



Preventing and Ameliorating Childhood Lead Poisoning

HOUSE STUDY COMMITTEE ON
CHILDHOOD LEAD EXPOSURE

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An Ounce of Prevention...

[According to the CDC:](#)

“Primary prevention—the removal of lead hazards from the environment before a child is exposed—is the most effective way to ensure that children do not experience the harmful effects of lead exposure. Blood lead screening tests and secondary prevention remain an essential safety net for children who may be exposed to lead.”

Strengthen Primary & Secondary Lead Prevention

Primary prevention is the removal of lead hazards from the environment before a child is lead exposed. It is the most effective way to ensure that children do not experience harmful long-term effects of lead exposure.

Secondary prevention includes [blood lead testing](#) and follow-up care and referral. It remains an essential safety net for children who may already be exposed to lead.

Preventing childhood lead exposure is cost-effective.

According to an analysis from the [Health Impact Project](#), “eliminating lead hazards from the places where children live, learn, and play could generate approximately \$84 billion in long-term benefits per birth cohort. Additionally, permanently removing lead hazards from the environment would benefit future birth cohorts, and savings would continue to grow over time.”

Primary Prevention and Secondary Interventions

Georgia can best protect children by

Focusing on primary prevention tools to prevent children from becoming lead poisoned.

- Education and Outreach
- Effective code enforcement
- Programs to rehabilitate properties to make them lead-safe. The Cleveland Lead Safe Program is an example of such a best practice model.

Strengthening and expanding current secondary intervention efforts to address the consequences of lead poisoning and abate hazards that have poisoned children.

- Increased screening to identify those with elevated blood levels
- Provide case management for children with elevated blood lead levels
- Abate hazards that have caused lead poisoning.

Use ARPA Funds to Prevent and Abate Lead

The federal American Rescue Plan Act (ARPA) funds received by the State of Georgia can be allocated to reduce childhood exposure to lead paint.

- Children spending more time at home during the pandemic created greater exposure to lead for thousands of Georgia children. At the same time, screenings for elevated blood lead levels declined during the pandemic. See, [Interim Regs, fn 38](#).
- Children most at risk are from families that were disadvantaged pre-pandemic.
- [Interim Federal Regulations](#) Expressly Provide for this Use: (31 CFR 35, May 12, 2021)
 - Eligible uses to address disparities in public health outcomes:
 - “Housing services to support healthy living environments and neighborhoods conducive to mental and physical wellness;”
 - Remediation of lead paint or other lead hazards to reduce risk of elevated blood lead levels among children;”

ARPA Funds Can Meet Critical Needs

- Lead abatement costs
- Implementation of lead safe housing programs
- Strengthened screening and reporting actions
- Remediating missed screenings and follow-ups occurring during covid
- Increased outreach and education to parents and healthcare providers

Adequately Fund DPH and DNR EPD

Adequately fund DPH and DNR EPD for lead investigation, abatement, and certification/licensure of lead inspectors and contractors who perform work on homes built before 1978.

Strengthen capacity for meaningful enforcement against contractors who are not licensed to perform this work.

Address Screening Adequacy and Gaps

Dr. Geller testified that there is a serious gap between actual findings and the expected findings of elevated blood levels in Georgia. [Recent research](#) spanning seven years showed Georgia lagging national averages in the percentage of children under 6 who were tested and the percentage of children identified with elevated blood lead levels at ≤ 5 and ≤ 10 ug/dL.

- [Nationwide data](#) shows that adherence to screening requirements remains low with 40% of Medicaid enrolled children not receiving screening despite EPSDT requirements.
- Georgia has no statutory requirement for lead testing. [Research says](#) the stronger a state's policy on testing and reporting, the more likely to have a higher number of children tested and to find more children with elevated blood levels.
- In addition to Medicaid/EPSDT requirements, 10 states require universal testing, generally for all children at ages 1 and 2 including Louisiana, 8 states require targeted testing including Virginia, and 27 states only provide recommendations, including Georgia.

Best Practices for Screening

Strengthen strategic education campaigns for health care providers and parents.

