



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

SUPPORTS

With Concerns

A.5779/S.1028 (RYAN/RIVERA)

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, *with concerns*, 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 ($\mu\text{g}/\text{dL}$) 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 $\mu\text{g}/\text{dL}$ 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.

Unfortunately, NYSACHO must temper public health ideals in light of the current budgetary realities facing New York State’s local health departments. Flint, Michigan has become the cautionary tale of the harm that can occur when fiscal austerity and public health needs collide. NYSACHO’s support for lowering the BLL to 5 $\mu\text{g}/\text{dL}$, is predicated on our state leaders’ willingness to provide the sustainable and flexible fiscal resources needed to expand the current mandate.

Public Health policy requires public health resources. Because public health services are a shared state/local expense, state level public health policy changes that require a fiscal investment must also consider local governments’ ability to support the policy change, and the proportionality of where the costs for the policy change mainly falls – on state revenues, or on local taxpayers. A frank and thorough assessment of the full fiscal implications of any new policy is crucial if the state wishes to maintain the promise made to local taxpayers through the state property tax cap, and if the state wishes to deliver on new public health promises that they wish to implement through state statute and regulations.

In addition, 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. Again, this will require new resources and 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 provide flexible and sustainable funding to support lead poisoning prevention activities.

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