

Connecticut—Impact Statement

Each year, approximately 700 children are newly diagnosed with lead poisoning. The Connecticut Department of Public Health's Lead Poisoning Prevention and Control Program (LPPCP) officials follow up on these cases, inspect the homes, and order units with lead hazards to be repaired. Nearly 1,700 cases are followed or managed annually, with 117 new abatement orders issued in 2010. By comparison, 45 abatements were completed in 2009. The goal for the Connecticut LPPCP is to eliminate elevated blood lead levels (greater than 10 micrograms per deciliter) in children statewide. Scientific research indicates the need to start helping even more children with blood lead levels below the current action level.

The State also maintains a surveillance system to capture and aggregate the results of blood tests for lead. In 2009, the surveillance system accumulated almost 92,000 blood test records; the data provides Connecticut with information necessary to identify high-risk areas for lead poisoning and track patterns over time, to determine local health department allocation amounts (Connecticut has allocated nearly \$1 million to lead poisoning prevention over the last three years), to target in-service training among pediatric practices with low rates of patient screening, to monitor compliance among community-based health centers, and to aid in efficient workload distribution and education/outreach for state-level staff collaborating with 70 health departments and districts carrying out lead-related activities across the state. LPPCP also uses the information in HUD, CDC, and EPA grant applications, as well as Healthy Homes proposals.

The LPPCP receives no Medicaid reimbursement for environmental investigations, case management, or any other lead poisoning prevention-related services. The Connecticut Department of Social Services won't reimburse the local or state health departments for lead-related services without their becoming an approved Medicaid vendor and setting up a billing system for each individual child case. The administrative costs and oversight render such an approach impractical when multiplied by at least 70 Medicaid providers and 700 children per year.

The LPPCP is primarily funded by grants from CDC and EPA amounting to \$1 million annually; in FY10, the LPPCP received \$772,314 from CDC. In FY11 that amount was reduced to \$198,000. The CDC-funded program also helps the State respond to emerging lead threats. For example, in some cases, multiple children in the same family may have elevated blood lead levels. The CDC-funded environmental health professional conducts an environmental inspection to identify a lead hazard in the home or child care facility.

In 2010, CDC funding paid for five full-time staff positions, freeing other state funding sources to support local health departments. In 2011, those positions they funded two full-time staff positions. In 2012, those positions were eliminated. Without these funds, the ability to target in-service training among pediatric practices with low rates of patient screening and to monitor compliance among community-based health centers has been eliminated. The loss of CDC funding has also negatively affect the primary prevention staff, who relied on CDC funded staff to help distribute the ever increasing workload.

In summary, the CDC funding cuts have severely curtailed the successful program the LPPCP worked for six years to build. Lead poisoning prevention continues to be the most preventable environmental health hazard. Restoring funding to the LPPCP will create jobs, prevent children from being poisoned and facing a lifetime of challenges and save millions of dollars in downstream medical and education costs.