



**children's
defense fund
new york**

Testimony for the Joint Public Hearing: To Discuss Childhood Lead Poisoning Prevention in New York State

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Joint Public Hearing Testimony: To Discuss Childhood Lead Poisoning Prevention in New York State

About the Children's Defense Fund – New York

As a cofounder and leader of the statewide Lead Free Kids New York coalition, the Children's Defense Fund – New York (CDF-NY) is grateful to the Senate Standing Committee on Health and the Senate Standing Committee on Housing, Construction and Community Development for the opportunity to submit testimony for this Joint Public Hearing to discuss childhood lead poisoning prevention in New York State. As the Legislature last held a statewide public hearing on childhood lead poisoning in April 1994, we recognize the particular significance of this opportunity.

CDF-NY is a non-profit child advocacy organization that works statewide to ensure every child in New York State has a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start* and a *Moral Start* in life and a successful passage to adulthood with the help of caring families and communities. As the New York office of the Children's Defense Fund (CDF), a national organization with roots in the Civil Rights Movement, we are committed to advancing racial equity and to leveling the playing field for vulnerable New York children, youth and families. We envision a state – and a nation – where children flourish, leaders prioritize their well-being and communities wield the power to ensure they thrive. CDF-NY provides a strong, effective and independent voice for children who cannot vote, lobby, or speak for themselves. We pay particular attention to the needs of children living in poverty, children of color and those with disabilities. CDF-NY strives to improve conditions for children through research, public education, policy development, organizing and advocacy. Our policy priorities are racial justice, health justice, education justice, child welfare, youth justice and economic mobility. To learn more about CDF-NY, please visit www.cdfny.org.

Childhood lead exposure and poisoning pose sobering threats to the health and wellbeing of our youngest New Yorkers.

Childhood lead poisoning is an urgent – albeit entirely preventable – crisis in New York State, undoubtedly representing one of the greatest public health threats to New York's most vulnerable children and youth. New York has more known cases of children with elevated blood lead levels than any other state in our nation,¹ with childhood lead exposure rates for many communities across our State and in New York City five to six times higher than those in Flint, Michigan at the peak of its water crisis.² New York's older housing stock – our State carries the nation's highest percentage of pre-1960 and pre-1950 housing, as well as the oldest housing inventory among the 50 states – places

¹ "Blood Lead Levels (μg / DL) among U.S. Children < 72 Months of Age, by State, Year, and Blood Lead Level (BLL) Group", Centers for Disease Control and Prevention, accessed November 10, 2021, <https://www.cdc.gov/nceh/lead/docs/cbls-national-data-table-508.pdf>

² "Special Report: Despite Progress, Lead Hazards Vex New York," *Reuters*, November 14, 2017, <https://www.reuters.com/investigates/special-report/usa-lead-newyork/>.

our children at a particularly high risk of exposure to lead hazards.³ The COVID-19 pandemic has only worsened the burdens of childhood lead exposure and poisoning, with children spending increased amounts of time in homes where they may be exposed to lead and amidst national declines in well-child visits, where lead tests are typically administered to young children.⁴ These effects have only been exacerbated by the fact that many of New York State's county health departments, overwhelmed by COVID, have been forced to redirect already-scarce childhood lead poisoning prevention resources to pandemic response efforts.

The health effects of childhood lead exposure are irreversible and there is no known safe level of lead in children, a fact affirmed by the Centers for Disease Control and Prevention's recent reduction of the blood lead reference value from 5 µg / dL to 3.5 µg / dL.⁵ An estimated 28,820 New York children born in 2019 (approximately 12 percent of our State's birth cohort for that year) will have blood lead levels above 2 µg / dL, the lowest level at which the effects of childhood lead exposure are well documented.⁶ Even low levels of lead in the blood have been shown to affect children's intelligence quotient (IQ), academic achievement, ability to concentrate, hearing and speech.

Each year, more than 18,000 children in New York are identified to have an elevated blood lead level, a term defined by New York statute to be at or above 5 µg / dL. Such lead exposure can result in serious neurological and physical damage to children, impacting their lifelong health and educational attainment and causing anemia, hypertension, immunotoxicity, renal impairment and toxicity to reproductive organs.⁷ Further acute and chronic effects of an elevated blood lead level include loss of appetite, constipation, abdominal colic, behavioral issues, hearing and balance problems, encephalopathy, growth retardation, delayed sexual maturation, increased dental caries, cardiovascular disease and renal disease.⁸ Lead exposure is also particularly dangerous for pregnant women. Exposure to lead during pregnancy can result in gestational hypertension, low birth weight and impaired fetal neurological development.

