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Part 1: Implementation of Title X

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In Title X of the Housing and Community Development Act of 1992 (Public Law 102-550), Congress authorized major changes in Federal law regarding the control of lead-based paint hazards and the reduction of lead exposure. This title, which is known as the Residential Lead-Based Paint Hazard Reduction Act of 1992, mandates coordinated action by several Federal agencies, including the Department of Housing and Urban Development (HUD), the Environmental Protection Agency (EPA), the Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA), the National Institute for Occupational Safety and Health (NIOSH) and the General Accounting Office (GAO).

Four subtitles of Title X form the organizational structure of Part 1 of this report. Subtitle A is primarily the responsibility of HUD. Subtitle B amends the Toxic Substances Control Act and is primarily the responsibility of EPA. Subtitle C pertains to worker protection and is the responsibility of OSHA and NIOSH. Subtitle D calls for research by HUD and a report by GAO.

SUBTITLE A. LEAD-BASED PAINT HAZARD REDUCTION

The following discussion of progress in implementing Subtitle A is organized according to the sections found in this part of the Act.

Section 1011. Grants for Lead-Based Paint Hazard Reduction

This section of the Act authorizes a grant program for State and local governments for the evaluation and reduction of lead-based paint hazards in privately owned housing built before 1978 and occupied by low-income families. It is a continuation of a similar program that was mandated by the HUD Appropriations Act for FY 1992.

From 1992 to 1995, HUD competitively awarded 280 million to 56 local and State governments to control lead-based paint hazards in low-income privately-owned housing. About half of these funds (139 million) were awarded in 1995; one-third (94 million) in 1994; and the rest (47 million) in 1993. Over 30,000 housing units are to be treated with this funding. In October 1996, HUD announced an additional 55 million in grants.

At the beginning of the grant program, local mechanisms were not in place in most parts of the country to identify and control lead-based paint hazards. Only one State (Massachusetts) had a comprehensive contractor certification program to ensure that the work would be done in a professional, safe and effective manner. Local housing and health agencies were not accustomed to working together, further delaying work. Finally, lack of insurance and qualified contractors contributed to delays.

As of this writing, 26 States have enacted enabling legislation for certification programs. This State activity results largely from the immediate incentive

provided by the HUD grant program and from recently-released EPA regulations on worker and contractor certification.

All hazard reduction work funded under the program must be done by certified (licensed) contractors. This is required by the Appropriation Acts for FY 1992, FY 1993 and FY 1994. HUD requires that State grantees implement contractor certification programs before hazard evaluation and control work can be initiated under their grants. However, HUD has determined that city and county grantees should not be penalized by the inaction of their States. Accordingly, since September 15, 1994 HUD has allowed local grantees in States without contractor certification programs to begin the hazard reduction process as long as they use contractors certified in other States with approved programs.

Section 1011(g) authorizes a related program of grants to States for the purpose of establishing State training, certification or accreditation programs. HUD and EPA have provided financial assistance to States in setting up certification programs. Beginning July 1, 1994, this assistance was consolidated in EPA.

In addition, EPA-sponsored training centers have trained approximately 6,000 inspectors and 4,400 abatement supervisors over the past several years. Private training providers have trained at least 25,000 personnel. Laboratory accreditation and proficiency testing programs are now established, with 395 laboratories participating as of November 1996.

Round One. In the first round of the Lead-Based Paint Hazard Reduction Grant Program (the round funded from FY 1992 appropriations and awarded in 1993), 65 applications were received and 10 grants were awarded totaling 47.4 million. As of November 30, 1996, all grantees are engaged in hazard control activities, and over 64% of the funds have been expended. Table 2 provides a listing of Round One grantees.

Round Two. Nineteen grantees received 93.5 million in Round Two (see Table 3). These grantees were selected after a thorough evaluation of 63 applications. The total amount awarded represents 90 million from the FY 1993 appropriation, 1.2 million from FY 1992, and the remainder from FY 1994 funds. The funds were awarded competitively to seven States, eight cities and four counties. As of November 30, 1996, all but four of the 19 grantees have reported initiating testing and hazard reduction activities.

Round Three. HUD announced the Round Three recipients on October 27, 1994 and made grant awards in early 1995. Thirty-five grantees received 139.7 million, including 9 States, 24 cities and 2 counties. These grantees were selected after a thorough evaluation of 68 applications from 13 State governments, 42 cities, and 13 counties. As of November 30, 1996, 25 of the 35 Round Three grantees had begun testing and hazard control work. Table 4 lists the Round Three grantees.

