, primary prevention of exposure to lead sources remains the gold standard for public health. The best way to protect children from exposure to lead is by preventing lead exposure from occurring. NYSACHO further recommends that the state allocate additional funding to support the expansion of primary lead poisoning prevention efforts throughout the state.

NYSACHO supports changing the definition of elevated blood lead level as essential to early identification of possible lead exposure, allowing the necessary clinical and public health interventions that can reduce the negative health consequences of exposure to lead. To achieve the public health goals of this legislation, we urge the legislature to increase state aid to support the expansion of the core public health services to support lead poisoning prevention activities.

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