Local Fiscal Impact of Lowering the Standard for Elevated Blood Lead Level to 5 µg/dL

NYSACHO surveyed local health departments to assess the impact of this proposal. Forty-six counties responded to the survey. Local Health Departments were asked to provide the number of lead test results in 2018 between 5-9, 10-15, 10-20 or 20 or higher µg/dL.

- 5891 additional children would meet the lower standard of 5-9 µg/dL, and require public health interventions.
- 1666 test results between 10-15 µg/dL,
- 618 test results between 15-20 µg/dL
- 606 test results of 20 µg/dL or higher

For survey respondents, An Actionable BLL of 5 µg/dL represents a **203%** increase For Counties outside of NYC in the number of children served.

The New York City Department of Health and Mental Hygiene already operates at the lower BLL of 5 u/dL. In 2017, they reported:

- 4261 children under six with elevated BLL >=5 µg/dL
- 797 children under six years with elevated BLL >=10 µg/dL
- 297 children under six years with elevated BLL >=15 µg/dL

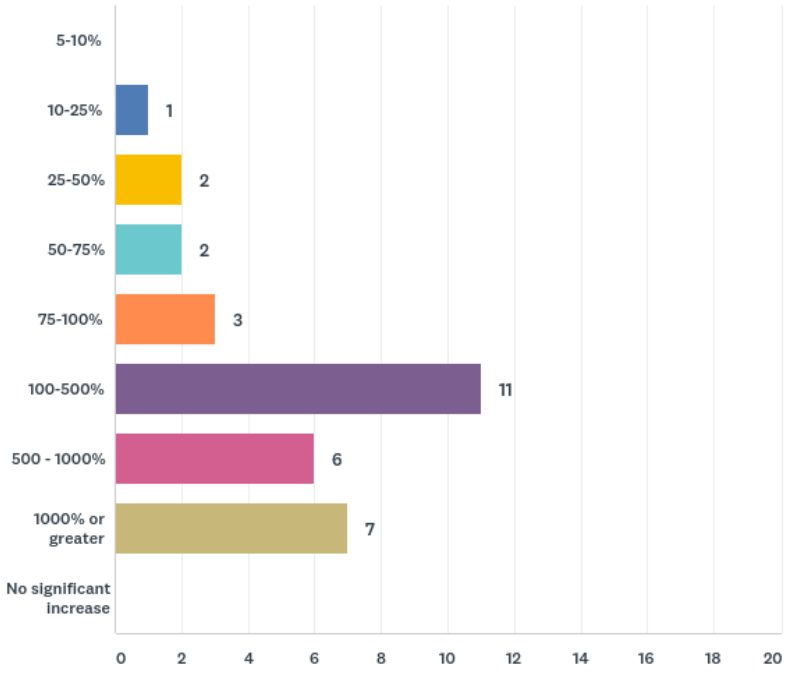
This supports the policy proposal's intent to identify more children at lower levels of lead exposure, thus reducing the potential adverse health effects, but also highlights the potential workload increase that the front-line public health staff would face. Additionally, the new mandate may also result in increased efforts on the part of health care providers to comply with current testing requirements, which would again, have the benefit of identifying more at-risk children, but also expand the public health workforce and other resource needs.

The definition of elevated blood lead level is set in public health law; however, the level at which nursing and environmental interventions must take place after a child is identified as at-risk is further specified in regulation. The current regulatory trigger for a full environmental investigation and management is set at 15 µg/dL. Our survey assessed the workload impact for local health departments if the environmental trigger was set at 10 µg/dL, per CDC recommendations, or set at the lower statutory 5 µg/dL, which is under consideration by the New York State Department of Health.

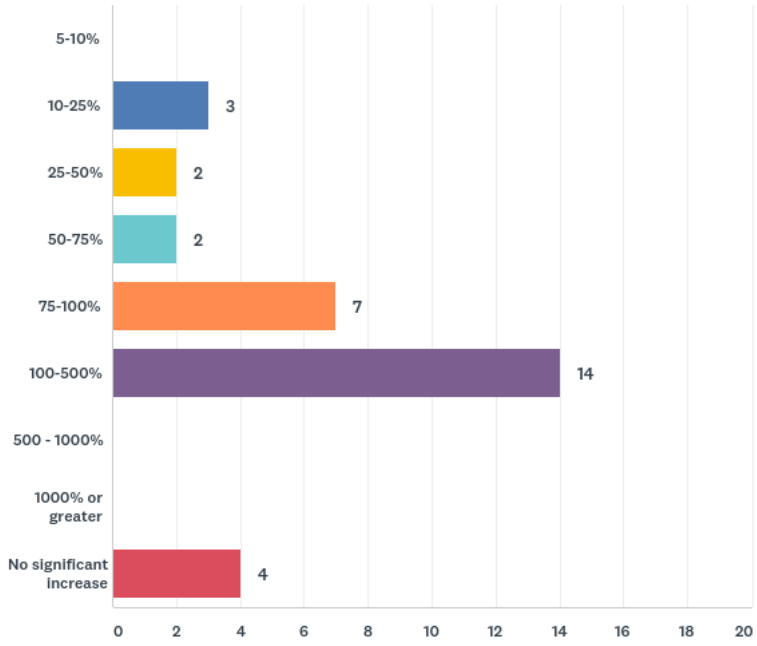
Local health departments also estimated the number of additional full-time equivalent positions needed to serve the expanded number of children under the proposed 5 µg/dL. This included estimates for all public health interventions occurring at 5 µg/dL, and if the environmental intervention followed the CDC recommended level of 10 µg/dL or higher.