Round Four. The grant competition scheduled to take place in FY 1995 was not conducted because of a budget rescission of 85 million. In FY 1996, 55 million was made available for the program. A total of 73 applications were received. Table 5 lists the Round Four grantees, which were announced in October 1996.

Table 2

Round 1 Grantees
(Data as of October 31, 1996)

Grantee	HUD Grant Award	Projected Units	Units Tested	Units Completed
ALAMEDA COUNTY, CA	4,410,296	180	216	112
BALTIMORE, MD	5,852,756	415	1,059	321
BOSTON, MA	3,656,360	305	177	97
CALIFORNIA	6,195,944	300	197	163
CLEVELAND, OH	3,884,341	200	85	35
MASSACHUSETTS	6,000,000	600	550	457
MINNESOTA	2,786,989	189	190	190
NEW JERSEY	4,250,000	226	49	0
RHODE ISLAND	4,070,528	145	160	101
WISCONSIN	6,341,220	455	484	348
TOTAL AWARDED	47,448,434	3015	3,167	1,824
TOTAL REQUESTED BY ALL APPLICANTS	231,200,000	---	---	---

Note: Grantees vary in terms of the amount of grant funds to be spent on activities other than hazard control (such as public education) and in the amount of local matching funds. Therefore it is not possible to accurately calculate the average cost per unit from this table.

Table 3
Round 2 Grantees
(Data as of October 31, 1996)

Grantee	HUD Grant Award	Projected Units	Units Tested	Units Completed
Los Angeles County, CA	6,000,000	300	55	1
San Francisco, CA	6,000,000	2,775	353	226
New Haven, CT	3,000,000	250	153	0
Chicago, IL	6,930,559	625	673	14
Cambridge, MA	3,340,433	300	108	72
Springfield, MA	3,279,624	300	227	98
Maryland	6,000,000	600	403	0
Prince George's County, MD	3,649,569	550	187	1
Michigan	4,934,250	270	0	0
North Carolina	4,000,000	375	0	0
New York City	6,750,223	633	537	23
Cincinnati, OH	5,998,390	350	41	0
Ohio	5,792,913	540	67	16
Allegheny County, PA	3,427,830	700	34	0
Pennsylvania	3,800,000	340	0	0
Philadelphia, PA	6,000,000	391	146	105
Shelby County, TN	6,000,000	444	18	8
Virginia	5,433,926	1,500	0	0
Vermont	3,201,084	475	486	260
TOTAL AWARDED	93,538,801	11,718	3,488	824
TOTAL REQUESTED BY ALL APPLICANTS	259,800,000	---	---	---

Note: Grantees vary in terms of the amount of grant funds to be spent on activities other than hazard control (such as public education) and in the amount of local matching funds. Therefore it is not possible to accurately calculate the average cost per unit from this table.

Table 4
Round 3 Grantees
(Data as of October 31, 1996)

Grantee	HUD Grant Award	Projected Units
ARKANSAS	3,000,000	137
PHOENIX, AZ	4,500,000	315
ALAMEDA COUNTY, CA	5,996,861	490
CALIFORNIA	6,000,000	600
LONG BEACH, CA	5,999,986	1,100
MANCHESTER, CT	2,000,000	150
STAMFORD, CT	2,171,363	100
CONNECTICUT	6,000,000	700
GEORGIA	5,732,461	475
SAVANNAH, GA	3,142,606	340
ILLINOIS	5,999,943	500
KANKAKEE, IL	1,250,000	150
MASSACHUSETTS	4,642,330	1,450
BOSTON, MA	5,997,015	500
MALDEN, MA	4,000,000	350
BALTIMORE, MD	6,105,183	605
PORTLAND, ME	1,426,156	100
DETROIT, MI	5,917,839	350
ST. PAUL, MN	1,905,850	300
ST. LOUIS COUNTY, MO	1,239,870	200
NEW JERSEY	6,000,000	369
BUFFALO, NY	3,750,450	200
NEW YORK STATE	6,000,000	312
SYRACUSE, NY	2,696,483	225
MONTGOMERY COUNTY, OH	4,903,030	450
COLUMBUS, OH	4,687,684	288
TOLEDO, OH	1,500,000	220
CLEVELAND, OH	5,549,133	600
HARRISBURG, PA	1,200,000	80
RHODE ISLAND	6,000,000	469
MEMPHIS, TN	3,500,000	270
HOUSTON, TX	3,941,526	400
PETERSBURG, VA	2,000,000	500
RICHMOND, VA	3,267,169	1,052
NORFOLK, VA	1,653,118	200
TOTAL AWARDED	139,676,056	14,547
TOTAL REQUESTED BY ALL APPLICANTS	256,900,000	---

Note: Grantees vary in terms of the amount of grant funds to be spent on activities other than hazard control (such a public education) and in the amount of local matching funds. Therefore it is not possible to accurately calculate the average cost per unit from this

table. Note: As of June 1996, 179 units had been tested and 97 had been completed.

