

Find It, Fix It, Fund It: A Lead Elimination Action Drive

Policy Recommendations to Congress and the New Administration

A close-up photograph of a young child's face, focusing on the left eye and nose. The child has dark hair and is looking slightly away from the camera.

National Center for
HEALTHY HOUSING



National Safe and Healthy
Housing Coalition

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About Find It, Fix It, Fund It: A Lead Elimination Action Drive

The Find It, Fix It, Fund It action drive is comprised of over 150 organizations that have been developing recommendations to address childhood lead poisoning, a disease that is entirely preventable, yet still afflicts over half a million children annually. The science clearly shows that much of the problem comes from old contaminated water pipes, windows and lead paint hazards, which we believe can best be addressed through infrastructure improvements and other reforms. This work can create thousands of jobs and enable our children to reach their full potential. Every dollar spent on lead hazard control yields at least \$17 in benefits. The time has come to eliminate this problem to enable our children to grow and reach their full potential.

Find It, Fix It, Fund It: A Lead Elimination Action Drive

For details on the action drive, see bit.ly/FindFixLEAD

For more information, contact djacobs@nchh.org

#FindFixFund

#SHHCoalition

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Executive Summary

Overview

There are over 535,000 children with elevated blood lead levels in the United States. Childhood exposure to lead, even at low levels, has lifelong consequences including decreased IQ and cognitive function, developmental delays, and behavior problems; very high exposures can cause seizures, coma, and even death. Preventing childhood exposure to lead has a large return on investment; every dollar invested in lead hazard control results in health, educational, and other societal savings of at least \$17.

Effective interventions to reduce exposure to lead in paint, water, soil, and consumer products already exist. However, the Flint water crisis reminds us that investment in these interventions must not only be widespread but sustained and that much more needs to be done to eliminate childhood lead poisoning. In the U.S., 37 million older homes contain lead paint, and 23 million of them have significant lead paint hazards. An estimated 3.6 million of these homes currently house young children (whose brains are still developing); children of color and children of low-income households are disproportionately impacted by lead exposures in these homes. In addition, an estimated 6.1 to 10.2 million homes have lead service lines for their drinking water, which is the most common reason for lead contamination in water.

In the wake of the Flint crisis and increased national will to address childhood lead poisoning, the National Center for Healthy Housing and the National Safe and Healthy Housing Coalition convened over 100 organizations to launch Find It, Fix it, Fund It: A Lead Elimination Action Drive. Drive members worked together to create recommendations so that the new Congress and administration can act quickly in 2017 to eliminate lead poisoning.

The recommendations included in this document seek to achieve the Find It, Fix It, Fund It action drive's goal: to eradicate childhood lead poisoning within five years by eliminating lead exposures from housing, water, consumer products, and other sources, and to successfully identify children already exposed to lead and provide needed follow-up services throughout their lives.

Section 1. Locate and Eliminate Sources of Lead Exposure, Modernize Regulations, and Use Science to Update Standards

Section 2. Surveillance of Blood Lead Levels and Follow-Up Services to Children Exposed to Lead

Section 3. Advance an Aggressive Financing Strategy to Eradicate Lead Poisoning

Section 4. Infrastructure Investment and Workforce Development

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Find It, Fix It, Fund It: A Lead Elimination Action Drive

Section 1:

Recommended Policies to Locate and Eliminate Sources of Lead Exposure, Modernize Regulations, and Use Science to Update Standards

Goal

All our children should be healthy, able to learn, and grow into productive adults. Lead poisoning damages children's brains. Over the last decades, we have greatly reduced blood lead levels for most children. Now it's time to finish the job.

Therefore, we will eradicate childhood lead poisoning within five years by eliminating lead exposures from housing, water, consumer products, and other sources. We will successfully identify children already exposed to lead and provide needed follow-up services throughout their lives.

Where We Are Today

Two of the most significant types of lead contamination afflicting children are housing and drinking water. Housing lead hazards include not only lead paint but also the contamination it generates in settled dust inside and soil outside. Water is contaminated by lead used in old pipes, plumbing fixtures, and solder. Both of these sources are widely dispersed in homes throughout the nation, making finding and eliminating dangerous exposures difficult.

All too often, we wait until a child is found to have been exposed to lead in order to find and eliminate the source of lead in the home. This is too late. The policy recommendations provided here will end this reactive approach by finding and addressing lead sources before they harm a child.¹

An estimated 37 million older homes (about a third of the nation's housing stock) have lead paint. Of these, approximately 23 million contain deteriorated lead paint or have soil or dust hazards exceeding federal limits. Of the homes with lead hazards, young children live in an estimated 3.6 million; and approximately 1.1 million are occupied by low-income families with young children.

Yet even in older homes with lead-based paint, much of the paint is, in fact, *not* leaded. Lead paint is most concentrated on windows, doors, and trim—although it can vary considerably in any individual home.

¹ Finding lead paint and its hazards should be accomplished using a combination risk assessment/inspection. A lead paint risk assessment finds lead hazards, and when combined with an inspection determines precise locations of lead paint, lead dust, contaminated soil and leaded pipes and fixtures. Abatement means permanent elimination of lead paint hazards by building component replacement (such as windows, doors, or trim), paint removal, enclosure, as well as lead service line and fixture replacement together with corrosion control for water.

