



NATIONAL CONFERENCE  
*of* STATE LEGISLATURES  
*The Forum for America's Ideas*

## *Doing No Harm: Policies that Prevent Exposure to Lead and Radon*

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National Conference of State Legislatures

2011 National Healthy Housing Conference  
Denver, CO



# State Elections - Parties

- Democrats held 55% of legislative seats before November 2010
  - Highest mark since 1994
- Republicans hold the the most seats since 1928 following the 2010 election
- Reps have 21 to 11 advantage in states
  - Reps control 26 Legislative Chambers; Dems control 15
  - 29 Rep Governors; 20 Dem Governors
  - Split control in 17 states
    - NE is non-partisan



# State Legislation 2011

- 144,384 bills introduced during the 2011 Legislative Sessions
  - Estimated to top 150,000 by December
- 28,780 have been enacted
  - 20 % have been enacted
  - 40,000 could become enacted by December
- 1006 bills on EPH; 97 Enacted
  - 119 bills on radon and lead
  - 23 enacted in 12 states and DC



# Federal Requirements TSCA Titles III and IV

- **TSCA Title III Indoor Radon Abatement**
  - EPA *may* make grants to States
  - 25 States have regulations re: Radon
  - 22 States have radon certification requirements
  - 9 States require radon-resistant new construction
  - EPA has no State authorization program
- **TSCA Title IV Lead TCA and RRP**
  - 38 States have TCA laws and EPA Authorization
  - 14 States passed laws on RRP
  - 11 States have adopted RRP regulations and received EPA Authorization
  - EPA *must* operate programs in non-authorized States



# State Radon Programs

- 27 States have some authorized program
- 19 States have some agency program
- AL, AR, AZ, GA, MO and VT have no program
- AR mandates IBC; GA mandates the IRC
  - Int'l Building Code requires radon resistant
  - Int'l Residential Code requires radon resistant
- MO introduced Radon Certification Legislation



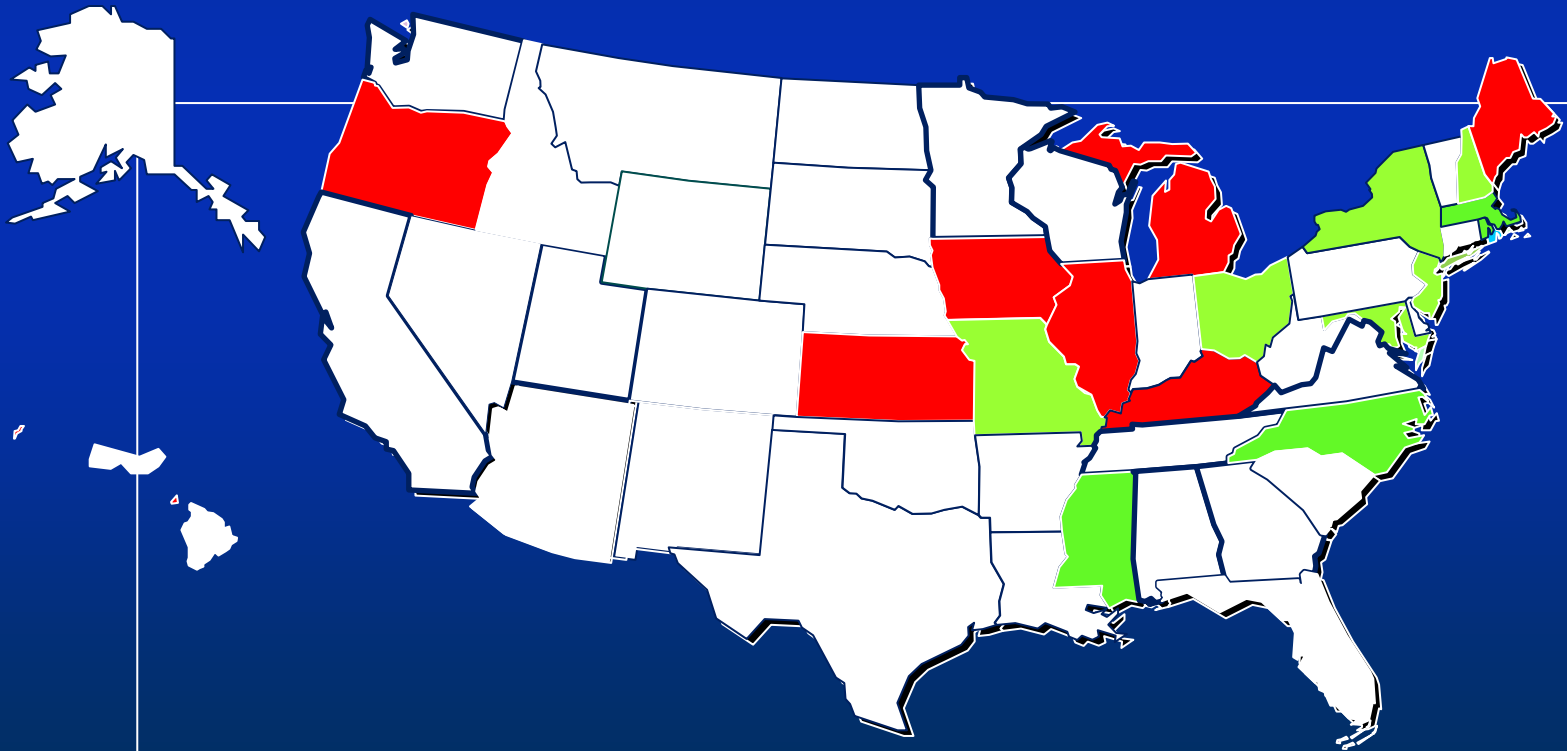
# State Lead Programs

- Every state has statute or regulation on lead hazards except **AK, ID, MT, NV, NM, SD and WY**
- 42 have authorized programs on TCA
- **FL, NY and SC** have statutes on lead in children's products and the lead contamination in water
- **AK, FL, ID, MT, NV, SD, and WY** have no agency program on lead
- Lead TCA and RRP requirements are mandatory in every state and territory, enforced by EPA