The following charts highlight the workload and staffing impact of both the lower 5 µg/dL for environmental interventions and the CDC recommended 10 µg/dL level for environmental interventions.

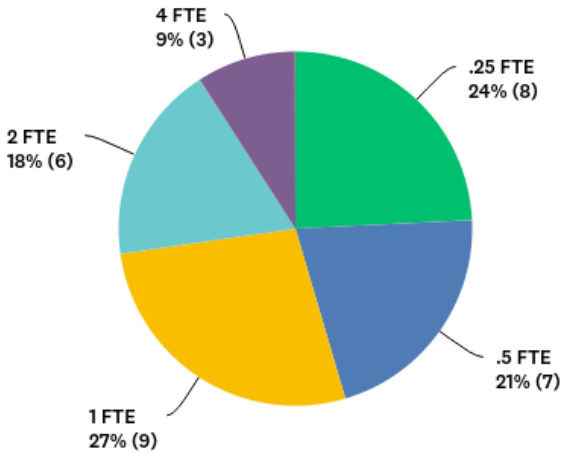
Q9 % anticipated workload increase if all public health interventions required at 5 ug/dL



Q10 % workload increase if environmental investigation required at 10 ug/dL



Q12 Estimated # additional FTEs needed if environmental intervention required at 10 ug/dL



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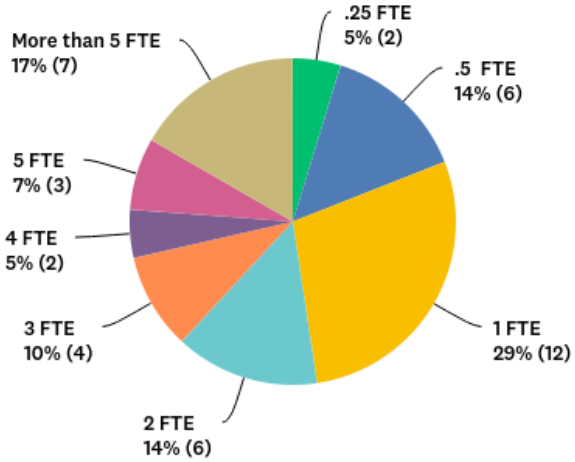
Q11 Estimated # of additional FTEs needed (nursing/environmental) if all interventions required at 5 ug/dL



Impact of Lowering the BLL to 5 µg/dL – In Their Own Words

Full Service Counties

"New cases would increase by approximately 814%. Due to caseload increase, costs such as interpreter services, dust wipe sampling and travel would also likely increase by these percentages. Cases would likely be kept open [for longer periods] until children's BLLs are under 5 µg/dL, further increasing workload for home visitation staff providing risk reduction education, nutritional assessment and developmental assessment services to families. Visits currently occur every 2 months. The frequency of visits could be drastically impacted due to caseload volume."

Chenango County Health Department Staff Lead Poisoning Prevention Education Walk

"We would need an additional staff certified as a lead risk assessor. Another concern we have is the impact on our XRF contractor, who provides services for 5-6 local health departments. They currently have one analyzer and one staff person handling investigations, which can be a factor in the timeliness of our response. They would have to hire additional staff who would also require a certification course."

"We currently share environmental lead resources, including our XRF machine, with a neighboring county. We conduct inspections for this county during environmental referrals. Our caseload would drastically increase… or we may not be able to share resources with the other county is the number becomes too large."

"Environmental and nursing staff represent only the front-line workforce needed to accommodate this change. Additional clerical and administrative support would be required to process all documentation, follow-up and enforcement activities required to maintain the level of service currently provided. Additional XRF equipment would be needed."

"While this is a good public health initiative, there will be no way my Department could accomplish the work without significant additional resources. This should not be even contemplated without [new funding] designated to the Department to cover the costs of staffing and equipment. This cannot be mandated without State Funding; beyond the current reimbursement percentage. You cannot depend on the individual Counties to raise local taxes to accomplish this mandate. As seen in the past this does not work, as we are currently understaffed in this program right now."

"…this only reflects case management and not other work such as outreach, education, meetings and other grant deliverables. In addition, providers may test more with new guidelines, which will increase the amount of BLL's being reported and need to be case managed."

"[Our] County adopted 10µg/dL of lead as our actionable several years ago. Decreasing to 5µg/dL would be welcome*, with additional funding to support the additional work*. As there is no safe lead level this change would be best for the children.

Partial Service Counties

(NYSDOH District Office Staff perform environmental investigation & enforcement)

"Our district office covers two additional counties. Environmental follow-up on cases is currently behind due to limited staff who are certified to use the equipment for environmental assessments. This change puts an increased workload on both offices and I am concerned about the timeliness of the investigation and follow-up for environmental management."

"Should the threshold lower for home visits and inspections, it would require more coordination and nursing time with environmental staff at state office."

"[Our] County has high incidence of older housing; this change would increase environmental assessments and management."

"This is a huge increase on the nurses' caseload if a home visit was required for a BLL of 5 or greater."

"Our workload would increase by nearly 300% requiring potentially an extra 60 hours per month."

"It should be noted of the partial LHD's responsibility (lead coordinator) to make sure the District Office staff do their jobs by due dates. We also are required to report on their work. [We] would want to ensure that the District Offices would be able to handle this additional work."

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