Replacing or enclosing surfaces with lead paint (not just interim controls/maintenance) should be the ultimate goal.

An estimated 6.1 to 10.2 million homes have lead service lines that connect homes to the water main under the street. Lead service lines are the most common reason for high levels of lead contamination from water. Even with good chemical corrosion controls, the lines can release leaded particulates and create contamination spikes. As a result, the replacement of lead service lines, along with corrosion control and eventual replacement of leaded fixtures, should be the ultimate goal. This effort is challenging because many utilities do not have accurate records of where lead service lines are located and lead service lines are on private property. Finally, we must act to eradicate lead exposures from consumer products.

Policy Recommendations

Note: The designation “TT” indicates a recommendation is to a presidential transition team, “C” indicates it is to Congress, and “B” indicates it is to both.

Create a Plan. Eliminating lead exposures will require the cooperation of multiple agencies within the federal government. In 2000, the President’s Task Force Environmental Health and Safety Risks to Children adopted a unified plan of action across federal agencies. The plan covered 2000-2010 and is out of date; there is no current goal and budget.

1. Agency heads from the Environmental Protection Agency (EPA), the Department of Housing and Urban Development (HUD), the Department of Health and Human Services (HHS), the Department of the Treasury (Treasury), the Consumer Product Safety Commission (CPSC), the Department of Justice, the Office of Management and Budget, and other Cabinet-level officials should convene within the first weeks of a new administration as members of the President’s Task Force on Environmental Health and Safety Risks to Children. The Task Force should update the 2000 plan, and its members should develop, quantify, and implement the new plan and interagency budget requests to fulfill their responsibilities to eliminate childhood lead exposures within five years. [TT; first year]

Identifying Lead Problems in Housing and Drinking Water

The Right to Know. The nation’s current law on disclosing lead problems in housing does not require determining whether lead is actually present. Instead, the law only requires disclosure of already known lead hazards; that is, the results of tests previously conducted (if any). But because most homes have not been inspected, there is usually nothing to be disclosed. Furthermore, the law does not cover drinking water and disclosure of lead pipes.

2. Congress should amend the disclosure requirements of the Residential Lead-Based Paint Hazard Reduction Act (Title X of the Housing and Community Development Act of 1992) to require, prior to obligation under a sale or lease contract, testing (if not previously performed) of paint, dust, and soil, and a visual inspection of the service line and where available a report from the water utility to assess if it contains lead. This information must be disclosed to buyers and

renters. The disclosure will allow remediation to be financed through mortgages or other financial means in homes to be occupied by children. [C; first 100 days]

3. Congress should require testing for lead and lead hazards and abatement as a condition of FHA single-family mortgage insurance and require that it be added to the Fannie Mae and Freddie Mac underwriting standards. (FHA already requires much of this in multifamily mortgage insurance but does not require it in its single-family mortgage insurance program.²⁾ [C; first term]
4. Congress should pass S.2631, the Lead-Safe Housing for Kids Act of 2016, to require HUD to modify its Lead Safe Housing Rule to require lead risk assessments in the Section 8 Housing Choice Voucher Program in homes with children instead of the current requirement for a mere visual examination, which cannot reliably detect lead problems. HUD has existing authority under the 1937 Housing Act (as amended) to assist states and subdivisions of states to “remedy the unsafe housing conditions” but did not exercise this authority when its rule was promulgated in 1999. These homes are eligible for HUD’s lead hazard control program, and Recommendation 5 in Section 3 provides required funding to carry out the risk assessments and subsequent abatement of lead paint, dust, and soil hazards. [B; first 100 days]
5. HUD should require city and county-level Assessments of Fair Housing (AFHs) to include lead paint, dust, and soil hazard data from code enforcement and other available local data sources where available. The Centers for Disease Control and Prevention (CDC) data on children’s elevated blood lead levels by county and city or local jurisdiction (where available) should be included in a map as part of the AFH Data and Mapping tool. Jurisdictions should address the disproportionate impact of lead poisoning on minority and low-income communities as part of their AFH. [TT; first 100 days]

Once Is Enough. Frequently, when a child is poisoned in a particular house, the family is moved to another home without the first home being fixed. Too often, the result is another child who moves into that first home and is subsequently poisoned. Therefore, once hazards are identified, they need to be fixed, even if the child leaves, because other children may move into them or visit in the future. In multifamily housing, a frequent practice is to test only one apartment, even though the others are also likely to have problems.

6. Congress should amend the Residential Lead-Based Paint Hazard Reduction Act of 1992, (Title X of the Housing and Community Development Act of 1992) to ensure that homes with hazards are remediated before being leased. If a poisoned child lives in a multifamily housing unit with lead hazards, then all similar child-occupied units in the development should be tested, because it is likely other children are also at risk. [C; first term]

² For more details, see Recommendations 1 and 2 in Section 3: Recommended Policies to Finance the Eradication of Lead Poisoning.

Citizen as Scientist. Certain lead testing methods, such as drinking water sampling and dust testing, are relatively simple procedures that could be practiced by citizens with proper instruction and support for interpreting results.