Make testing more accessible and affordable. Affordable Care Act requires covered health insurance plans to fully cover lead screening for children at risk of exposure. Some states require insurance plans to cover testing regardless of ACA coverage. Some states offer free or low-cost tests at local health departments to uninsured or underinsured children.

Evaluate and address the gap between children referred to a lab for testing who never receive it. Support measures that would allow the blood sample to be taken at the physician's office and transmitted to the lab for evaluation, with results returned to the physician and the family. Some states provide point-of-care screening machines free to selected practices or health departments.

Ensure compliance with requirement of universal reporting of test results.

Publish data on tests done at 1 and 2 years to identify gaps through data sharing and matching.

Remedy Covid Related Screening Declines

Address covid related shortfalls in testing for elevated blood lead levels and follow-up.

- COVID gaps research shows that lead screenings across the country declined during the pandemic.
- [A CDC review](#) of 34 jurisdictions (including Georgia) showed that testing levels declined by 34% with over 480,000 fewer children receiving lead level testing in Jan–May 2020 compared to Jan-May 2019, leaving an estimated 9,603 children with elevated blood levels missed during that time period alone. Georgia reported a decline of 11,702 during the five month period.
- Overall Georgia reflected a decline of 23,867 fewer children tested in 2020 compared to 2019, with 389 fewer children identified with elevated blood lead levels in 2020.
- In addition, CDC noted difficulty in conducting medical follow-up and environmental investigations for children with elevated lead levels due to staffing shortages and constraints on home visits during Covid.
- Remedial action is needed to ensure that children who missed scheduled screenings or who required follow up for an earlier elevated level be tested asap and receive needed interventions and care.

Address Lead in Childbearing Women

Extend protections of the law to include pregnant and breastfeeding women. OCGA §§31-41-12, 31-12-14, and 31-12-17.

[Lead exposure at blood lead levels greater than or equal to 5 µg/dL affects approximately 1% of U.S. women of childbearing age.](#) Experts have testified to this Committee of the risk elevated blood levels in the mother present to the developing fetus and breastfeeding infants and the need to extend protections to address this issue.

Pregnant women cannot receive treatment for elevated blood levels so identification of elevated blood levels prior to pregnancy is the best option to avoid exposure to lead in utero, or as early in the pregnancy as possible. Follow-up testing; increased patient education; and environmental, nutritional, and behavioral interventions are recommended for all pregnant women with blood lead levels greater than or equal to 5 µg/dL in order to reduce exposure and harm to the fetus and newborns.

CDC recommends testing be performed on women in populations at increased risk for lead exposure identified by state or local public health departments and for women in low risk communities based on evaluation of specific risk factors for exposure as part of a comprehensive assessment, with blood lead testing performed where a risk factor is identified.

Update the Definition of Elevated Lead

Georgia currently defines an elevated blood lead level that triggers intervention at ≥ 10 ug/dL as determined by the lower of two consecutive blood tests within a six-month period. OCGA §31-41-12 (5).

In 2012 CDC (along with other organizations) updated their definition of elevated lead from > 10 ug/dL to > 5 ug/dL based on the 97.5th percentile of the BLL distribution in US children aged 1-5 years.

37 states have adopted this standard (≥ 5 ug/dL) to define elevated blood lead levels

Georgia should update its definition of elevated blood lead level that triggers DPH interventions and environmental investigation of the home to identify potential sources of lead at ≥ 5 ug/dL without a requirement of follow up blood testing, consistent with CDC guidelines. OCGA §31-41-12(5).

Update Georgia Law on Abatement

Address lead exposure that arises outside the home due to exterior paint deterioration, slag in the soil surrounding the home, etc. by amending the definition of a dwelling to include the exterior as well as the interior, as follows:

"Dwelling," "dwelling unit," or "residential housing unit" means the interior and exterior of a structure, all or part of which is designed or used for human habitation." OCGA §31-41-12(4)

Update blood level necessary to trigger obligation for abatement to meet current scientific standards.