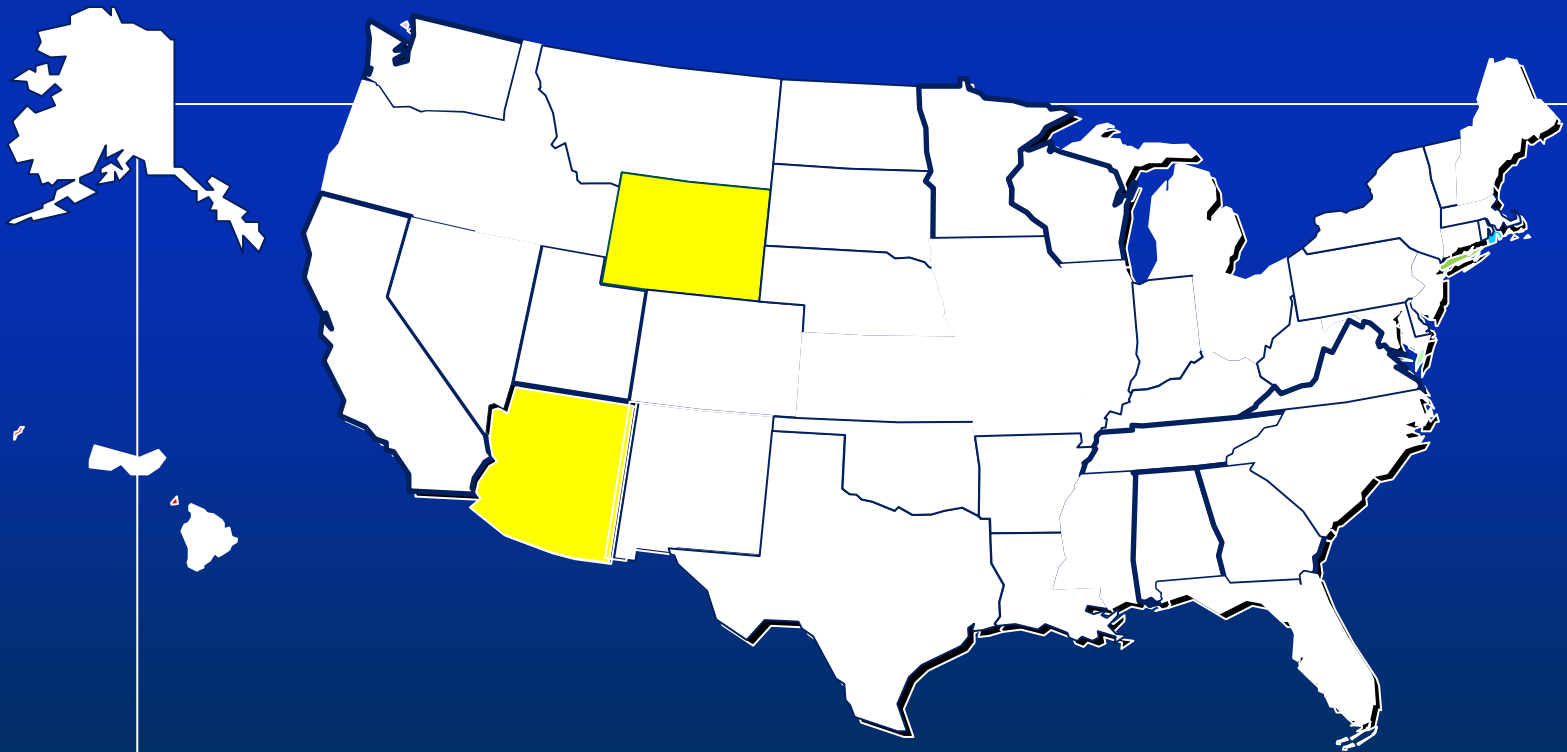
# 2010 - 2011 State Radon Legislation

- 48 bills in 18 states; 7 Enacted



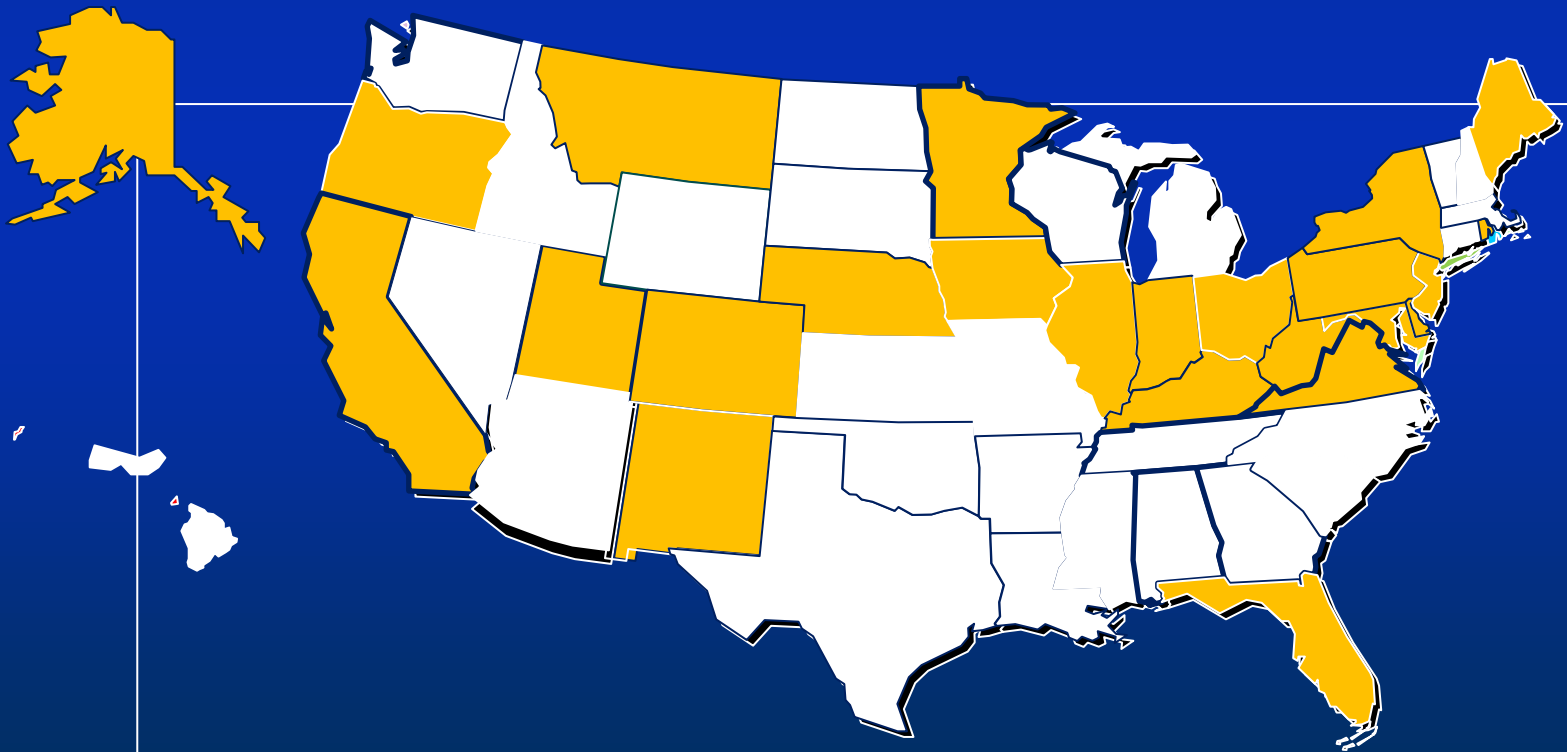


# States without TSCA II - Asbestos



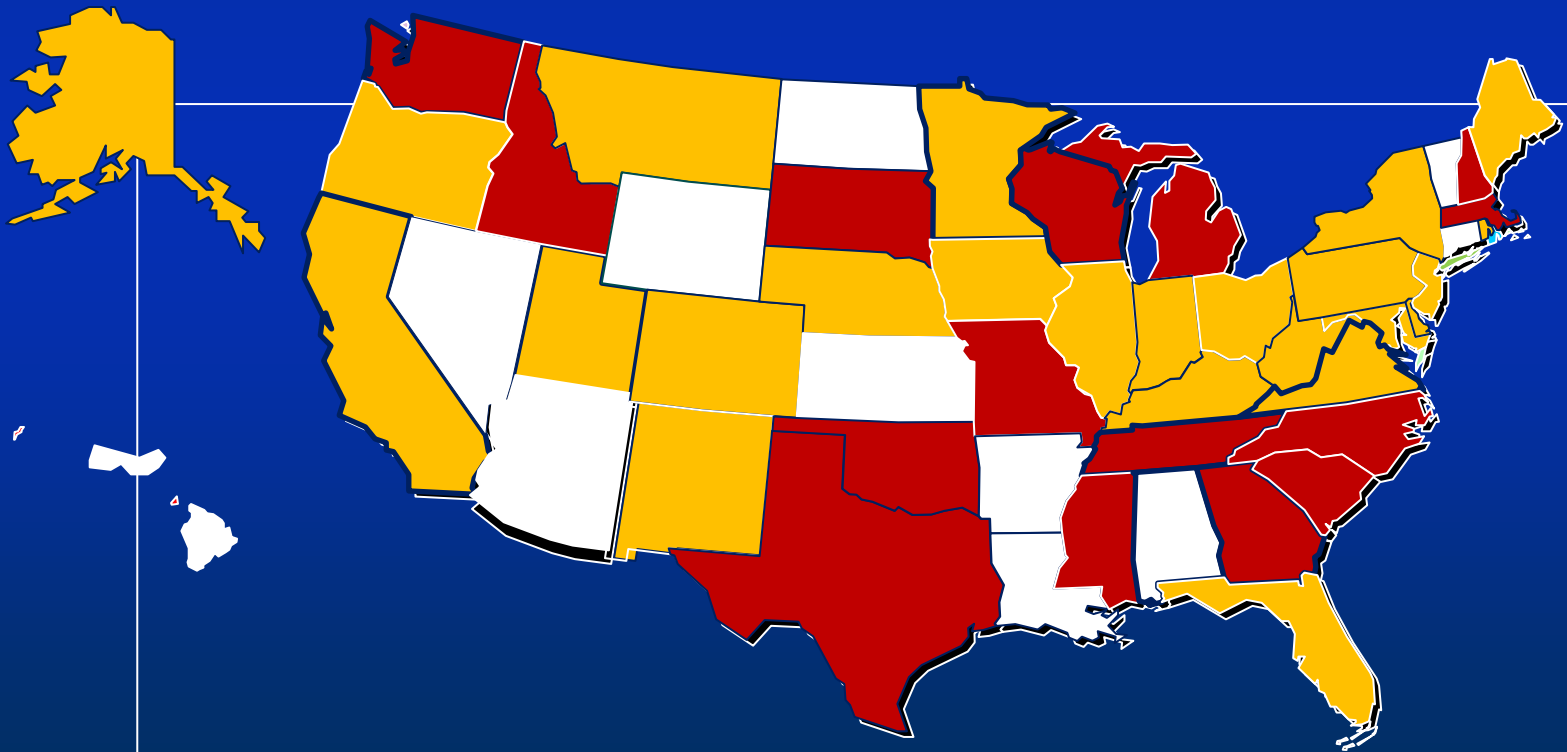


# States with TSCA III Statutes - Radon



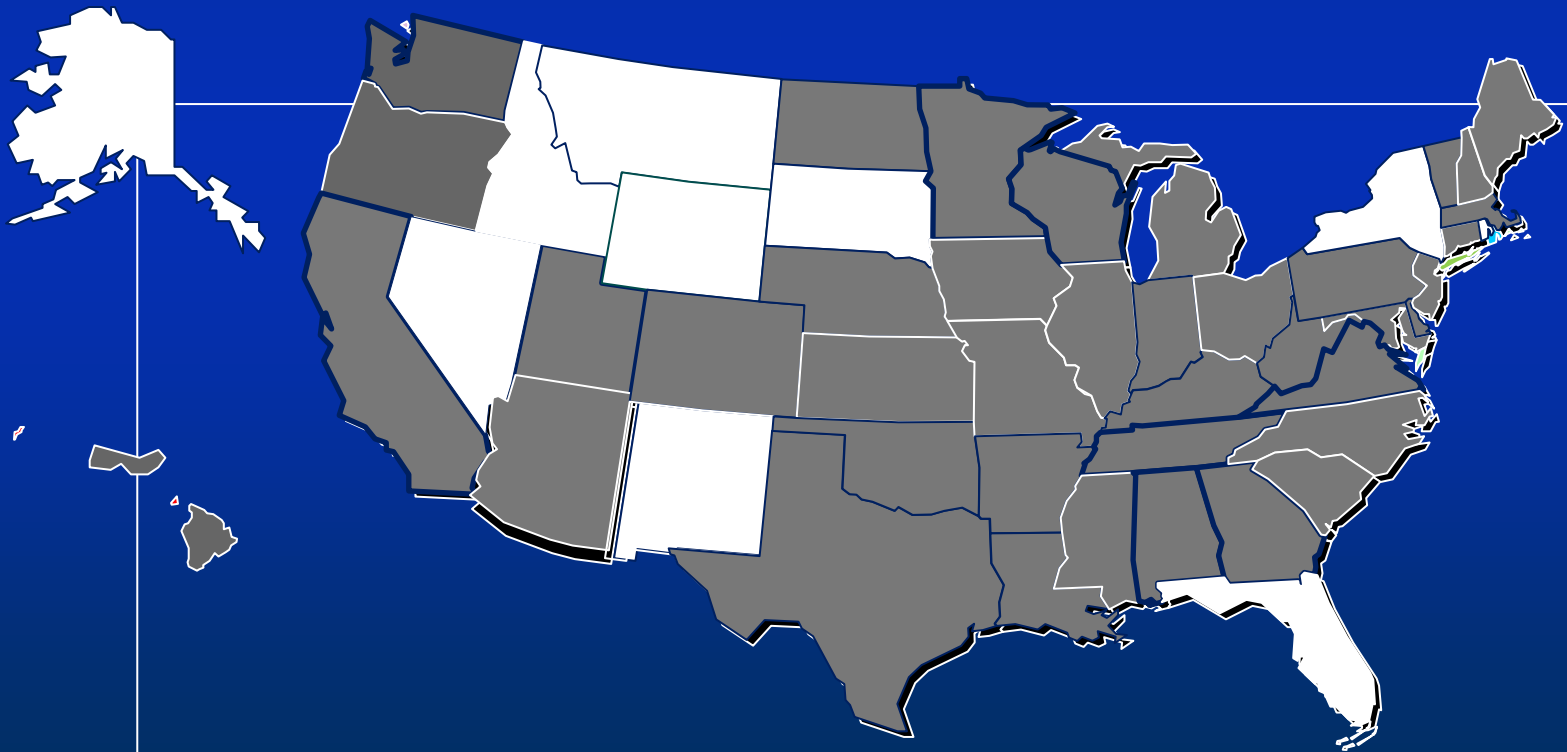