7. EPA and HUD should provide training and grant support to community-based organizations to assist tenants and low-income homeowners in conducting and reporting their own tests. [TT; first 100 days]

Eliminating Lead Problems in Housing and Drinking Water

Opening New Windows. Windows have the highest lead paint and lead dust levels compared to all other building components, particularly older single-pane windows. Replacing windows creates new jobs, conserves energy, increases home value, creates aesthetic appeal, and eliminates a major contributor to children's lead exposure.

8. Create incentives to eliminate lead-contaminated single-pane windows. Congress should support energy efficient, lead-free window replacement through tax credits and subsidies. The Department of Energy (DOE), HUD, and other allied programs should all expand window replacement due to proven large benefits in health, job creation, home value, and energy savings.³ [B; first 100 days]

Worst-First: Demolition and Lead Paint. Areas with dilapidated housing and blight are often priorities for demolition and redevelopment. Demolition and redevelopment are often funded by tax credits, Community Development Block Grants (CDBG), and private funding; but factors for selection of priority demolition and redevelopment areas typically do not include lead data either for housing or drinking water.

9. Congress should require that selection of areas for demolition and redevelopment in CDBG consolidated plans include consideration of childhood lead poisoning data and requirements that demolition be completed using dust suppression and other proven methods. CDC should develop GIS-based maps showing the neighborhoods with the highest prevalence of lead exposure based on its surveillance system. HUD and the Department of the Treasury should require the use of such maps in CDBG and home repair and housing tax credit programs, and Congress should incentivize private investors to finance demolition of the homes with the greatest, most intractable lead problems. All building redevelopment should include replacement of lead service lines within the demolition and redevelopment area. [B; first term]

Increase Federal Funding and Support for State and Local Lead Poisoning Prevention

Programs. Please see recommendations in Section 3: Recommended Policies to Finance the Eradication of Lead Poisoning.

³ For more details, see Recommendation 11 in Section 3: Recommended Policies to Finance the Eradication of Lead Poisoning.

Trust but Verify. There is inadequate enforcement of existing lead poisoning prevention laws due to inadequate staffing or prioritization of lead at federal, state, and local agencies. For example, in FY15, EPA conducted so few inspections under its lead Renovation, Repair, and Painting Program that a busy contractor doing five jobs a week would encounter an EPA official on average once every 57 years.

10. HUD and EPA should increase enforcement staffing levels and activities to enforce the Residential Lead-Based Paint Hazard Reduction Act of 1992 (Title X).⁴
[TT; first 100 days]

Close the Federal Rule Loopholes. EPA's Lead and Copper Rule has been widely criticized for making replacement of lead service lines a last resort and neglecting public health concerns in its testing requirements. Most lead-related regulations have not been updated in anywhere from 8-20 years and no longer reflect current science. Although lead-based paint has been banned for residential and consumer use since 1978, U.S. companies continue to manufacture lead-based paint for sale abroad, impacting children worldwide – and children in the U.S. when a product containing the paint is brought into the country. Further, while existing statutory authority affords agencies the opportunity to address lead contamination in food, consumer products, and ongoing releases to the environment such as aviation fuel, agencies have been slow to update regulations.

11. EPA should revise the Lead and Copper Rule for drinking water consistent with recommendations from its National Drinking Water Advisory Council and both (1) extend corrosion control to all community water systems and (2) improve current corrosion control practice requirements for all systems. [TT; first year]
12. Federal agencies (including EPA, FDA, HUD, OSHA, and CPSC) should update, keep current, and enforce their regulations on lead to reflect CDC's blood lead reference value and current science related to levels of lead in various sources. In particular, EPA should update its lead dust standard based on recommendations from its own Science Advisory Board in 2010. [TT; first 100 days]
13. Congress should prohibit U.S. companies from continuing to make or sell lead paint and other nonessential uses of lead in products in other countries. [C; first 100 days]
14. Regulatory agencies with appropriate authorities, including EPA, CPSC, and FDA, should prohibit or severely restrict all nonessential uses of lead. [TT; first term]
15. EPA should complete its regulation of lead-based paint in public and commercial buildings, which Congress mandated in 1992. [TT; first 100 days]

⁴ See Recommendations 6 and 7 in Section 3: Recommended Policies to Finance the Eradication of Lead Poisoning on recommended funding levels to HUD and EPA to achieve this goal.

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Section 2:

Recommended Policies for Surveillance of Blood Lead Levels and Follow-Up Services to Children Exposed to Lead

Goal

All our children should be healthy, able to learn, and grow into productive adults. Lead poisoning damages children's brains. Over the last decades, we have greatly reduced blood lead levels for most children. Now it's time to finish the job.

Therefore, we will eradicate childhood lead poisoning within five years by eliminating lead exposures from housing, water, consumer products, and other sources. We will successfully identify children already exposed to lead and provide needed follow-up services throughout their lives.

Where We Are Today

Surveillance of children's blood lead levels provides us with a report card on how well we are protecting children from lead poisoning – and provides data needed to help those already exposed. That report card shows that we have made significant progress but that exposures are still at epidemic levels. CDC's National Health and Nutrition Examination Survey shows over half a million children with blood lead levels above CDC's blood lead reference value, levels that affect academic performance, behavior, and life success. Indeed, no safe blood lead level in children has been identified.

