

Date: December 7, 2021

To: Joint New York State Senate Standing Committee on Health and the New York State Senate Standing Committee on Housing, Construction and Community Development
Senator Gustavo Rivera, 33rd Senate District
Chair, Senate Committee on Health
Senator Brian Kavanagh, 26th Senate District
Chair, Senate Committee on Housing, Construction, and Community Development

Re: Public Childhood Lead Poisoning Prevention in New York State
Tuesday, November 30, 2021 at 10:00 AM
Legislative Office Building, 2nd Floor, Van Buren Hearing Room A, Albany, NY

Submitted by: Jennifer D. Becker MPH
Coordinator, Rochester Office of the Western NY Regional Lead Poisoning Resource Center
Outreach Coordinator for the Finger Lakes Children's Environmental Health Center
Chairperson, Finger Lakes Coalition to Stop Lead Poisoning
JenniferD_Becker@urmc.rochester.edu
585-276-3105

Dear Senators Rivera, Kavanagh, and all who serve on the NYS Senate Committees on Health and on Housing, Construction and Community Development,

I listened to the Nov 30th public hearing on Childhood Lead Poisoning Prevention in New York State and want to share my perspective as someone who has worked for 8 years on lead poisoning related grants funded by the NYSDOH Center for Environmental Health. I really appreciate all that New York State has been doing to address the problem of lead poisoning even as we all acknowledge more work is needed. Thank you for taking the time to consider how best to help our families avoid lead hazards.

Using NYSDOH funding, Dr. Stanley Schaffer, Director of the Rochester Office of the Western NY Lead Poisoning Resource Center, and I created an educational module for physicians, nurses, and social workers about the hazards and health effects of lead and also the role of Local Health Departments and the Regional Lead Resource Centers. We invite you to view the video and slides on our website - **Lead Poisoning in Children and Pregnant Women: A presentation for NYS Healthcare Providers**

- Video (<https://rochester.hosted.panopto.com/Panopto/Pages/Viewer.aspx?id=8bd12f75-64f0-44ec-8b53-ad8e013a7cc6> and
- Slides (<https://www.urmc.rochester.edu/MediaLibraries/URMCMedia/childrens-hospital/lead%20center/documents/Lead-Poisoning-in-Children-and-Pregnant-Women-for-NYS-Healthcare-Providers-non-CME-Slides.pdf>).

Our Center and the other NYS Regional Lead Resource Centers (RLRCs) provide excellent service in educating healthcare providers, consulting on cases of elevated blood lead levels, and managing extremely high levels with chelation therapy.

In addition I work with the Finger Lakes Children's Environmental Health Center (FLCEHC) directed by Dr. Sandra Jee (and previously by Dr. Ruth Lawrence). FLCEHC is part of the NYS Children's Environmental Health Centers (NYSHECK) network - <https://nyscheck.org/>. Our lead related work for FLCEHC is educating the public since the RLRCs handle medical management and educating healthcare providers.

As someone who works in both programs I believe additional medical management is not needed beyond what the RLRCs provide. Very much needed, however, are more resources 1) for local health department case management and environmental inspections, and 2) for families to remove lead hazards from their homes. As a longtime member and current Chairperson of the Finger Lakes Coalition to Stop Lead Poisoning (www.bit.ly/FingerLakesLeadCoalition) I have been meeting with the lead poisoning prevention nurses in our Finger Lakes Region local health departments every other month for years. I hear a great deal of frustration from them about having to interact with families who have lead poisoned children but not being able to point those families to any resources to address lead hazards. In the Nov 30 hearing it seemed some Senators believed NYS funds are used to remove lead hazards from people's homes throughout the state. As Ms. Ravenhall of NYSACHO pointed out, however, only 15 counties are funded for prevention work. In our nine county Finger Lakes Region, only Monroe County receives those primary prevention funds. The other counties only get funds to manage cases of elevated blood lead levels – after children have already been exposed. The county health departments can do education and inspections, but the families need to figure out how to get rid of the lead. This creates a disincentive for having children or homes tested for lead. Related to this, have you sought input from the NYS Conference of Environmental Health Directors <https://nyscehd.org/>? If not, I believe it would be valuable to get their perspective as the people responsible for lead inspections across New York. In addition to not receiving state funding, it is very difficult for the counties with lower population to get federal grants for addressing lead hazards. Only one other county in our region has been eligible other than Monroe. Elmira in Chemung County recently applied for and received a \$1.3 million Lead Hazard Control and Healthy Homes Grant from the U.S. Department of Housing and Urban Development (HUD) and is in the midst of administering it. The other counties are left with empty hands for families of lead poisoned children.

