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LEAD POISONING PREVENTION LAW CANNOT BE EFFECTIVELY IMPLEMENTED WITHOUT ADDITIONAL STATE FUNDS

Public Health Officials Support Proposal's Intent, But Lack of Necessary Resources Will Render the Measure Ineffective in Fight Against Child Lead Poisoning

(Albany, New York. March 12, 2019) Local public health officials today expressed concern that a critically important proposal to better protect children from lead poisoning will be impossible to effectively implement without an appropriate commitment of new flexible state resources.

The proposal, which passed the NYS Assembly and is also contained within the Executive Budget, would lower the acceptable blood lead level in children from 10 micrograms of lead per deciliter of blood ($\mu\text{g}/\text{dl}$) to 5 $\mu\text{g}/\text{dl}$. Local health officials conservatively estimate that implementing and sustaining the program would increase costs to local health departments by \$35 million annually. The Executive Budget proposal allocates just \$9.4 million in funding, which is insufficient in both dollar amount and funding structure. Any and all funding for this proposal must be located within the existing Lead Prevention appropriation to allow for nurses and staff to intervene. Without the proper funding structure, local health departments will not be able to hire staff to meet the demands of this policy.

“Lowering the acceptable blood lead threshold is good policy, but it will trigger an avalanche of intervention demands on local health department nurses and staff,” said NYSACHO President Paul Pettit, who also serves as Public Health Director for the Genesee and Orleans County Health Departments

State Health Department data from the three years most recently reported show that nearly 500,000 children under the age of six had been screened for lead poisoning. In 2015 alone (the most recent year reported by DOH) 1,800 children tested above 10 $\mu\text{g}/\text{dl}$. These children and their families required services from local health department staff to

engage in the clinical and environmental response strategies necessary protect the entire household from continued lead exposure. Depending on the magnitude of the poisoning sources and required mitigation, these interventions can last days, weeks and even months.

Lowering the limit to 5 µg/dL, while sound public health policy, will dramatically increase the number of children and families who would require similar services. Based on the 5 year average incidence (from 2011-2015), if the lower limit is adopted, approximately 18,000 additional children could require services. Local health departments would be unable to respond to an increase of that scale without a commensurate increase in resources that can be used to hire staff.

“Effective public health policy requires public health resources,” Pettit said. “We will continue working with our state leaders to craft a final proposal that will deliver on its promise of better protecting our children from lead poisoning.”

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