Screening and surveillance data currently provide the foundation for targeting community prevention activities to areas where the risk is highest. However, many states and local jurisdictions have antiquated data systems due to inadequate funding from Congress and CDC. These systems must be modernized and standardized. Perhaps most critically, as a nation we must expand beyond surveillance just of blood lead levels to provide surveillance of exposures – so that we can prevent those exposures and protect children before they are harmed by lead.

Screening and surveillance data are also essential for carrying out needed follow-up services for children affected by lead. These services include identification and removal of lead sources, adequate nutrition, and education and behavioral services to support the development of those affected by lead.

Policy Recommendations

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Implement a Twenty-First Century Blood Lead Surveillance System.

1. Congress should provide funding for the Centers for Disease Control and Prevention (CDC) Healthy Homes and Lead Poisoning Prevention program to fund blood lead surveillance in all states. CDC should require funded states to report all blood lead tests in a standardized format through the Nationally Notifiable Noninfectious Diseases and Conditions reporting system. Reporting of all blood lead levels to CDC/NIOSH within the noninfectious disease system has been in place since 2010. Reporting of these tests to the state may be mandated at the state level; submission to CDC currently is voluntary. Implementation of this recommendation will require state-based efforts. [B; first 100 days]
2. Congress should amend the Clinical Laboratory Improvement Act (CLIA) or use other mechanisms to require all healthcare providers and clinical laboratories to report all blood lead levels to states. [B; first 100 days]
3. CDC should provide resources at the local, state, and federal levels both to support appropriate professional staff and to update, upgrade, and integrate lead poisoning data systems critical to surveillance and case coordination efforts. This will allow for rapid assessment of lead poisoning incidence and targeting of prevention, education and outreach, environmental risk assessment, and lead hazard reduction by CDC and other federal agencies. [TT; first 100 days]
4. The Centers for Medicare and Medicaid Services (CMS) should require that childhood blood lead testing follow the guidelines issued by state health departments for medical visits to qualify for increased reimbursement under the Early and Periodic Screening, Diagnostic and Treatment Program (EPSDT). [B; first 100 days;]
5. The U.S. Department of Agriculture (USDA) should develop mechanisms for reimbursement for blood lead testing at Special Supplemental Nutrition for Women, Infants, and Children Program (WIC) sites, in concert with hemoglobin testing. [TT; first year]
6. Congress should provide additional funding for CDC’s Epidemic Intelligence Service to perform reviews and investigations of the sources of exposure for children with blood lead levels over 70 µg/dL, because this cohort of children has not experienced a downward trend. [C; first term]

Provide Surveillance of Lead Exposures and Children in the Same System.

7. The administration, working through a cabinet-level interagency task force, should require all states to report to CDC results for lead concentrations in dust, soil, paint, water, and consumer products whenever these are measured. [TT; first year]
8. CDC should provide maps for the last five years, linking elevated blood lead level test results, known risk factors such as age of housing, established presence or absence of lead service

lines, toxic releases of lead, newly arrived populations,¹ percentage of rental properties, and available data on lead concentrations in the environment for all states, counties, and municipalities where a substantial percentage of the children less than six years old has been tested. In areas where a substantial quantity of children has not been tested, CDC should provide maps of the screening rate, known risk factors, and lead concentrations in the environment. CDC should also create a central repository of data on consumer products containing lead. *Note: In areas where few children have been tested, blood lead data does not provide a reliable estimate of risk. In these instances, demonstrating that there are environmental risks should prompt testing.* [B; first 100 days; agency required to report in one year]

9. CDC should develop data reports that meet the needs of a variety of audiences, including the number and percentage of children tested and having high blood lead levels for one year age cohorts by school attendance zone, congressional district, census tract, county, and state. [B; first 100 days; agency required to report in one year and annually thereafter]

Engage OB/GYN Health Care Providers to Include Environmental Lead Surveillance in Homes During Pre-Birth Visits.

10. CMS and the Title V Maternal and Child Health Services Block Grant Program should provide reimbursement of home inspections/risk assessments during visits by all funded home visitors during pregnancy and early childhood. [TT; first year]

Blood Lead Action Levels and the CDC Reference Value.

11. The National Academies of Sciences, Engineering, and Medicine, in consultation with a cabinet-level interagency lead task force, should study the implications and feasibility of continuing to link the CDC reference value for children's blood lead to regulatory and clinical definitions of "lead poisoning" including considerations of laboratory proficiency, impact of individualized interventions at various blood lead concentrations, and equitable distribution of resources. [B; first 100 days]

Ensure that Children Affected by Lead Receive Timely and Appropriate Services.

12. CMS should incentivize all state Medicaid agencies to provide adequate reimbursement for comprehensive follow-up services for children affected by lead, including inspection and environmental follow-up activities, educational home visits, remediation, and developmental assessment. [TT; first 100 days]
13. The National Institutes of Health (NIH) should develop and fund an agenda of basic and applied research to identify best practices for educational interventions for children affected by lead. [TT; first 100 days]

¹ Such populations may have elevated blood lead levels and/or bring products from their home countries containing lead including food, cosmetics, health remedies, and cookware.