# States with TSCA III Statutes or Agency Programs - Radon





# States with TSCA IV Statutes - Lead Hazards

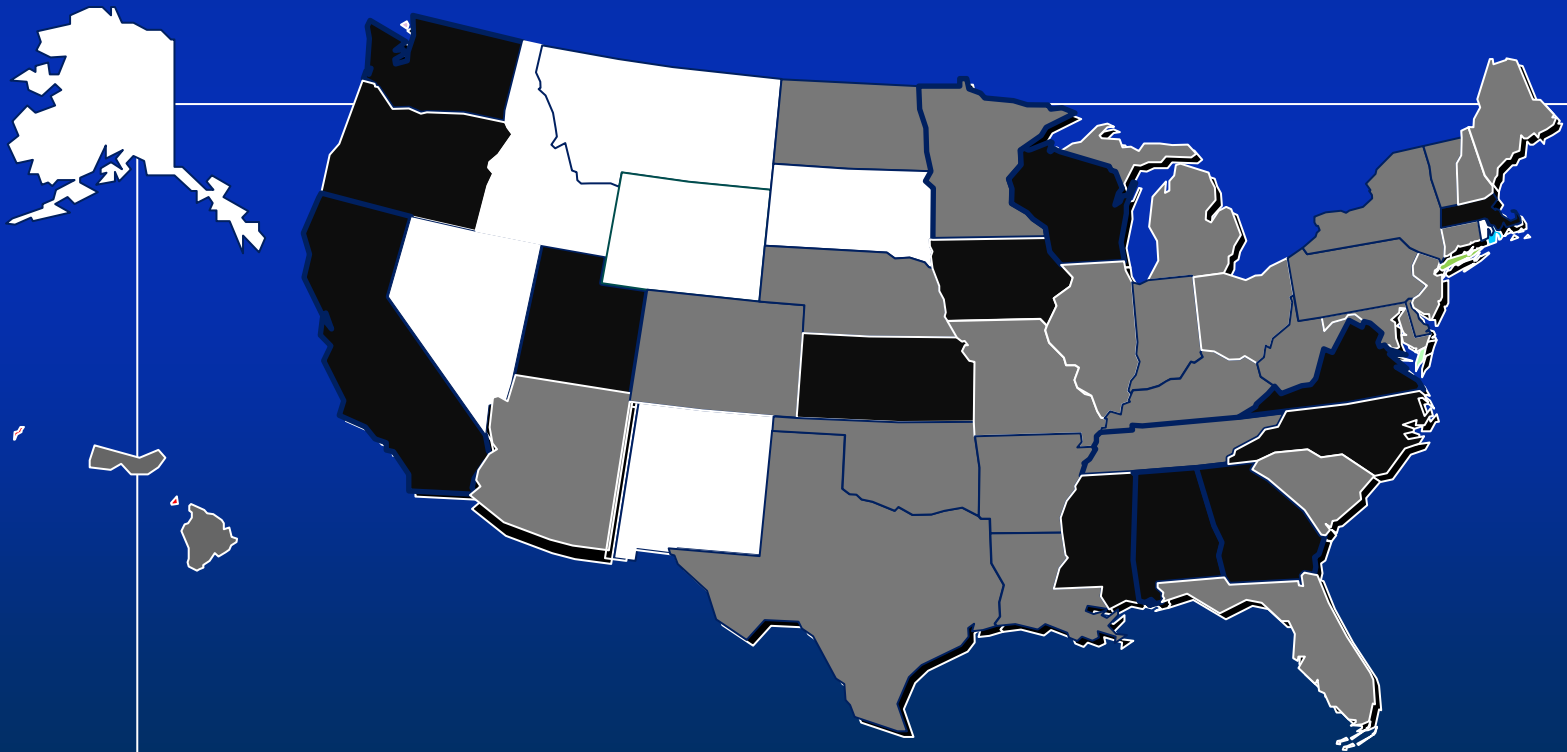






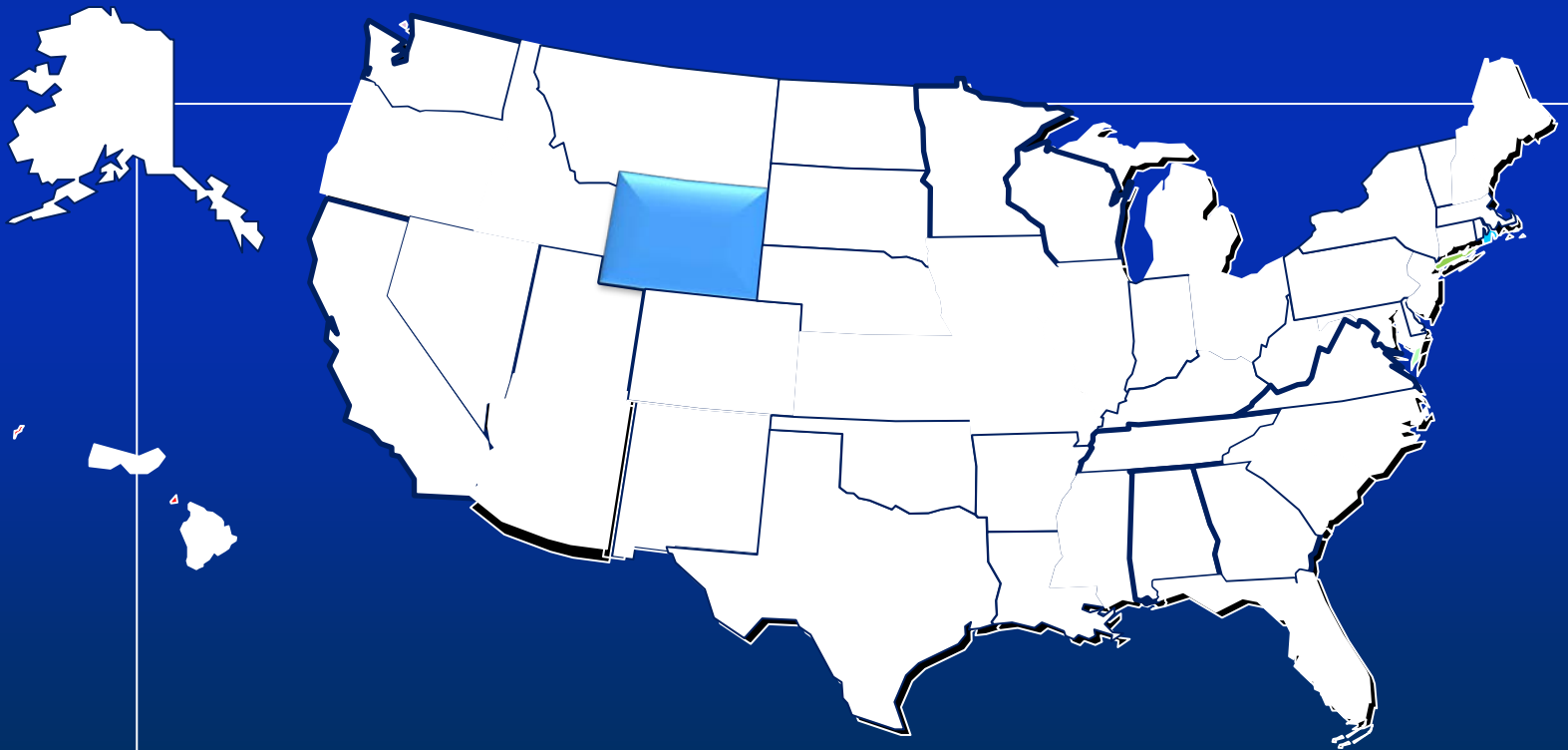


# States with Lead Hazard Reduction Statutes





# States with NO Statutes related in TSCA II, III or IV





# NCSL Resources

## NCSL's