- Current Georgia law provides for removal and correction of a specifically identified hazard which causes a “confirmed lead poisoning” defined as 20 micrograms per deciliter or 15-19 micrograms per deciliter in two tests taken more than 3 months apart. OCGA §31-41-12 (1) and (5.1).
- The trigger for abatement should be amended to conform to current science at ≤ 5 ug/dL and without the need for repetitive venous testing. This will allow DPH to serve children in need who they cannot now assist.

The definition of what constitutes a “lead hazard abatement” (OCGA §31-41-12 (5.1) should be eliminated as unduly restrictive and unhelpful, or replaced with the DNR definition of abatement OCGA §31-41-3 (1) which reflects meaningful practices:

- “Abatement’ means any set of measures designed to eliminate lead-based paint hazards, in accordance with standards developed by the board, including:
 - (A) Removal of lead-based paint and lead contaminated dust, the permanent containment or encapsulation of lead-based paint, the replacement of lead-painted surfaces or fixtures, and the removal or covering of lead contaminated soil; and
 - (B) All preparation, cleanup, disposal, and post abatement clearance testing activities associated with such measures”.

Update the definition of “lead poisoning hazard” to meet scientific standards as defined by the EPA including measures of hazards both inside and outside the residence. OCGA §31-41-12(6).

- In order to constitute a lead poisoning hazard, Georgia’s present statute requires levels of readily accessible or mouthable lead-bearing substances at many times the proper levels. DPH testified that Georgia’s definition of lead dust hazard on floors is 10 times higher than the EPA definition (100 v. 10 ug/ft²), and the window sill definition is 5 times higher (500 v. 100 ug/ft²).

Eliminate the definition of “persistent elevated blood lead level” to meet current scientific standards as repetitive testing over a period of months is not necessary. OCGA §31-41-12(11).

- DPH has testified that this is covered adequately by a confirmed blood level at 5 ug/dL.

Include childcare centers in the duty to abate lead hazards found on site without requiring a “persistent elevated blood lead level” of 15 to 19 ug/dL performed in multiple tests over 6 to 12 months. OCGA §31-41-12(11) and (14).

- Once a child is identified as having an elevated blood level at 5 ug/dL immediate efforts to reduce their exposure to lead and to reduce their blood lead level. Waiting 6-12 months to retest is counterproductive and exposes more children to this dangerous lead hazard for many months.

Close Loopholes in Abatement Obligations

Eliminate requirement “confirming that all other potential sources of the confirmed lead poisoning have tested negative” (OCGA §31-41-14(a)) as a condition for an obligation to abate a lead hazard. The existence of multiple sources does not negate the need to abate lead hazard.

Require a post-abatement clearance inspection to be performed in conformity with EPA standards and eliminate the provision stating that that “the department shall verify by visual inspection that the approved abatement plan has been completed.” OCGA §31-14-14(h). Expert testimony to this Committee stated that the elimination of lead hazards cannot be confirmed by visual inspection.

Strengthen the definition of “maintenance standard” to meet scientific criteria, OCGA §41-31-12(8) and eliminate that as an alternative to meeting the abatement plan requirements. OCGA §31-41-14(h).

Strengthen Enforcement

Provide for meaningful enforcement through penalties, fines, etc. for failure to timely abate.

“While there are several useful provisions in this statute, it falls short of the authority that is needed to enforce an order to property owners to abate lead hazards or to enforce recommendations contained in a lead inspection or risk assessment report. Even though the Act establishes deadlines for submission and approval of hazard abatement plans, there is no fine, sanction or penalty for failing to abate the hazards. The RLCs [Regional Lead Coordinators] and others have noted that current lead hazard control efforts fall flat when there is not enforcement or compliance authority.”

- [Childhood Lead Poisoning in Georgia: A Needs Assessment, Healthy Housing Solutions, Inc. commissioned by Georgia DPH and Georgia Childhood Lead Poisoning Prevention Program, p.13 \(2004\)](#)

Revise immunity provided owners under OCGA §31-41-15 to conform to reasonable standards of negligence law.

Comments? Questions?

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