14. The Department of Education should work with state boards of education to ensure that Individuals with Disabilities Education Act (IDEA) -funded programs include children with a history of a blood lead level greater than or equal to 5 µg/dL under covered conditions for eligibility for services and that these children receive remedial and enrichment educational services as soon as delays are identified. [TT; first 100 days]
15. Congress and the Department of Health and Human Services should fully fund Head Start so that all eligible three- and four-year-old children can be enrolled in the program. [B; first year]

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Section 3: Recommended Policies to Advance an Aggressive Financing Strategy to Eradicate Lead Poisoning

Goal

All our children should be healthy, able to learn, and grow into productive adults. Lead poisoning damages children's brains. Over the last decades, we have greatly reduced blood lead levels for most children. Now it's time to finish the job.

Therefore, we will eradicate childhood lead poisoning within five years by eliminating lead exposures from housing, water, consumer products, and other sources. We will successfully identify children already exposed to lead and provide needed follow-up services throughout their lives.

Where We Are Today

The nation currently spends an estimated \$50.9 billion annually to cover the costs of childhood lead exposure (2008 dollars). Instead of continuing to absorb these costs, the nation should invest in prevention. For each dollar spent on controlling lead-based paint hazards, we get at least \$17 in benefits, a cost-effectiveness rivaling vaccines. This investment should come from the private sector, government, and philanthropy. This section provides recommendations for each.

The cost to abate lead-based paint hazards in housing ranges greatly, from a few hundred dollars to \$30,000 per home. Replacing a lead water service line costs \$2,500 to \$8,000. With approximately 23 million homes having significant lead paint hazards (3.6 million of which may have young children) and an estimated 6.1 to 10.2 million lead service lines, the financial commitment needed to eliminate lead is large, but much less than continuing to absorb the costs of lead exposure.

Policy Recommendations

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Make Lead like Any Other Housing Deficiency: Leverage the Mortgage Market. New purchasers typically correct housing problems at the time of sale or refinancing. If incentives or requirements for testing for lead are implemented (in accordance with the "Identifying Lead Problems"

recommendations) then owners will need access to capital to correct the identified hazards. The federal government can use its substantial role in the mortgage market to help owners finance control of lead hazards.

1. The Federal Housing Administration (FHA), Department of Agriculture (USDA), and the Department of Veterans Affairs (VA) should require a lead risk assessment and abatement of lead-based paint hazards in pre-1978 structures and identification and replacement of lead service lines for government insured mortgages. Currently, multifamily properties receiving FHA mortgage insurance are subject to the Department of Housing and Urban Development's (HUD) lead-safe housing rule, but for single-family properties, FHA only requires that the “[m]ortgagee must confirm that the Property is free of lead paint hazards,” based on the absence of past reports and a visual assessment, not an actual risk assessment—and there is no abatement requirement. FHA requires lead-free pipes for new wells, but existing lead service lines are not addressed. [TT; first 100 days]
2. Government-sponsored enterprises (especially the Federal National Mortgage Association [Fannie Mae] and the Federal Home Loan Mortgage Corporation [Freddie Mac]) should require a lead risk assessment and abatement of lead-based paint hazards in pre-1978 structures and identification and replacement of lead service lines for mortgages added to their portfolios. Currently, despite a requirement that properties meet underwriting criteria of being “safe, sound, and structurally secure,” no effort is made to identify lead hazards that could put the value of the property in jeopardy if later discovered. [TT; first 100 days]
3. HUD should allow 203(k) rehabilitation loans to include lead service line replacement and the Department should promote using these loans for lead-based paint abatement. 203(k) loans are underutilized, and many homebuyers are unfamiliar with the option to increase their mortgage loan amount to be able to easily cover the cost of abatement. Additionally, HUD should create a “Healthy Homes Mortgage,” similar to its Energy Efficient Mortgage (EEM), to finance lead abatement and other healthy housing improvements. [TT; first 100 days]

Ensure Federal Resources Address the Problem and Incentivize the Private Market. To address lead hazards effectively, Congress should ensure that its appropriations actually make affordable, public, and subsidized housing safe for children and that it provides resources for states to implement federally mandated programs. Further, old single-pane windows are known to have the worst lead contamination compared to other building components. Replacement of those windows with Energy Star windows creates jobs, improves home value, and eliminates a major contributor to lead exposure.