Childhood lead exposure and poisoning in New York further racial disparities.

Pervasive racial and socioeconomic disparities exist in New York's burden of childhood lead poisoning, with our State's children of color and low-income children

³ Katrina Smith Korfmacher, Emily A. Benfer and Matthew Chachère, "Lead Laws and Environmental Justice in New York," *The New York Environmental Lawyer*, Vol. 39, No. 1 (November 22, 2019), <https://ssrn.com/abstract=3492119>.

⁴ "More Childhood Lead Poisoning Is a Side Effect of Covid Lockdowns," *The New York Times*, March 11, 2021, <https://www.nytimes.com/2021/03/11/health/virus-lead-poisoning-children.html>.

⁵ Ruckart PZ, Jones RL, Courtney JG, et al. Update of the Blood Lead Reference Value — United States, 2021. *MMWR Morb Mortal Wkly Rep* 2021; 70:1509–1512. DOI: <http://dx.doi.org/10.15585/mmwr.mm7043a4>.

⁶ "Value of Lead Prevention," Altarum, accessed November 10, 2021, <http://valueofleadprevention.org/calculations.php?state=New+York>.

⁷ Cindy Mann, Kinda Serafi, Arielle Taub, "Leveraging CHIP to Protect Low-Income Children from Lead," *Manatt Health*, January 2017, <https://www.shvs.org/wp-content/uploads/2017/01/SHVS-Manatt-Leveraging-CHIP-to-Protect-Low-Income-Children-from-Lead-January-2017.pdf>.

⁸ Kent Bennett, Jennifer Lowry, Nicholas Newman, "Lead Poisoning: What's New About an Old Problem?," *Contemporary Pediatrics*, 32 (April 1, 2015), <https://www.contemporarypediatrics.com/view/lead-poisoning-whats-new-about-old-problem-0>.

disparately affected by this crisis. New York's children of color and low-income children are most likely to live in high lead-risk housing (pre-1978 housing in poor condition) and to live in low-income households that may lack capacity to reduce lead hazards. In 2005, the New York State Department of Health reported that more than half of New York children identified with blood lead levels over 10 µg / dL lived in just 68 of the over 1600 zip codes in our State, most of which encompassed communities of color in older urban areas.⁹ The majority of New York zip codes with the highest proportion of lead poisoning cases are located within Buffalo, a city whose population is mostly comprised of racial minority groups¹⁰ and a city in which children from neighborhoods of color are twelve times as likely as children from predominantly white neighborhoods to test for elevated levels of lead in their blood.¹¹

In a study of children from Rochester, after adjusting for environmental exposures, behaviors, socioeconomic status, and dietary intake, Black children were found to be at higher risk of elevated blood lead than their peers of other races. By 24 months of age, Black children's blood lead concentration was approximately 62.6 percent (3.1 µg / dL) higher than white children's blood lead concentration after controlling for these other risk factors.¹² New York's clear distribution of childhood lead poisoning along racial and socioeconomic lines affirms lead poisoning as an issue of racial and environmental justice – and makes the need to act swiftly to prevent it even more of a moral imperative.

Childhood lead exposure and poisoning are hindering New York's economic viability.

In addition to the dangerous health effects and stark racial and socioeconomic injustices of childhood lead exposure, lead exposure also poses a significant financial burden on our families, our State and our nation. In fact, childhood lead exposure among New York children born in 2019 is projected to cost our State an estimated \$6.4 billion through reduced lifetime productivity, premature mortality and increased spending on health care utilization, education and social assistance.¹³ Childhood lead exposure and poisoning also contributes to additional societal costs associated with juvenile and adult incarceration.

Aside from the societal costs of childhood lead poisoning, individual families of lead-exposed children face substantial immediate and long-term costs. Potential costs to families include costs associated with immediate medical intervention, costs associated with treatment of lead-related attention deficit hyperactivity disorder (ADHD)

⁹ Katrina Smith Korfmacher, Emily A. Benfer and Matthew Chachère, "Lead Laws and Environmental Justice in New York," *The New York Environmental Lawyer*, Vol. 39, No. 1 (November 22, 2019), <https://ssrn.com/abstract=3492119>.

¹⁰ "Eliminating Lead Poisoning in New York: A National Survey of Strategies to Protect Children," Columbia Law School Health Justice Advocacy Clinic, October 2019, https://web.law.columbia.edu/sites/default/files/microsites/clinics/health-advocacy/final_lead_poisoning_prevention_best_practices_report_october_2019_final.pdf.