Another issue I want to clarify is the accessibility of blood lead testing information for school nurses. The NYS 2018-19 budget (Chapter 57, Part MM) included provisions to give schools access to student blood lead information contained in the statewide immunization information system (NYSIIS). After that change I created a fact sheet on this issue (attached). We are grateful for progress, however schools still need to take an additional step of contacting the child's doctor to get the specific blood lead level history for those students with elevated levels. The CDC recommends that schools closely monitor children who have a history of lead exposure and provide them with appropriate educational resources early on to overcome learning problems that may have resulted from this exposure - www.cdc.gov/nceh/lead/publications/Educational_Interventions_Children_Affected_by_Lead.pdf. If we really want to help children who are exposed to lead, then making it feasible for educators to be informed about their blood lead level history is an excellent idea.

Again thank you for giving serious attention to the very serious matter of lead poisoning prevention in our state. It is wonderful that both Health and Housing committees are working together. Adding the Education Committee to the mix would also make sense.

NYS School Nurses – Did you Know?

In the New York State Immunization Information System (NYSIIS), NYS school nurses can now see if a student had a lead test at age 1, age 2, and age 3-6 years. Some Head Start nurses have the same access. Additionally, if a child has a history of elevated blood lead level (>5 ug/dL) it will say: “View Blood Lead Test History – Action Required!”

Blood Lead Test History					
Age Tested	Completed	Age Tested	Completed	Age Tested	Completed
1 Year Old*	No	2 Year Old*	Yes	3-6 Year Old**	Yes
View Blood Lead Test History - Action Required!					
<p>* Required - New York State Public Health Law and Regulations Require Health Care Providers to test all children at age 1 year and again at age 2 with a blood lead test.</p> <p>** Not Required - One or more blood lead tests may have been completed during this timeframe.</p> <p style="text-align: center;">Click here to review the NYSDOH Guidelines for the Identification and Management of Lead Exposure in Children</p>					

The Blood Lead Test History is not accessible to school nurses. It can be obtained by contacting the doctor’s office.

Here are things to know and actions you can take using this information:

- The clinical management of a child’s lead exposure should be addressed by the child’s medical provider. Schools play a crucial role, however, in developmental assessment and initiating educational interventions as early as possible.
- Determine which children in your school have not had a blood lead test and urge parents to get them tested
- If a child is having behavior and/or learning problems, check their NYSIIS blood lead test record
- For children with the alert: “View Blood Lead Test History – Action Required!” contact the child’s primary care doctor to get their full blood lead level history
- Let the child’s teachers know (pre-K through high school) that children with a history of lead exposure will not necessarily have problems in school, but those with elevated lead levels have higher risk of developmental delays, IQ loss, ADHD symptoms, auditory processing problems and learning difficulty.
- The CDC recommends that schools closely monitor children who have a history of lead exposure and provide them with appropriate educational resources early on to overcome learning problems that may have resulted from this exposure. Share this CDC resource with teachers and other school staff:
Educational Interventions for Children Affected by Lead
(www.cdc.gov/nceh/lead/publications/Educational_Interventions_Children_Affected_by_Lead.pdf).