Environmental Health Databases

### Legislation & Statutes

- [www.ncsl.org](http://www.ncsl.org), "GO 17322"
- includes state radon legislation

## NCSL's State Legislatures Internet Links

- [www.ncsl.org](http://www.ncsl.org), "GO 17173"



# Contact Information

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# NYC Success in Reducing Childhood Lead Poisoning

National Healthy Homes Conference  
June 20, 2011



Deborah Nagin, MPH  
Director, Lead Poisoning Prevention Program (LPPP)  
NYC Department of Health and Mental Hygiene

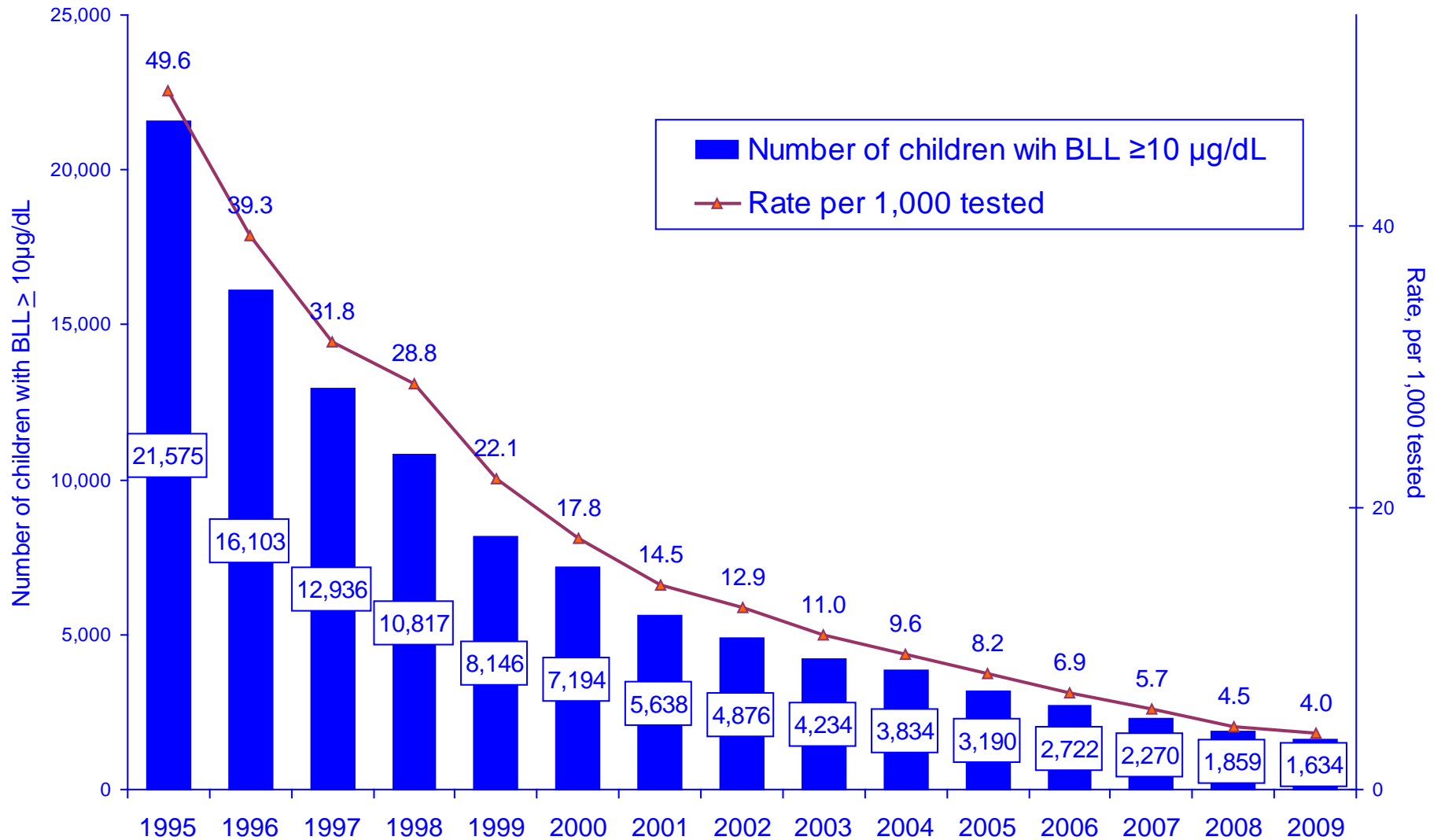
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# What Will Be Covered Today