¹¹ "The Racial Equity Dividend: Buffalo's Great Opportunity," University at Buffalo Regional Institute and Make Communities, 2018, <http://racialequitybuffalo.org/files/documents/report/theequitydividendfinaljune2018.pdf>.

¹² Bruce P. Lanphear, Richard Hornung, Mona Ho, Cynthia R. Howard, Shirley Eberly, Karen Knauf, "Environmental Lead Exposure During Early Childhood," 140, no. 1 (2002): 40 – 47, <https://dx.doi.org/10.1067/mpd.2002.120513>.

¹³ "Value of Lead Prevention," Altarum, accessed November 10, 2021, <http://valueofleadprevention.org/calculations.php?state=New+York..>

and special education services for lead-poisoned children, and parental work loss due to time taken off to care for a lead-poisoned child. Families are sometimes forced to spend enormous sums on chelation therapy which ultimately may not result in total rehabilitation. Furthermore, New York families whose children are poisoned by lead do not always have the financial luxury of moving out of an unsafe home and into one that is free from lead hazards. Currently, lead-impacted New York families are unable to even file insurance claims to recoup their financial losses because their landlords' insurance policies do not cover lead paint risk exposure.

Improving New York State's lead poisoning prevention policies will help prevent the harmful lifelong impacts of lead poisoning as well as help our taxpayers realize economic gains. In fact, a 2017 nationwide cost-benefit analysis found that eradicating lead paint hazards from older homes of children from low-income families would provide \$3.5 billion in future benefits (approximately \$1.39 per dollar invested), while ensuring that contractors comply with lead-safe renovation, repair and painting practices would provide future benefits of \$4.5 billion (around \$3.10 per dollar spent). Overall, the nationwide potential future benefits of preventing lead exposure for the 2018 birth cohort is projected at up to \$84 billion.¹⁴ The financial burden of childhood lead poisoning to our State and its families must be carefully weighed against the money saved in the short term by underfunding our capacity to address such a tragically long-standing and entirely preventable health crisis.

New York must enact and fund a system of proactive rental inspections.

Replacing our State's current patchwork of reactive lead-control policies with proactive statewide policies is critical to closing regional gaps in childhood lead exposure and poisoning. First and foremost, we simply cannot get a handle on the childhood lead poisoning crisis if families don't know whether or not their home contains lead. This is especially problematic given that New York is home to the most dwellings with lead-based paint in the nation. New York must enact and fund a statewide primary prevention program of proactive inspections of rental properties, building on requirements currently in place in New York City and Rochester.

A proactive rental inspection would require periodic lead inspection by a property owner, a private technician, or public agency staff before a tenant occupies the unit and then on a regular basis thereafter. Such a system would shift the burden of enforcement from reliance on tenant complaints and violations to a more equitable and preventive approach to improve housing quality and safety. Furthermore, it would end the morally bankrupt practice of using vulnerable children as 'canaries in a coal mine' – literal testing strips to detect the presence of lead in homes after their health has already been irreversibly damaged.

¹⁴ "10 Policies to Prevent and Respond to Childhood Lead Exposure," Health Impact Project, August 2017, https://www.pewtrusts.org/-/media/assets/2017/08/hip_childhood_lead_poisoning_report.pdf.

The insurance industry is well-suited to address childhood lead poisoning in New York.

The insurance industry plays an important role in our society, helping consumers and business owners alike mitigate risk. In the case of lead exposure in housing, insurance companies have the unique ability to influence and incentivize landlord behavior in a way that many other actors simply are not able to do. By offering coverage and discounts in exchange for measures that reduce risk, insurance companies can motivate landlords to prevent harm from occurring on their properties. Insurance companies are adept at encouraging safety in many contexts by offering lower rates and discounts to landlords who take care of their properties.

Insurance companies are just as well-suited to address childhood lead poisoning in New York by including lead paint risk exposure in their liability coverage, similar to how they are able to stimulate other property deficiencies through insurance coverage. Lead paint in housing should be an insurable risk that is not subject to a 'pollution exclusion' provision – as was the case in New York before the lead paint exclusion first went into effect in the 1990s. Insurance companies can – and must – once again include lead paint risk identification and control in their underwriting standards. Furthermore, from an insurance perspective, the overall risk of injury due to lead paint is comparable to (or, arguably, even lower than) other housing defects already covered in housing insurance policies.