Table 5
Round 4 GRANTEES

Grantee	Announced Award
JEFFERSON COUNTY, AL	1,014,778
DUBUQUE, IA	3,690,619
SHREVEPORT, LA	1,142,300
CAMBRIDGE, MA	2,177,327
WAYNE COUNTY, MI	4,994,424
MINNEAPOLIS, MN	4,994,424
MINNESOTA	1,475,389
KANSAS CITY, MO	4,994,424
MISSOURI	1,997,894
CHAUTAUQUA COUNTY, NY	2,725,334
NEW YORK CITY, NY	1,596,274
CHARLOTTE, NC	4,986,800
MAHONING COUNTY, OH	4,295,668
SPRINGFIELD, OH	2,966,805
BOROUGH OF PALMERTON, PA	633,288
PHILADELPHIA, PA	1,573,200
VERMONT	1,804,610
RICHMOND, VA	1,368,818
MILWAUKEE, WI	4,994,424
WISCONSIN	1,573,200
TOTAL AWARDED	55,000,000
TOTAL REQUESTED BY ALL APPLICANTS	231,541,811

State Certification Grant Program. In 1992-1994, HUD was authorized to make grants of up to 200,000 to States for the purpose of providing technical and financial assistance to establish training, certification and accreditation programs that meet the requirements of section 402 of the Toxic Substances Control Act. Recipients must have satisfactory enabling legislation. The grants are to be used to establish a lead-based paint contractor certification program. Awards have been made to 13 States: Arkansas, California, Connecticut, Louisiana, New Jersey, Maryland, Massachusetts, Missouri, Minnesota, Ohio, Rhode Island, Vermont, and Virginia. HUD has awarded a total of 2,451,090 for these grants.

HUD accepted applications for the State Certification Program until June 30, 1994. States are now directed to apply to EPA under their State certification capacity-building program, announced in the Federal Register on March 3, 1994 under the authority of section 404(g) of the Toxic Substances Control Act. An announcement regarding this program consolidation action was published in the Federal Register on April 13, 1994. This action simplifies the program by consolidating all State capacity building efforts in EPA.

Section 1012. Evaluation and Reduction of Lead-Based Paint Hazards in Federally Assisted Housing

This section of the Act makes extensive amendments to the Lead-Based Paint Poisoning Prevention Act to establish explicit requirements for reducing lead hazards in federally assisted housing. Section 1012 also amends authorizing legislation for several Federal housing programs to make it explicit that evaluation and reduction of lead-based paint hazards are eligible activities under those programs.

HUD published proposed regulations implementing section 1012 on June 7, 1996 and expects to publish final regulations in the fall of 1997. These regulations will consolidate in the Code of Federal Regulations the many dispersed HUD lead-based paint regulations and make them consistent with current scientific research and the recommendations of the Task Force on Lead-Based Paint Hazard Reduction and Financing (see Section 1015 below). There will be a single point of reference for all of the Department's lead-based paint requirements.

Because of the magnitude of the changes required in HUD's lead-based paint regulations and the impact these changes will have on other government agencies, the real estate industry, and the general public, HUD included outside organizations and individuals in the discussion of issues pertaining to the proposed Title X regulations. The discussions included: (1) the technical complexities of lead-based paint hazard evaluation and control, (2) coordination with other agencies and organizations charged with developing lead hazard control standards and procedures, and (3) the necessity of keeping the required procedures sensible and affordable. HUD has used the following avenues for outside consultation:

- HUD hosts quarterly meetings of the Federal Interagency Lead-Based Paint Task Force.
- HUD convened and participated in the Task Force on Lead-Based Paint Hazard Reduction and Financing, established under section 1015 of Title X (see Section 1015 below).
- HUD convened meetings with representatives of public housing authorities and related associations, Community Planning and Development (CPD) grantees, and housing industry representatives to gather input into the development of the proposed regulations. These meetings addressed Title X issues specific to housing and CPD programs.