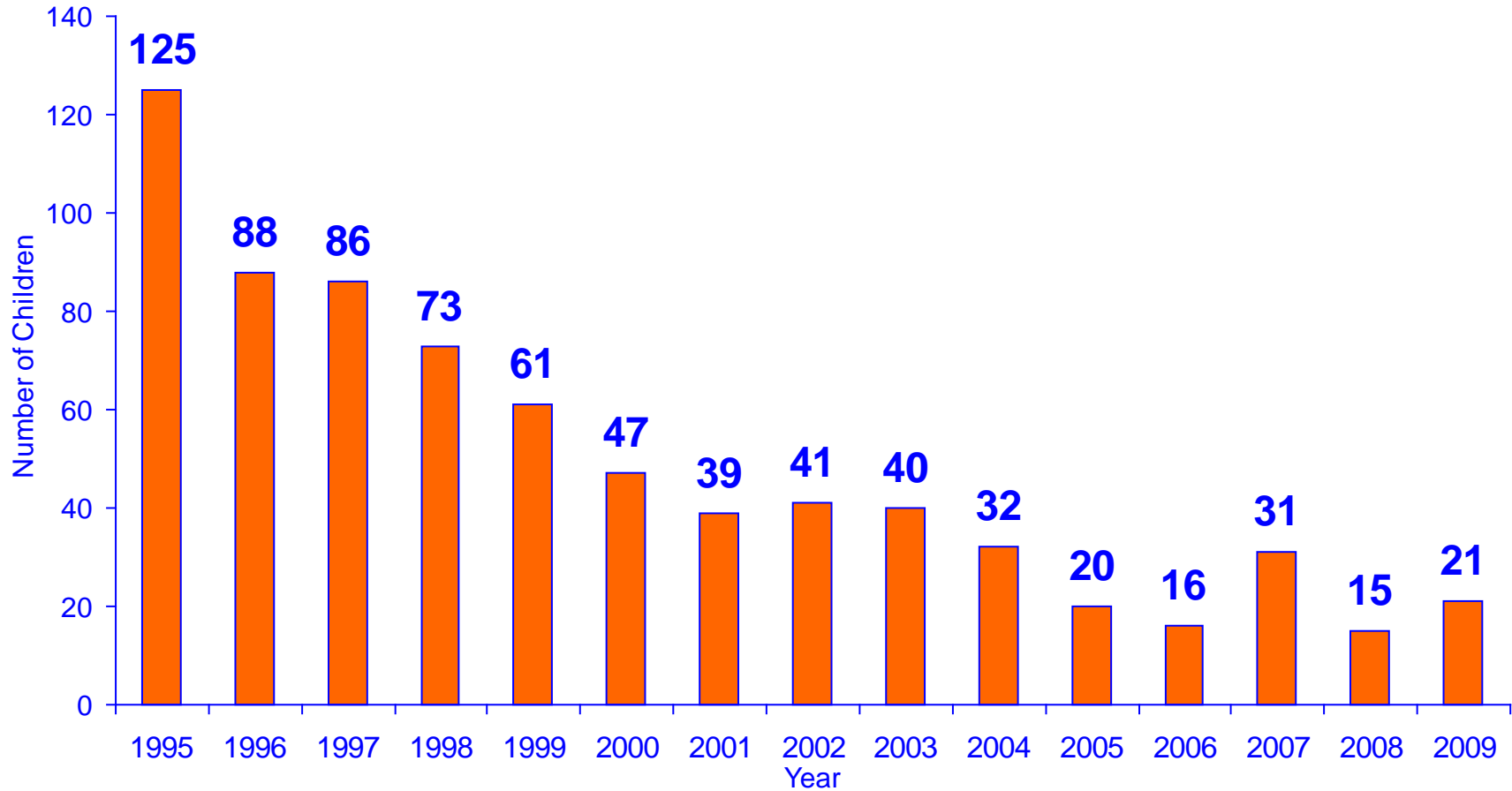
- Profile of childhood lead poisoning in NYC
- NYC'S progress in reducing childhood lead poisoning
- Key elements contributing to success
- Challenges
- Future directions