The insurance industry has long claimed that in the absence of the ability to exclude lead paint coverage, insurance premiums for landlords would go up. However, a review of the Superintendent of Insurance Reports to the Legislature in 1994 and 1995 reveals that, in fact, premiums actually increased as more and more exclusions were granted, with many landlords complaining when the coverage became unavailable.

New York's landlords and insurance companies have been let off the hook for childhood lead poisoning in rental properties for far too long. *S. 3079 (Ryan) / A. 7488 (Rivera)* would prohibit insurers providing liability coverage to rental property owners from excluding coverage for losses or damages caused by exposure to lead-based paint. Prohibiting the exclusion of coverage for losses or damages caused by exposure to lead-based paint would, in turn, ensure that lead poisoning victims are able to be adequately compensated for their medical bills and other lead-exposure related expenses and damages. *S. 3079 / A. 7488* thereby prohibits insurance companies from denying claims for when children are poisoned by lead in their own homes, through no fault of their own. Furthermore, the bill would proactively encourage landlords to prevent lead-related harm from occurring in the first place by incentivizing them to find and fix lead hazards in their properties without fearing the repercussions of accidental exposures.

Because lead will likely remain in New York's housing stock for some time to come, New York State must act swiftly and decisively to protect its most vulnerable renters – namely, low-income families and communities of color. If enacted, this legislation would represent an important measure to protect New Yorkers exposed to this dangerous substance.

New York should assume enforcement of lead-safe renovation, repair and painting (RRP) activities.

A significant number of childhood lead poisoning cases in New York can be attributed to home renovation, repair and painting (RRP) activities performed in homes containing lead-based paint, which can easily spread toxic dust if not performed safely. While federal law requires lead-safe work practices and training for RRP work in pre-1978 dwellings, the United States Environmental Protection Agency's (EPA) enforcement capacity in New York is quite limited. In fact, only 3.5 EPA inspectors currently oversee Region 2, a vast geographic area that encompasses New Jersey, Puerto Rico and the Virgin Islands in addition to New York – including over 6.4 million homes in our State alone. In 2019, the EPA completed just seven RRP enforcement actions in New York.¹⁵

S. 6554 (Bailey) / A. 7117 (Bronson) would enable New York to assume administration of RRP rules and to conduct training, certification and enforcement of the RRP. It would also enable New York to collect contractor fees (currently paid to the EPA) to cover costs and strengthen enforcement. In doing so, New York would join a growing number of states that are currently authorized to administer and enforce RRP rules in their states and who have tailored their RRP programs to meet their individual needs. Enacting this policy is estimated to protect approximately 140,000 New York children under the age of six and 483,600 New York homes undergoing renovation from lead exposure each year.¹⁶

New York must require residential property owners to test for lead-based paint at the point of sale.

While federal law requires sellers or lessors of pre-1978 housing to disclose to buyers or renters any knowledge of lead-based paint in the dwelling, it does not require them to investigate for lead paint in the home – and there is no incentive to do so. Consequently, purchasers and renters are unwittingly moving into hazardous homes, perpetuating the childhood lead crisis. If enacted, S. 2142-A (Kavanagh) / A. 6608-A (Rivera) would close this gap by requiring residential property owners to test for lead-based paint before selling or leasing their property (if it has not been done previously) and to file a report with the New York State Department of Health to better track and address lead poisoning. Mandated disclosure of lead-paint test results would ensure that New York's tenants and homeowners can choose to move into buildings free of unknown lead hazards. Furthermore, by making such information public, the private market will incentivize proactive repair and maintenance to address lead paint hazards.

¹⁵ "Lead-Safe Renovation, Repair, and Painting Activities in New York State: Analysis of the Proposal for State Management of the RRP Rule," Community Foundation for Greater Buffalo, February 2020, https://ppgbuffalo.org/files/documents/lead_rrp_activities_in_nys.pdf.

¹⁶ "Lead-Safe Renovation, Repair, and Painting Activities in New York State: Analysis of the Proposal for State Management of the RRP Rule," Community Foundation for Greater Buffalo, February 2020, https://ppgbuffalo.org/files/documents/lead_rrp_activities_in_nys.pdf.

New York must act to protect children from lead in school drinking water.