Section 1013. Disposition of Federally Owned Housing

Section 1013 sets forth requirements for lead-based paint hazard reduction in residential units being sold by Federal agencies. It requires that all pre-1978 target housing be evaluated for lead-based paint and lead-based paint hazards prior to sale. For units built between 1960 and 1978, the results must be made available to prospective buyers; for units built before 1960, any lead-based paint hazards must be abated. Implementation of these activities is subject to the availability of appropriations.

HUD published proposed regulations implementing section 1013 on June 7, 1996 in conjunction with regulations implementing section 1012. It is expected that final regulations will be published in the fall of 1997.

Section 1014. Comprehensive Housing Affordability Strategy

Under the Cranston-Gonzalez National Affordable Housing Act, State and local governments must develop a Comprehensive Housing Affordability Strategy (CHAS) as a prerequisite to receiving Federal housing or community development funds. Section 1014 requires that each CHAS include an estimate of the number of housing units that contain lead-based paint hazards and are occupied by low-income families. On-going and proposed remedies must also be included in the CHAS.

As a result of this initiative, many local communities now have much better estimates of the extent of lead hazards in local housing and a more systematic way of responding.

On March 12, 1993, HUD issued final rules for local governments and for States in the *Federal Register*. They became effective April 13, 1993. Instructions were issued on January 11, 1993, providing guidance for developing the Lead-Based Paint Element for the FY 1994 CHAS. They are CPD Notice 93-02, for local governments, and CPD Notice 93-03, for States.

HUD worked closely with the National Center for Lead-Safe Housing, which published *Lead-Based Paint Hazards and the Comprehensive Housing Affordability Strategy (CHAS)* in June 1993. It was widely distributed by the National Center to those preparing a CHAS and other interested parties.

During 1993, HUD provided training materials to those preparing a CHAS and a tabulation of the age of housing by income of residents for their city. The tabulation helped CHAS preparers estimate the number of housing units with lead-based paint hazards that are occupied by low-income and very low-income households.

In the course of reinventing HUD's Community Planning and Development (CPD) programs and simplifying and clarifying matters for applicants, consolidation of several programs and their requirements was completed in FY 1995. 24 CFR Part 91 was revised to promulgate the Consolidated Plan and Submission Document. The CHAS lead-based paint element was incorporated into the requirements of the Consolidated Plan.

Section 1015. Task Force on Lead-Based Paint Hazard Reduction and Financing

Section 1015 directs the Secretary of HUD, in consultation with the Administrator of EPA, to establish a Task Force comprised of Federal agencies and a broad range of non-governmental organizations. In response, the Task Force on Lead-Based Paint Hazard Reduction and Financing was created in October 1993 under the procedures of the Federal Advisory Committee Act. Chaired by Ms. Cushing Dolbeare, President of the National Low-Income Housing Coalition, the full Task Force and its three committees (Finance, Liability & Insurance, and Implementation) met on a regular basis during the eighteen months following its inception. Through an interagency agreement, HUD and EPA provided extensive staff support to the Task Force. *Putting the Pieces Together: Controlling Lead Hazards in the Nation's Housing*, the Final Report of the Task Force, recommends a number of actions, including:

- Benchmark standards for cost-effectively controlling lead hazards in private rental housing;
- Reforms in liability and insurance systems that encourage owners to take remedial actions;
- Education and public outreach initiatives;
- Expanded and more responsive private financing; and,
- Targeting public financing for hazard controls in poor urban neighborhoods.

HUD Secretary Henry Cisneros sent the Task Force report to each Member of Congress.

The Task Force full and summary reports are available from HUD User at 1-800-245-2691, the National Lead Information Center Clearinghouse at 1-800-424-LEAD, the U.S. Government Printing Office (GPO) at 202-512-1800, and the National Technical Information Service of the Department of Commerce at 1-800-553-6847. It is also available on HUD's world-wide web site at www.hud.gov/lea/leahome.html.

Through a cooperative agreement with the Alliance to End Childhood Lead Poisoning, HUD is sponsoring a national education program based on the Task Force recommendations. The National Institute of Building Sciences (NIBS), under a grant from HUD, is investigating approaches to implement the recommendations of the Task Force on Lead-Based Paint Hazard Reduction and Financing concerning the inclusion of lead-based paint provisions in local health and housing codes.