# Steady Decline in Number of Lead-Poisoned Children\*



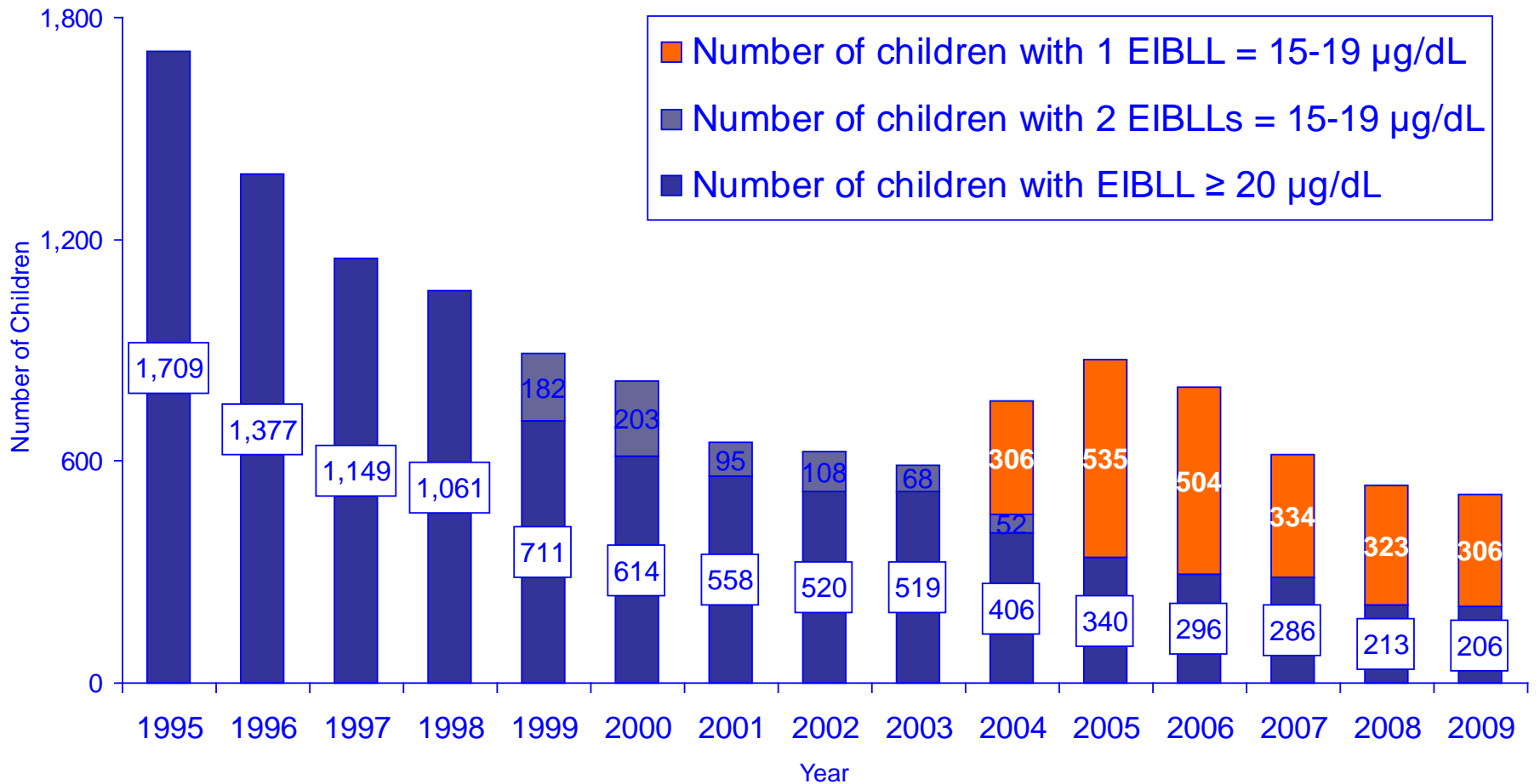
\*Number and rate (per 1,000 tested) of children, age 0 to less than 18 years, newly identified with blood lead levels  $\geq$  10  $\mu$ g/dL, by year: NYC, 1995 – 2009.

# Decline in Severe Cases of Childhood Lead Poisoning\*



Number of children, ages 0 to less than 18 years, newly identified venous blood lead levels  $\geq 45 \mu\text{g/dL}$ , by year: NYC, 1995- 2009.

# Fewer Children Requiring Environmental Investigation Services\*



\*Number of children, ages 0 to less than 18 years, newly identified with an Environmental Intervention Blood Lead Level (EIBLL), by year: New York City, 1995-2009.

# Profile of NYC Lead Poisoning has Shifted

	<b>1995</b>	<b>2009</b>
# of children requiring environmental intervention (EIBLL)	1709	512
# of children with BLLs $\geq 20$ $\mu\text{g}/\text{dL}$	1709	206
% of EIBLLs residing in Brooklyn	45%	42%
% of EIBLLs reporting Black, non-Hispanic	48%	22%
% of EIBLLs reporting Asian, non-Hispanic	9%	27%

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# Risk factors of NYC Lead poisoned Children

- Lead poisoning can affect children of all ages, races, incomes. Children at greater risk are:
  - Children < 3 years of age
  - Low income children living in deteriorated housing
  - Children of color
  - Children born outside of the U.S.
  - Brooklyn children disproportionately affected

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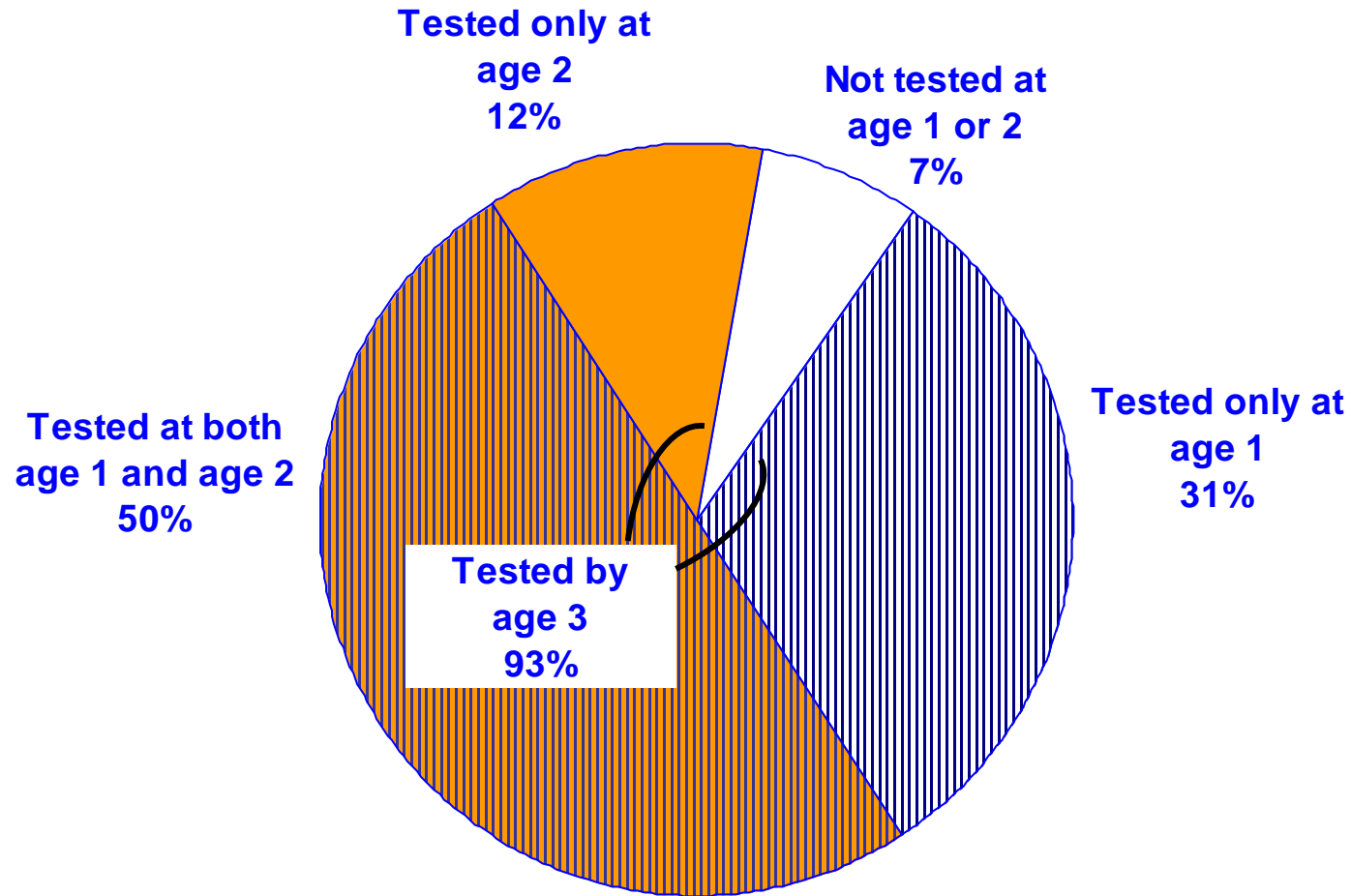
# Profile of Children with EIBLLs (0 to < 18 years, 2009)