New York must take steps to prevent childhood lead exposure that may occur as a result of school drinking water. Although New York was one of the first states to adopt the nation's toughest testing mandate for elevated levels of lead in public school drinking water, 82 percent of New York schools whose drinking water was tested in 2016 found at least one drinking water source above the State action level of 15 parts per billion (ppb).¹⁷ S. 2122-A (Rivera) / A. 160-B (Gottfried) – which passed through the Legislature last session and currently awaits Governor Hochul's signature – would lower the lead action to 5 ppb (bringing it closer to current scientific best practice) and would require triennial testing for lead in public school drinking water to safeguard the health of all students. The legislation would also end the practice of exempting schools from testing if their pipe materials are comprised of less than 0.25 percent lead. Furthermore, it would require lab reports to be accessible and posted online so that parents know the status of their children's schools and require training for all personnel involved in testing to guarantee quality and accuracy. By requiring our State to take steps to prevent childhood lead exposure through drinking water, this legislation would both improve New York's lead regulations and protect our children's health.

New York must pass 'Dakota's Law.'

New York must pass S. 5024-B (Rivera) / A. 7325-A (Peoples-Stokes), or 'Dakota's Law,' which further seeks to prevent and address elevated blood lead levels in children. The legislation would require our State's primary care providers to provide parents or guardians of children under six with anticipatory guidance on lead poisoning prevention as a part of routine care and would require primary care providers to conduct annual lead exposure risk assessment questionnaires during well-child visits through the age of six. Expanding screening requirements to children through six years of age can both increase awareness and identify more children who may have elevated blood lead levels. Additional provisions of the legislation are to grant pre-kindergarten institutions access to the New York State Immunization Information System (NYSIIS) for lead reporting and the Citywide Immunization Registry (CIR) for the purpose of confirming an enrolling student has been screened for lead and for the provision of educational materials when the student has an elevated blood lead level.

'Dakota's Law' is named for Dakota, an African American girl living in a NYCHA apartment whose blood lead levels rose throughout her childhood. Dakota received appropriate blood lead testing at 12 and 24 months old. Upon changing doctors at age four, she was given a lead screening and within this time period, Dakota's blood lead levels elevated from 5 to 45 µg / dL – leaving her with permanent developmental challenges. If Dakota had received a blood lead test at age three, steps could have been taken to identify and address the lead in her home.

¹⁷ "At Least 82 Percent of New York Public Schools Have a Lead Problem," Natural Resources Defense Council, November 15, 2018, <https://www.nrdc.org/stories/least-82-percent-new-york-public-schools-have-lead-problem>.

New York must regularly release current childhood lead poisoning data.

What gets measured gets improved. Childhood lead exposure is no different. Unfortunately, New York struggles to effectively track, monitor and report on the incidence of elevated blood lead levels across years, and across race and ethnicity. The Department of Health currently lacks annual public reporting requirements that would help communities identify the location, rate of occurrence and racial disparities in childhood lead exposure. In addition to requiring annual public reporting, New York should also improve data releases for current childhood lead poisoning data by zip code that is stratified by race and ethnicity, and release it annually.

New York must make bold investments in order to truly combat childhood lead poisoning.

In order to once and for all make childhood lead poisoning a disease of the past, New York must make bold investments in children and families. Accordingly, Lead Free Kids New York recommends that our State allocate \$1 billion in the FY 2022-2023 State Budget for a 'Lead Poisoning Elimination Project,' and recommends that those funds be appropriated as follows:

1. \$100 Million for LeadWeb Expansion and Program Oversight | Department of Health

These funds will allow the Department of Health to execute key reporting, oversight, and compliance functions that were found to be performed inadequately in State Comptroller Thomas DiNapoli's August 2019 Audit and Report on the Department of Health's oversight on the Lead Poisoning Prevention Program.¹⁸ The funds will be used to provide support to local health departments by:

- Performing investigations of source contamination and sharing information between regional office staff and local health departments;
- Scheduling and conducting on-site review of local health departments' program implementation;
- Developing and enforcing mandates requiring local health departments to perform follow-up; and
- Increasing the number of full-time employees needed to meet all federal and State follow-up care mandates for children with elevated blood lead levels.

These funds can also improve performance from department regional offices by:

¹⁸ "Report 2018-S-12| Department of Health: Lead Poisoning Prevention Program," Office of the New York State Comptroller, August 2019, <https://www.osc.state.ny.us/files/state-agencies/audits/pdf/sga-2019-18s12.pdf>.

- Revising procedures for reviewing processes and tools used to ensure timely reviews are completed by department regional offices and investigating when data is missing in LeadWeb;
- Performing quarterly follow-up of performance monitoring reports;
- Purchasing necessary resources, field equipment and laboratory capacity;
- Developing tools to support the implementation of expanded Lead Poisoning Prevention Programs across New York State; and
- Providing services to address lead sources and reduce risk.