4. Congress should provide adequate appropriations for HUD to support abatement in low-income housing as well as to enforce its lead regulations. Congress should provide HUD \$2.5 billion annually for each of five years (\$12.5 billion total) to provide abatement of lead dust, paint, and soil hazards including window replacement in the estimated 1.25 million low-income pre-1960 units with lead hazards occupied by or likely to be occupied by children under six years old where risks are greatest, including housing choice voucher units. Congress should also provide

- an additional \$25 million annually to HUD to increase enforcement of its Lead Safe Housing Rule. [C; first term]
5. Congress should provide adequate appropriations for grants to states to oversee federally mandated licensing of lead risk assessors, inspectors, and abatement contractors, all of which are expected to grow in the coming years. Specifically, Congress should provide \$25 million annually in new funding for EPA's lead-based paint program and related state grants. [C; first term]
 6. Congress should appropriate \$50 million to fund grants to all states for lead surveillance, coordination of appropriate interventions and risk communication, and tracking progress at removing sources of lead exposure through the Centers for Disease Control and Prevention's (CDC) Healthy Homes and Lead Poisoning Prevention Program. The level of assistance to states should be based on the extent and scope of the problem. [C; first term]
 7. Congress should expand funding of the Community Development Block Grant (CDBG) program, and make explicit authorization to address lead service lines as an eligible activity. Additionally, HUD should require localities to include specific plans for lead-based paint and lead service line elimination in their consolidated plans. [B; first 100 days]
 8. Congress should pass the Home Lead Safety Tax Credit Act of 2016 (S. 2573) that establishes a tax credit for income-qualified owners of pre-1978 homes who conduct lead hazard remediation in their property. The Department of Treasury should issue a ruling allowing lead abatement to be universally considered a medical expense for tax purposes, including utilization of Health Savings Accounts for this purpose. [B, first 100 days]
 9. Congress should incentivize private investment in lead-based paint abatement and lead service line replacement by creating a very-low- or no-interest loan program accessible to home and building owners, with the option for forgivable loans for income-qualified applicants. The program should be available as a direct loan product, as well as a program in partnership with local lenders or nonprofit agencies who can provide a turnkey solution for owners to identify, finance, and abate lead. [C; first 100 days]
 10. The Department of the Treasury should require that projects receiving Low-Income Housing Tax Credits are in compliance with Subpart J of HUD's Lead Safe Housing Rule governing rehabilitation work. Treasury should also require that all Qualified Allocation Plans specifically require the determination and elimination of lead-based paint hazards and lead service lines. [TT; first 100 days]
 11. Federal agencies and Congress should ensure that the Weatherization Assistance Program, LIHEAP, and other federal programs supporting energy efficiency recognize the health benefits and cost savings of window replacement. The Department of Energy (DOE) should expand and standardize its Weatherization Plus Health Initiative, as well as include the health benefits from eliminated lead exposure in the calculation of the savings-to-investment ratio (SIR) that determines measures taken in a home. DOE should also work with state energy offices and public utility regulators to examine adding similar benefit adjustments to utility efficiency programs. [B, first term]

Encourage Philanthropic Investment. Private sector and federal agency activities should be well coordinated with the philanthropic community to target investments in lead elimination.

12. Congress should authorize a Lead Poisoning Prevention Pay for Success (PFS) Project to demonstrate that actual cost savings are realizable by evaluating the long term return on investment in medical, educational, criminal justice, taxable income, and other benefits. PFS is a contractual arrangement that allows for evidence-based programs to be funded by investments from philanthropic and private entities which in turn earn a return on investment through success payments based solely on the achievement of measured outcomes. [B; first term]
13. HUD, HHS (Department of Health and Human Services), and EPA should convene a funders' roundtable of national and local foundations with an interest in environmental health or safe affordable housing with the goal of engaging the philanthropic community to collaborate in identifying and filling gaps in a national lead elimination plan. In addition to foundation support for local capacity of lead poisoning prevention activities, the philanthropic community should create matching funds for public lead hazard control funds. [TT; first 100 days]
14. The Department of the Treasury (through the Internal Revenue Service) and HHS should coordinate on facilitating the inclusion of lead elimination in the community health needs assessments required of nonprofit hospitals under the Affordable Care Act. The agencies should also work to develop effective mechanisms in cooperation with HUD for hospitals to invest in lead elimination in their communities and have these measures count towards their community benefit obligations. This could include partnership with HUD lead hazard control grantees, local lead poisoning prevention programs, or CDBG-funded programs. The Treasury should report the utilization of community benefit dollars for lead elimination. [TT; first 100 days]

Improve Environments to Improve Health. The nation should promote cost-saving investments from Medicaid and other health insurance companies and providers. The cost of the continued presence of lead in housing is borne in part by health insurers in the form of increased medical care for exposed children.

15. HHS, through the Centers for Medicare & Medicaid Services (CMS), should expand pilot programs, and Congress should ultimately create a uniform policy for funding lead risk assessments, lead abatement, and lead service line replacement for Medicaid recipients otherwise unable to do so. Rhode Island notably obtained a Section 1115 waiver to allow window replacement in select Medicaid participants' homes using savings obtained from other changes. Michigan also recently received a Medicaid waiver to fund lead paint abatement and water pipe replacement. Other states have requested waivers with mixed success. CMS should encourage and support additional pilot efforts and expand them nationwide without requiring states to obtain waivers first. [B; first term]

Polluter Pays. Despite ample evidence of the potential for lead-based paint to harm children dating back to the early 1900s, U.S. paint and lead companies continued to manufacture and promote residential lead-based paint and lead water pipes into the 1970s, and some of them even continue to manufacture leaded paint for export. The actions of these companies have frequently left property owners and investors, as well as the federal government, unfairly responsible for cleaning the mess they created.