- 512 children with EIBLLs  $\geq 15$   $\mu\text{g/dL}$

Of these children:

- 86% lived in homes built before 1950
- About half lived in just 9 of 42 NYC neighborhoods
- 42% lived in Brooklyn
- 88% were younger than 6 years old
- 86% were Asian, Black, or Hispanic
- 19% were foreign-born

# Most New York City Children are Tested for Lead Poisoning at least Once by Age 3.\*



\*Percent of children born in 2006 tested for lead poisoning before their third birthday: New York City, 2009. Sources: NYS DOH Bureau of Biometrics and NYC DOHMH LPPP

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# Elements Contributing to NYC's Success

- Strong lead poisoning prevention policies
- Comprehensive services to lead poisoned children and lead poisoned pregnant women
- Collaborations to leverage resources
- Commitment to surveillance, evaluation and data driven strategies
- Emphasis on community/provider outreach & education

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# History of Strong Lead Poisoning Prevention Policies

- NYC banned the use of lead paint for residential use in 1960
- NYC's laws and regulations:
  - Primary prevention laws, in place since 1982
  - Safe Work Practices required to protect children with lead poisoning from further exposure
- Federal ban of lead in gasoline, canned goods, consumer products, and paint

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# Existing Policy Infrastructure

## ■ Local Law 1 of 2004

- Housing agency is the primary enforcement agency
- Requires building owners of pre-1960 multiple dwellings to inspect and safely repair lead paint hazards in homes of young children before they are poisoned
- Group day care must visually survey facilities annually and make repairs immediately

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# Existing Policy Infrastructure

## ■ NYC Health Code

- Authorizes DOHMH to:
  - Investigate lead hazards in the homes of children and order remediation/abatement of hazards
  - Investigate complaints of unsafe work
  - Investigate and embargo consumer products contaminated with lead
- Bans the use of lead paint in homes, day care centers and in items used by children
- Prohibits dry sanding and scraping; signs required in hardware and paint stores

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# Mandatory Screening and Reporting

- NYS Screening Requirements
  - Children
    - Blood lead testing at 1 and 2 years
    - Assess risk 6 months < 6 yrs and test those at high risk
  - Pregnant Women
    - Assess all pregnant women at the initial prenatal visit and test those at risk
    - Educate about prevention
- NYS/NYC Reporting Requirements
  - NYS: Laboratories must report results of all blood lead levels within 5 days
  - NYC: Health care providers must report all BLLs  $\geq 10$   $\mu\text{g}/\text{dL}$  to DOHMH within 24 hours

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# Building Strong Collaborations is Critical to Success

- Lead poisoning prevention requires partnerships and leveraging resources
  - Promote blood lead testing – medical providers, health plans, Provider Online Registry
  - Increase awareness about ways to reduce lead hazards in homes – families, health care providers, building owners, and community/service organizations
  - Reduce paint hazards – partnership with housing agency
    - Emergency repair program
    - High-risk building referrals
    - HUD lead hazard reduction

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# Commitment to Surveillance, Evaluation and Data-Driven Strategies

- Computerized surveillance and tracking
  - Over 500,000 blood lead test results for approximately 400,000 children each year
  - 95% submitted electronically by laboratories
- Used to track trends, evaluate activities, target interventions, and manage cases

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# Using Data To Target Intervention Efforts: Two Examples

- Using the Lead & Vital Records Registry to identify high risk housing with young children
  - Children (< 3 yrs) with BLLs of 10-14  $\mu\text{g}/\text{dL}$  (Lead Registry)
  - Families with newborns in the same building as 10-14s (Vital Records)
- Data Matching collaboration with Medicaid Managed Care Plans to promote blood lead testing

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# Lead Poisoning: The Continued Challenge

- Two-thirds of NYC's housing units were built before 1960, the year lead paint was banned for interior use in NYC
- Blood lead levels previously thought to be safe are now associated with learning and behavior problems in young children
- 1,634 children had blood lead levels  $\geq 10$   $\mu\text{g}/\text{dL}$  in 2009

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# Lead Paint Continues to be the Primary Cause of Lead Poisoning for NYC Children

- In 2009:
    - 76% of EIBLL cases had identified lead paint hazards
    - No lead paint hazards were identified in the remaining 24% of EIBLL cases.
- Other sources:
- Foreign exposures
  - Imported pottery
  - Imported health remedies/Imported foods and spices
  - Adult hobbies and/or occupations
  - Prenatal exposures

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# Foreign-Born Children Are Over-Represented

- In 2009:
  - 19% of EIBLL children were foreign-born, while 14% of all NYC children were foreign-born
  - Most frequently reported countries of birth:
    - Pakistan
    - Bangladesh
    - Haiti
    - Mexico

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# More Work Is Needed

- Continue interventions to protect young children from lead paint hazards
  - US born/Foreign born – still main source of exposure
- Develop new strategies to address non-paint sources
  - Requires different intervention efforts
  - Partnership in immigrant community/Trusted organizations
  - Culturally sensitive
- Capitalize on opportunities to address other hazards in the home/new strategies
  - Building wide approaches
  - New collaborations – who else goes in the home?
  - Other important sources?