



## New York's Lead Poisoning Prevention Program (LPPP)

**Financing Source:** Legislative authorization funded by the New York State General Fund

**Financing Amount:** \$7.1 million

**Focus:** Lead (secondary prevention)

The purpose of the New York State (NYS) Department of Health's Lead Poisoning Prevention Program (LPPP) is to detect and treat lead poisoning as soon as it occurs in order to minimize the risk of exposure. The LPPP funds county health departments to ensure children and pregnant women are screened for elevated blood lead levels (EBLLs); to conduct monitoring and case management of people with EBLLs, including providing home-based inspection and environmental management services; and to educate the public about lead poisoning prevention. Other state-funded services related to childhood lead poisoning primary and secondary prevention and healthy homes are subjects of [additional case studies in this series](#).

### Financing Mechanism

The LPPP has existed in various forms since the 1970s. Early versions included the New York City Bureau of Lead Poisoning Control, founded in 1970, and the NYS Department of Health's Heavy Metals Registry, established in 1982.<sup>1</sup> In its current form, the LPPP was enacted into public health law in 1992 (NYS Public Health Law §1370-a) and amended in 2007 and 2009.<sup>2</sup> LPPP is funded through an annual appropriation in the state budget; the funds it receives are drawn from line items such as general tax levies and taxes on the sale of insurance policies. The LPPP's allocation is usually flat-funded but may fluctuate with the overall state budget. The program funding amount, roughly \$7.2 million, has been fairly stable for the last 12 years. Periodically, both New York City and the state as a whole have received funding from the U.S. Centers for Disease Control and Prevention (CDC) through competitively awarded cooperative agreements to support surveillance, screening, and other programmatic activities.<sup>3</sup> It also receives funding through the federal Title V Maternal and Child Health Services Block Grant.

All 62 county health departments in New York State are automatically eligible for grant funding through the LPPP. Funds are apportioned based on a funding formula related to the incidence and prevalence of lead poisoning. Only one county has turned down funding due to a low caseload. In counties that lack environmental health staff, home-based services are managed by the NYS Department of Health through a district office; this service is funded through a different mechanism.

### Program Overview

While the LPPP funding supports county health departments' activities related to both primary and secondary lead poisoning prevention, its primary focus is on secondary prevention and surveillance. NYS regulations mandate blood lead screenings for children and pregnant women; the screenings are provided by primary care providers and paid for by patients' health insurance plans. County health departments that receive funding through the LPPP ensure that this mandatory testing occurs, conduct home inspections for people found to have EBLLs, provide nursing case management, and employ a variety of enforcement mechanisms to compel remediation work.

### Program Operations

County health departments that receive funding through the LPPP are required to provide home-based environmental interventions, including inspections and remediation of lead hazards, for children with EBLLs of 15 µg/dL; some counties require it at lower levels. Many county health departments also offer case management and follow-up actions for all children identified with EBLLs, including blood lead monitoring, risk reduction education, medical evaluation and treatment, and provision of temporary lead-safe housing, with the specific services offered depending on the child's blood lead level. LPPP funds also are used for salaries for public health nurses and for data management—the results of blood lead screenings are reported to the state lead poisoning registry maintained by the Department of Health (LeadWeb). The LPPP also some

<https://nchh.org/tools-and-data/financing-and-funding/sustainable-financing-mechanisms/>

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conducts primary prevention activities, such as public and professional education and community outreach on childhood lead poisoning prevention. New York's Childhood Lead Poisoning Primary Prevention Program, the subject of [another case study](#) in this series, provides additional dedicated funding for primary prevention to the 15 counties whose ZIP codes have the highest incidence of EBLL cases.

#### **Eligible Population Served**

NYS regulations mandate blood lead screenings for all one- and two-year-old children and all pregnant women, as well as annual screenings for at-risk children under six.<sup>4</sup> County health departments funded through the LPPP provide services to pregnant women, children at risk up to six years old, and children with EBLs up to age 18.

#### **Staffing**

Providers include primary care providers, nurses, and county health department employees.

#### **Billing for Services**

Primary care physicians may bill insurance companies and Medicaid's Early and Periodic Screening, Diagnostic and Treatment program (EPSDT) for blood lead testing. LPPP education, inspections, case management, and remediation enforcement services are provided at no cost to community members.

### **Outcomes and Evaluation**

NYS Department of Health data shows a gradual decline in EBLs at or greater than 10 µg/dL over time.<sup>5</sup> NYS has determined that the LPPP is an essential health program. Evaluations focus on process improvements and quality management. For accountability purposes, every three to five years, counties receive state evaluation that examines both their medical and environmental services.

#### **Return on Investment**

There is no reported return-on-investment evaluation.

### **Lessons Learned**

The LPPP attributes its success at maintaining state budget funding to the maintenance of its high-quality blood lead level data systems. This has proved challenging due to changing technology and has required streamlining and improvement over time, but it has been valuable in sustaining continued policymaker support. Further, county health departments appreciate the LPPP program because its clear guidance indemnifies them from harm and helps to avoid lawsuits by those with EBLs. LPPP also attributes its success to attaining reliable funding from the state budget, which has protected it from changes in federal funding.

### **For More Information**

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<sup>1</sup> Eidsvold, G., Mustalish, A., & Novick, L. F. (1974, October). The New York City Department of Health: Lessons in a lead poisoning control program. *American Journal of Public Health*, 64(10), 956-962. Retrieved from <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.64.10.956>

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<sup>2</sup> New York State Department of Health. (2004, June). Eliminating childhood lead poisoning in New York State by 2010. Retrieved from <https://www.health.ny.gov/environmental/lead/exposure/childhood/finalplantoc.htm>

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<sup>3</sup> U.S. Centers for Disease Control and Prevention, Childhood Lead Poisoning Prevention Program. (n.d.). *Blood lead levels (µg/dL) among U.S. children < 72 months of age, by state, year, and blood lead level (BLL) group*. Retrieved from <https://www.cdc.gov/nceh/lead/data/CBLS-National-Table-508.pdf>

<sup>4</sup> State of New York. (2009, June 20). NYS regulations for lead poisoning prevention and control – NYCRR Title X, Part 67 (67-1.2 Lead screening and follow-up of children by health care providers). Retrieved from the New York State Department of Health website: [https://www.health.ny.gov/regulations/nycrr/title\\_10/part\\_67/index.htm#sec67-1-2](https://www.health.ny.gov/regulations/nycrr/title_10/part_67/index.htm#sec67-1-2)

<sup>5</sup> New York State Department of Health. (2019, April). New York State Community Health Indicator Reports (CHIRS): Incidence of confirmed high blood lead level (10 micrograms or higher per deciliter) – rate per 1,000 tested children aged <72 months. Retrieved from [https://webbi1.health.ny.gov/SASStoredProcess/guest?\\_program=/EBI/PHIG/apps/chir\\_dashboard/chir\\_dashboard&p=st](https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/chir_dashboard/chir_dashboard&p=st)