16. Congress should require the paint industry to be held accountable and contribute to a lead elimination fund through a special fee or corporate tax (similar to the “Superfund” tax on petroleum created by CERCLA). The attorney general should examine opportunities to recover the costs of federal lead elimination efforts from the industry and Congress should consider legislative changes necessary to ensure that lead industry members can be held liable on the basis of market share or public nuisance law. [B; first term]

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Find It, Fix It, Fund It: A Lead Elimination Action Drive

Section 4:

Recommendations for Infrastructure Investment and Workforce Development

Goal

All our children should be healthy, able to learn, and grow into productive adults. Lead poisoning damages children's brains. Over the last decades, we have greatly reduced blood lead levels for most children. Now it's time to finish the job.

Therefore, we will eradicate childhood lead poisoning within five years by eliminating lead exposures from housing, water, consumer products, and other sources. We will successfully identify children already exposed to lead and provide needed follow-up services throughout their lives.

Where We Are Today

Twenty-three million homes contain lead-based paint hazards, and 6.1 to 10.2 million homes have lead service lines to supply water to their home. Infrastructure investments to eliminate lead hazards in high-risk homes and replace lead service lines have multiple benefits: They mitigate the high costs of lead poisoning and can offer employment. Every dollar invested in infrastructure creates \$1.75 in related economic activities. Cleaning up lead hazards in the most at-risk homes will create an estimated 50,000 to 75,000 jobs, with tens of thousands more for moderate risk homes. More than 144,000 jobs can be created to replace lead service lines.

When workforce development and the resulting employment opportunity are provided to members of communities that have been disproportionately impacted by lead's toxic legacy, the benefits of investment are even greater. By providing unemployed, underemployed, and re-entry residents with training, green jobs certifications, and the living wages, family-friendly benefits, safe working conditions, and employment experience that high-road jobs provide, these investments help to restore the health of lead-impacted communities. Community health increases as homes are made safer, career pathways out of poverty are created, recidivism is reduced, and the need for continuing reliance on direct government financial support declines. Community health is further improved when the products used to abate lead in homes and replace leaded water pipes are carefully evaluated to ensure that they are domestically manufactured whenever possible, fairly made, and safe for workers and occupants.

Policy Recommendations

Note: The designation “TT” indicates a recommendation is to a presidential transition team, “C” indicates it is to Congress, and “B” indicates it is to both.

Recommendations to ensure workforce development and the creation of high-road jobs in the construction sectors that will be responsible for remediating lead-based paint hazards and replacing lead service lines.

1. Congress should address lead poisoning prevention and related worker training needs as part of its infrastructure programs. While infrastructure has traditionally focused on roads, bridges, and facilities, ensuring safe and healthy living spaces should be made a priority. Abating lead-based paint in housing and replacing lead service lines should be considered a critical component of our nation’s infrastructure. Congress should enact infrastructure policies that support and enforce the creation of high-road jobs, which offer effective training, living wages, safe working conditions, opportunities for advancement, and family-friendly benefits. [C; first 100 days]
2. Secure increased funding in private and other government spending for infrastructure and workforce development including local match funding for federal investments. [B; first term]
3. While it is relatively straightforward to provide training to tradespersons on working safely around lead, many localities lack plumbers and carpenters with the skills necessary to perform the underlying tasks that are part of lead abatement work. Funding should be provided to apprenticeship programs, vocational schools, and community colleges, including those in small and midsized cities, to undertake this training. [C; first term]
4. Congress must provide additional funding to support access to “lead professional” training – both lead inspection and lead hazard reduction – to support increased demand based on other policies recommended by Find It, Fix It, Fund It and to expand green job career pathways. The Department of Labor’s training programs should coordinate with the Environmental Protection Agency (EPA) and its delegated states to ensure that the supply of training providers meets training demands and that the supply of lead professionals is adequate. The agencies should conduct surveys to determine the market capacity and unmet needs. [B; first 100 days]
5. Congress should provide appropriate funding to support low- to no-cost training in lead-safe work practices required under EPA’s Renovation, Repair, and Painting (RRP) rule and should amend Title X to eliminate the requirement that EPA set licensure and certification fees to cover the cost of administering these programs. Under the current requirement, small contractors and individuals often find the cost of licensure or certification to be a substantial barrier to entry; these trainees should be exempt from the fees set by EPA. EPA should also use its grant guidelines to encourage delegated state programs to likewise reduce or eliminate certification and licensure fees for these trainees. This is especially problematic for the wide-ranging RRP program, which targets a large number of small businesses. [C; first 100 days]
6. The Department of Housing and Urban Development (HUD) should ensure that the letter and spirit of Section 3 requirements for low-income employment opportunities are being met in the

lead grants it funds, and Congress should expand requirements for ensuring opportunities for minority and female hiring in future lead grant funding awards. While grantees receiving HUD funds are required to meet Section 3 requirements for directing training offered to low- and very-low-income persons residing in the communities served by the program and to contract with eligible businesses that substantially employ and/or train such persons, many grantees have been unable to expand the local, minority, and woman-owned businesses. To address this, additional technical support, increased allocation of funds to training, and additional monitoring will be necessary. [B; first 100 days]

7. Congress should support adequate environmental health staffing in targeted states and require all 50 states and the District of Columbia to have their environmental health workforce receive a verifiable certification or credential of environmental health knowledge to ensure that all decisions and services provided are based on current science and best practices in the field. [C; first term]

Recommendations to ensure that the replacement products for lead-based paint and lead pipe are inherently safer.

