

National Center for HEALTHY HOUSING

The Honorable Patty Murray
Chair
Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Susan Collins
Vice Chair
Committee on Appropriations
U.S. Senate
Washington, DC 20510

July 23, 2024

Dear Chair Murray and Vice Chair Collins,

On behalf of the National Center for Healthy Housing, I write to urge you to support funding for healthy homes programs at HUD, CDC, and EPA in the Senate FY25 appropriations bills and reject harmful reductions proposed in the House FY25 bills.

Across the country, millions of families are living in unhealthy housing conditions, struggling with issues like broken heating and plumbing systems, damaged or leaking roofs, mold, exposed wiring, and toxic chemicals. Overall, 40% of U.S. homes have at least one significant health or safety risk that places American families at risk. Millions of Americans are affected by these issues, including 25 million children and adults with asthma, 590,000 children with elevated blood lead levels, 36,500 older adults who die from falls, 21,000 people who die from radon-related lung cancer, and 400 people who die from unintentional carbon monoxide poisoning each year. Additionally, access to a safe and healthy home is a racial equity issue; for example, Black Americans are nearly twice as likely to live in homes with severe physical problems when compared to the general population, and Black children are more likely to be exposed to lead, more likely to have and die from asthma, and are at increased risk for injuries at home. Plus, we know that investing in fixing these hazards provides a positive return on investment, including societal benefits such as improved health outcomes, job creation, and higher home values.

Significant funding is needed to increase housing affordability and stability, fix substandard housing, and provide innovative, flexible, and equitable services to those impacted by healthy housing hazards. **In particular, funding must be maintained or increased for the following programs:**

Department of Housing and Urban Development

- **Office of Lead Hazard Control and Healthy Homes (OLHCHH).** This office has directly addressed lead and other housing-related health hazards over the last three decades through programs that treat individual units for lead hazards, improve lead safety with enforcement actions and upgrade substandard housing with healthy homes improvements. Recent increases in funding have allowed the office to provide new grants to state and local programs, awarding over \$660 million in grants since 2021 to communities across 46 states, the District of Columbia, and Puerto Rico. Providing increased and robust funding for the Healthy Homes Program is especially important; these funds help to reduce deferrals from weatherization and other programs, reach further into rural populations, and serve healthy homes issues separate from lead. **This office**

10320 Little Patuxent Parkway, Suite 200 ♦ Columbia, MD 21044

410.992.0712 (p) ♦ 443.539.4150 (f)

www.nchh.org ♦ [@NCHH](https://twitter.com/NCHH) ♦ facebook.com/HealthyHousing

should ideally be funded at up to \$810 million; at the very least, it should not be reduced in size below the FY24 funding amount of \$345 million. In addition, all programs within this office should be funded, and the cuts or eliminations in the House bill to programs that support research, coordination with weatherization, and address radon in public housing must be rejected, as well as the proposed rescissions of previously appropriated funds. We also support including funding for the National Lead Safe and Healthy Homes Fund, as the House FY25 bill did.

We also support HUD's proposal to shift some of their funding for the lead hazard control grants (and accompanying healthy homes supplemental funding) to be funded by formula rather than through a competitive application process. We agree that this change could allow for more communities to access funding and would streamline the process for grantees. However, we want to ensure that, as HUD develops this process, it will be implementing a formula and a system that is reactive to the needs of communities and will not unintentionally disinvest in communities with smaller populations or specific needs. We note that OLHCHH has a significant amount of carryover funds available from previous years; using those funds for this formula effort would allow the office to reach more communities and expend their unspent dollars. **We suggest that the committee allow HUD to move forward with designing a formula funding plan, including using unspent amounts to support the design and implementation of this plan (e.g., funding a larger amount of formula grants than is outlined in the budget, extending current grantee agreements for a year to allow for the thoughtful design and implementation of a funding pilot). We also strongly urge the committee to require HUD to conduct a thoughtful process in designing these new formula grants, including engagement of past, future, and potential grantees, partners, residents, and other interested parties.**

Finally, we echo the call in the House report for HUD to improve the grant application process and we also see a significant opportunity to improve the operations of this office, expand the capacity of these programs, and make it possible for even more families and communities to access these funds. The specific changes we recommend are:

- *Income eligibility criteria.* To reduce intrusions on privacy and burdens and barriers for both residents and program administrators, those already enrolled in a federal, state, or local program that is income-limited should automatically be eligible for participation in OLHCHH-funded programs. In addition, to address high-risk, high-priority communities, allow for the use of geographic criteria for unit eligibility including the Justice 40 census tracts and the Low-Income Housing Tax Credit Qualified Census Tracts. Qualified Census Tracts were used to successfully speed project approvals and reduce participant and administrative burden for ARPA-funded programs which allowed more effort to go more quickly towards improving communities and outreach to communities most in need.
- *Nonprofit grant recipient eligibility.* Nonprofit organizations should be eligible to receive HUD's lead hazard control and lead hazard reduction grants. Many governmental recipients already partner with or subcontract to nonprofits to assist with managing these programs. Nonprofit organizations have already successfully been receiving and administering other grant programs from this office. This increases the potential pool of

applicant communities and allows them to select the lead organization or agency that is best poised for success and impact.