Section 1016. National Consultation on Lead-Based Paint Hazard Reduction

This section of the Act calls for Federal interagency consultation on lead-based paint activities. Consultation is being achieved in several ways.

The Secretaries of HHS and HUD and the Administrator of EPA met on November 8, 1993, pursuant to the requirement in the Preventive Health Amendments of 1992 (P.L. 102-531) establishing an "Interagency Task Force on the Prevention of Lead Poisoning." The purpose of the Interagency Task Force is to review and coordinate departmental and agency budget requests and ensure that priority activities receive appropriate attention.

Government-wide coordination is achieved through the Federal Interagency Lead-Based Paint Task Force, which has met regularly since April 1989. In addition to staff from EPA and HUD, the Task Force includes members from the following agencies:

- Centers for Disease Control and Prevention (CDC);
- Consumer Product Safety Commission (CPSC);
- Rural Housing and Community Housing Service (formerly Farmers Home Administration -- FmHA);
- National Institute of Standards and Technology (NIST);
- Department of Defense (DoD);
- Department of Energy (DOE);
- Agency for Toxic Substances and Disease Registry (ATSDR);
- Food and Drug Administration (FDA);
- Health Resources and Services Administration (HRSA);
- National Institutes of Health (NIH);
- Occupational Safety and Health Administration (OSHA);

- Department of State;
- Department of Veterans Affairs (VA);
- Resolution Trust Corporation (RTC); and
- Indian Health Service.

Section 1017. Guidelines for Lead-Based Paint Hazard Evaluation and Reduction Activities

This section requires HUD to "issue guidelines for the conduct of federally supported work involving risk assessments, inspections, interim controls, and abatement of lead-based paint hazards." The guidelines are closely related to the regulations being prepared pursuant to sections 1012 and 1013. Section 1012(b) requires that the new requirements "be based upon guidelines developed pursuant to section 1017."

Guidelines have been prepared in consultation with EPA, CDC, VA, FmHA, NIST, DoD, and DOL. The National Center for Lead-Safe Housing was responsible for most of the technical writing and has been assisted by several consultants and reviewers.

The HUD *Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing* were released in August 1995. The document contains 18 chapters and several appendixes in a total of 745 pages. It is available from HUD USER at 1-800-245-2691, the National Technical Information Service of the Department of Commerce at 1-800-553-6847, and the U.S. Government Printing Office (GPO) at 202-512-1800. It can also be downloaded from HUD's world-wide web site at www.hud.gov/lea/leahome.html. State and local governments, housing authorities, community development corporations and others routinely cite the *Guidelines* in their regulations, contract specifications, and work write-ups as the state-of-the-art in this highly innovative field.

Section 1018. Disclosure of Information Concerning Lead Upon Transfer of Residential Property

Before selling or leasing most pre-1978 housing, Section 1018 requires that sellers and lessors must:

- disclose all known information (e.g., inspection reports) on lead-based paint and lead-based paint *hazards* in the dwelling;
- provide to the purchaser or lessee the lead hazard information pamphlet (prepared by EPA, in consultation with HUD and CPSC pursuant to section 406 of the Toxic Substances Control Act); and
- include a specific Lead Warning Statement, with specific statutory language, in each contract to sell the residential property.

In addition, sellers must allow purchasers a ten-day opportunity to inspect the dwelling for lead-based paint hazards. Purchasers and sellers are free to negotiate another mutually-agreeable time period and all other aspects of the inspection. Buyers are not required to get an inspection if they do not want one.

On October 26, 1994, HUD and EPA jointly announced proposed regulations, which were published in the Federal Register on November 2, 1994. Publication of the final rule occurred on March 6, 1996, with effective dates of September 6, 1996 for those who own more than four dwelling units and

December 6, 1996 for those who own four or less units. The rule is expected to affect 9 million sales and leasing transactions annually. It is expected that the disclosure requirements will become a routine part of everyday housing transactions. The law helps to ensure that parents will get the information they need to protect their children.

HUD and EPA have worked to disseminate information about the rule very broadly. Together with the National Association of Realtors, HUD and EPA funded the distribution of 750,000 pamphlets to virtually every real estate agent in the country. The agencies have also issued interpretive guidance documents to answer a series of questions posed by those who are affected by the rule. A media strategy was also developed to ensure maximum outreach.

HUD is working with the Bureau of the Census to measure the impact of the disclosure rule by measuring the public's knowledge of lead-based paint hazards before and after it takes effect.