8. Congress should amend Title X and the Safe Drinking Water Act to require HUD and EPA to develop and enforce purchasing specifications for products that are permissible for use by contractors who perform lead service line replacements and who conduct lead hazard reduction work. These specifications would ensure that materials used are genuinely safer and do not introduce new types of hazards. The specifications should also favor domestically manufactured products to the greatest extent practical. The agencies should introduce requirements to the greatest extent feasible under existing authorities for new funded federal efforts.
[B; first 100 days]

Recommendations to ensure that state and local government workforces have the skills and resources necessary to monitor and enforce lead poisoning prevention efforts.

9. State and local government staff working at health and housing agencies need increased technical assistance on lead elimination and leadership development opportunities. Congress should appropriate \$25 million for use by the Department of Health and Human Services (HHS), EPA, and HUD to provide expanded training for state and local government staff on topics related to the successful implementation of lead elimination plans, including public health data analysis, code enforcement, and project and program management. Funding should also support the creation of fellowship programs in collaboration with interested state and local governments to support the placement of executive-level lead elimination coordinators who would oversee the implementation of local elimination plans. [C; first term]

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Complete list of Find It, Fix It, Fund It action drive members:

National Center for Healthy Housing
National Safe and Healthy Housing Coalition
Advocates for Children of New Jersey
Advocates for Children and Youth
Alameda County Health Department
Alliance for Strong Families and Communities
Alpine Environmental
American Academy of Pediatrics
American Public Health Association
ASAP Environmental, Inc.
Association of Public Health Laboratories
Association of Northern California Environmental Consultants
Asthma Regional Council
Big Cities Health Coalition
Blackstone Valley Community Action Program
BlueGreen Alliance
Cerro Gordo County Department of Public Health
Chery Street Legacy Plan
Childhood Lead Action Project
City of Akron Housing and Community Services
City of Cleveland
City of Harrisburg Department of Building and Housing Development
City of Philadelphia
Clean Water Action
CLEAR Corps
Coalition on Human Needs
Coalition to Prevent Lead Poisoning
Community Housing Partners
Connecticut Children's Healthy Homes Program
Council for a Strong America
Duke University Environmental Law and Policy Clinic
E4Progress Planning and Engineering
East New York Urban Youth Corps
Eastern Inspection Solutions
Elevate Energy
Energy Coordinating Agency
Environmental Defense Fund
Environmental Hazards Services, LLC (EHS Laboratories)
Environmental Health Professionals Association
EnviroPlan LLC
Fahe
First Focus
First State Community Action Agency
Georgia Department of Community Affairs / Community Services
Georgia Department of Public Health
Get the Lead Out
Green & Healthy Homes Initiative
Hazard Management Services
Health Resources in Action
Healthy Babies Bright Futures
Healthy Homes Collaborative
Healthy Homes of West Michigan
Heuresis
Holy Spirit Missionary Sisters in the USA
Icahn School of Medicine at Mount Sinai
Inform the People
Improving Kids' Environment (IKE Coalition)
Isles
J. Miller & Associates
Jefferson County Public Health Service
Julia Lead the Way Lead Poisoning Awareness Group
Lawrence County Community Action Program
Lawyers' Committee for Better Housing
Lead and Environmental Association
Lead Safe Testing, LLC
Louisiana State University AgCenter (Extension Service)
Louisville Metro Department of Public Health and Wellness
Loyola University Chicago School of Law
Maine Children's Alliance
Mercy St. Vincent Medical Center
Metropolitan Tenants Organization
Michigan Department of Health and Human Services
Minneapolis Parents for Lead Safe Kids
National Association of County & City Health Officials
National Environmental Health Association
National Nurse-Led Care Consortium
Natural Resources Defense Council
NC Child
Occupational Knowledge International
Ohio Healthy Homes Network
Omaha Healthy Kids Alliance
Partnership for America's Children
Partnership Housing, Inc.
The Pew Charitable Trusts
PinnacleHealth Lead Poisoning Prevention and Outreach Program
Portland Housing Bureau
Radio Amanecer KPFG-LP
Rural LISC
Save the Children
State of Ohio
Tohn Environmental Strategies
Trust for America's Health
United Parents Against Lead
University of Colorado, Denver
University of Nevada, Las Vegas (UNLV)
University of Rochester
VA CARAT Team (Community Action and Response Against Toxics)
Voices for Illinois Children
Wake County Environmental Services
Wayne State University Center for Urban Studies
West Chester University
Westbay Community Action
Western New York Lead Poisoning Resource Center, Rochester Office

Listing of an individual or organization as a Find It, Fix It, Fund It action drive member does not imply endorsement of this document nor does it imply endorsement of all included provisions.

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For details on the action drive, see bit.ly/FindFixLEAD

For more information, contact djacobs@nchh.org

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