- *Project activity flexibility.* To be more responsive to emerging issues and local needs and engage in systems change work, grantees need more flexibility with what they can spend the funds on. For example, some grantees want to be able to more robustly support code enforcement/rental inspections, community and contractor capacity building, and workforce development through this funding. Efforts to make lead-safe property management and repair the standard of practice for everyone in the community should be eligible expenses. Activities such as property lead testing, consultations, and training contractors, consultants, housing agency staff, property owners, and maintenance persons can result in safer practices and lead-safe units, even if those units don't enroll in the grant program. Contractors and consultants trained in residential lead hazard control or testing become a resource for the whole community. The federal government should be focused on the results of programmatic activities, not merely direct unit production. By providing flexibility in the allowable activities under lead and healthy homes programs, the department can create more lasting impact.
- *Project spending thresholds.* Restrictions on the amount that can be spent on a unit, or thresholds that require additional approval from HUD or trigger other rehab requirements in order to move forward, are now outdated due to inflation and rising supply and labor costs. The most hazardous units are often the most costly and complex to address and local housing markets and conditions can change in a matter of months, impacting the number and types of properties that can be recruited. Grantees should be allowed the flexibility to adapt grant unit objectives to correspond to the housing market in their communities as it changes and evolves. The department should not force grantees to not address identified hazards and deficiencies due to arbitrary spending limits. Leaving identified hazards behind which may impact resident health and safety can also impact eligibility for other programs (e.g., weatherization) that require remediation of certain hazards before work can begin.

Centers for Disease Control and Prevention

- **Childhood Lead Poisoning Prevention Program.** This program provides surveillance grants to 61 states, cities, territories, and counties, and issued [grants to 11 community-based organizations](#) last year. It conducts needed surveillance of children exposed to lead, provides national data on childhood lead poisoning, ensures that children receive necessary case management, and enables local jurisdictions to take action before children are exposed to lead instead of reacting only after they have been harmed. This is especially important after the reduction of the blood lead reference value from 5 to 3.5 µg/dL, doubling the number of children needing these services, and after screening rates dropped during the COVID-19 pandemic. **Funding for this program should be increased to \$100 million.**
- **National Asthma Control Program.** This program funds states, territories, localities, and other organizations to improve asthma surveillance, awareness, and education. The program currently supports asthma control programs in 25 states and jurisdictions. The current funding level for

this program represents an average of just \$1.17 invested in asthma prevention for each of the 26.5 million Americans living with asthma. In contrast, between 2012 and 2018, an average of \$3.5 billion per year was paid by Medicaid just for asthma inhalers. Statewide asthma coalitions, funded by NACP, are one of the most direct and measurable ways that human, financial, and organizational resources are leveraged. **Funding for this program should be increased to at least \$40 million and, ideally, \$70 million in accordance with the [Family Asthma Act](#), which would support funding for all 50 states and at least two territories.**

- **National Environmental Public Health Tracking Program.** This program supports environmental public health tracking and data networks in 31 states, one city, and one county. A Public Health Foundation study estimated that every dollar invested in the Tracking Program results in a \$1.44 return in the form of healthcare savings. **Funding for this program should be increased to \$65 million, which would allow CDC to expand and fund all 50 states at full capacity. The proposed elimination of this program in the House FY25 bill should be rejected.**

Environmental Protection Agency

- **Categorical Grant: Lead and Lead Risk Reduction Programs.** Through funding for states and EPA regional offices, these programs support science-based standards used to define what lead hazards are in order to protect pregnant people and children; they require lead-safe work practices during renovation, repair, and painting work; and they ensure that consumers seeking lead inspection, abatement, and risk assessment services can find qualified, trained individuals to perform the work properly. Communities require more resources to address the needs of lead-poisoned children, especially a fully trained workforce to carry out lead abatement and lead-safe work practices; funding these programs will increase training availability and we encourage Congress and EPA to focus on training needs for local code enforcement officers, who are often tasked with identifying hazards in the home and enforcing housing quality standards. **Funding for these programs should be increased to \$50 million and \$16 million, respectively.**
- **Categorical Grant: Radon, Indoor Air: Radon, and Reduce Risk from Indoor Air Programs.** These programs work to protect residents from health risks associated with indoor air, including asthma triggers located in the home, mold (a particular concern in the aftermath of flooding), and radon. Radon is the second leading cause of lung cancer in the U.S. As awareness of radon as a public health issue has increased, the demand for radon mitigation services is also expected to increase. **Funding for these programs should be increased to \$17 million, \$5 million, and \$47 million, respectively, and the proposed cuts to the Indoor Air and Radiation office in the House FY25 bill should be rejected.**
- **Children and Other Sensitive Populations: Agency Coordination.** This program ensures that agency programs protect children's environmental health, including work on developing regulations, improving science policy, implementing programs at the community level, and measuring progress on children's health. The incidence of asthma and a number of other chronic diseases is increasing nationally. Therefore, more resources are needed to address the needs of these sensitive populations. **Funding for this program should be increased to \$8 million, and the proposed elimination of this program in the House FY25 bill should be rejected.**

- **Environmental Justice.** As the environmental justice funding provided by the Inflation Reduction Act has begun to be distributed, it is also important to continue annual funding to EPA's environmental justice programming to maintain continuity and strive to meet the needs of communities who have experienced environmental injustice, including poor housing quality. **We support funding for this program at President Biden's proposed level of \$317.7 million, and the proposed elimination of this program in the House FY25 bill should be rejected.**

Thank you for your consideration of these requests, your support of these critical programs, and your commitment to securing healthier housing for all residents.

Sincerely,



Amanda Reddy
Executive Director, National Center for Healthy Housing