2. \$200 Million for Local County Lead Prevention Program | Department of Health

These funds will enable local health departments to create, expand and implement programs to address lead poisoning prevention requirements, provide timely case management, and use all means available to provide follow-up services to children identified as having elevated blood lead levels, such as:

- Pre-screening all local health department LeadWeb records as required, discouraging their use of the New York State Immunization Information System (NYSIIS) for lead reporting and improving and implementing proper internal controls and quality assurance measures to ensure local health department LeadWeb reporting is both accurate and timely;
- Enhancing their case management tracking capability;
- Hiring the number of full-time employees necessary to enforce and comply with mandates requiring local health departments to perform follow-up services to all children identified with elevated blood lead levels; and
- Providing local health departments with the funding necessary to hire the necessary full-time lead inspectors, lead risk assessors and mitigators to eliminate primary source contamination.

3. \$500 Million for the Lead Repair / Renovation Program | Division of Housing and Community Renewal

The New York State Homes and Community Renewal's (HCR) Division of Housing and Community Renewal has recommended this sum be appropriated for:

- The renovation, repair and painting of qualifying homes identified with lead;
- Mitigation of primary contamination in residences of children and adults with elevated blood lead levels; and

- Increased funding for local workforce development initiatives for lead inspectors, lead risk assessors and certified mitigators to eliminate the major avenues for lead contamination.

4. \$60 Million for the Lead / Environmental Threat Elimination Training Program | Department of Labor

This program, administered by the Department of Labor, would create a workforce development fund to train certified New York State lead inspectors, mold inspectors and home inspectors. Additionally, this program will provide for the training of related abatement and mitigation certification. These inspectors and mitigators will work with local health departments to identify source contamination in homes and buildings and provide mitigation services.

5. \$100 Million Lead / Environmental Hazard Program | Department of Labor

This program would charge the Department of Labor with providing and developing renovation training, certification, accreditation and work practice standards programs. The Department of Labor would also be responsible for developing clean enforcement mechanisms, including procedures for unannounced compliance inspections and a method for responding to complaints.

6. \$40 Million Lead / Environmental Threat Elimination Training Program | State University of New York Community Colleges

This program, administered by the State University of New York Community Colleges, would develop courses to educate and train certified New York State lead inspectors, mold inspectors and home inspectors. These courses will coincide with existing community college building envelope programs, especially in counties with an identified need and lack of professionals. Additionally, this program would provide for the training of related abatement and mitigation certification. These inspectors and mitigators will work with local health departments to identify source contamination in homes and buildings and provide mitigation services.

New York must also fully leverage CHIP funding as a path forward.

In order to successfully combat the childhood lead poisoning crisis, New York must fully leverage every potential funding stream. A Children's Health Insurance Program (CHIP) Health Services Initiative (HSI) is a policy tool that would enable New York to triple its current state spending on childhood lead poisoning prevention by drawing down additional federal funding through CHIP for our State and its localities to

use on lead poisoning prevention efforts.¹⁹ Lead exposure testing, prevention and abatement initiatives to protect low-income children are authorized uses of HSIs under CHIP authority.²⁰ In recent years, a number of states have successfully implemented HSIs for precisely this purpose, paving the way for New York to also take action. A New York HSI totaling \$75 million per year could fund a comprehensive lead hazard reduction strategy with components including lead testing and abatement, case management, lead rental certification, workforce development and legal assistance for tenant families whose child has an elevated blood lead level.

Conclusion

In the wealthiest nation in the world and in a state as affluent as New York, it is a moral failure not to prioritize the health and safety of our most vulnerable children by acting swiftly and decisively to prevent a threat as dangerous as childhood lead poisoning. Thank you for your time and consideration. The Children's Defense Fund – New York looks forward to working with you to address the crises of child lead exposure and poisoning in our State and to improve the wellbeing of New York's children, youth and families.



¹⁹ "Leveraging CHIP to Protect Low-Income Children from Lead," State Health Value Strategies, January 2017, <https://www.shvs.org/wp-content/uploads/2017/01/SHVS-Manatt-Leveraging-CHIP-to-Protect-Low-Income-Children-from-Lead-January-2017.pdf>.

²⁰ "Frequently Asked Questions (FAQs): Health Services Initiative," Centers for Medicare & Medicaid Services, January 12, 2017, <https://www.medicare.gov/federal-policy-guidance/downloads/faq11217.pdf>.