HUD has also funded the creation of a nationwide listing of lead-based paint inspectors, risk assessors and abatement contractors who are certified and trained to ensure that citizens could rapidly find qualified lead personnel. The listing was made available on HUD's world wide web site in October, 1996 and is also available through an automated phone system for those who cannot access the internet.

SUBTITLE B. LEAD EXPOSURE REDUCTION

Subtitle B of Title X amends the Toxic Substances Control Act (TSCA) by adding a new Title IV on Lead Exposure Reduction. This new Title directs EPA to develop regulations, guidelines, publications or studies on a large number of topics. Much of the Title pertains to public and commercial buildings as well as to housing. Information is also provided on three sections in Title IV that involve CDC, NIOSH and HUD as well as EPA. The section numbers used below are those of TSCA.

EPA Accomplishments

Section 402. Lead-Based Paint Activities Training and Certification

Subsection 402(a) requires EPA to establish a regulatory framework governing lead-based paint activities that will ensure that individuals engaged in risk assessments, inspections and abatement are properly trained, that contractors are certified (licensed), and that training programs are accredited.

EPA published proposed regulations in the *Federal Register* on September 2, 1994. On August 29, 1996, EPA published a final rule which contained the following requirements in target housing and child-occupied facilities:

- Training and certification to ensure the proficiency of contractors who offer to conduct lead-based paint inspection, risk assessments or abatement services in residences and day care centers;

- Accreditation requirements to ensure that training programs provide quality instruction;
- Work practice standards to ensure that lead-based paint activities are conducted safely, reliably, and effectively; and
- Procedures for States and Tribes to apply to EPA for authorization to administer these elements at the State or Tribal level.

For States and Tribes that choose to apply to EPA for authorization, the final rule also provides a model program that can be used to develop the State and Tribal program. In States and Tribes that do not apply for EPA authorization to administer a program, EPA will proceed to establish a program based on the federal program elements contained in the rule (see description of Section 404 below).

EPA has been developing a regulation to provide regulatory relief to contractors for the disposal of architectural components covered with lead-based paint. Currently, these wastes are covered by regulations implementing the Resource Conservation and Recovery Act and are required to be disposed of as hazardous waste if leachable lead is greater than 5 parts per million, as determined by the Toxicity Characteristic Leaching Procedure, an agency testing protocol used to determine if specific waste streams contain toxic levels of specific substances.

EPA realizes that the costs of hazardous waste disposal may be so great as to make the cost of lead-based paint hazard reduction efforts prohibitive. This regulation would allow less expensive disposal of architectural components, thus decreasing the costs of abatements without significant impact on the environment.

EPA has delayed the promulgation of training and certification requirements and work practice standards for individuals and firms conducting lead-based paint activities in public buildings (except child-occupied facilities), commercial buildings, superstructures and bridges. Based on public comment on the proposed rule, EPA decided that it needs additional time to examine options to establish requirements for individuals and firms that conduct deleading activities in public and commercial buildings, superstructures, and bridges. EPA also needs to examine options that will eliminate the potential for overlap between any training requirements and OSHA's training requirements for such individuals and firms.

A network of six university-based centers for training inspectors and abatement personnel has been established by EPA. These centers are linked to over 30 other universities, community colleges and other community-based training providers to ensure that training is readily available across the country. The courses are also offered by a large number of private training providers. Model curricula for courses in paint inspection, risk assessment, abatement supervision, and worker training have been completed. In 1997, all courses will be revised to reflect the promulgation of the 402 requirements.

Subsection 402(c)(1) requires EPA to prepare guidelines for conducting renovation and remodeling (R&R) activities to reduce the exposure to lead in connection with the R&R activities. EPA published the guidelines entitled: "Reducing Lead Hazards When Remodeling Your Home," (EPA-747-R-94-002) in April 1994. The document was published in both English and Spanish and disseminated to hardware stores, renovation and remodeling trade groups, federal, state and local governments and homeowners. Home Depot, the national hardware chain store, reproduced the

document in a one-page form and placed complimentary copies in all of their stores nationwide. Copies of the Guidelines are available through the National Lead Information Center Clearinghouse.

Subsection 402(c)(2) requires that EPA conduct a study to determine the extent to which persons engaged in various types of renovation and remodeling activities create a lead-based paint exposure hazard for workers, themselves, or occupants where the work is being conducted.

The renovation and remodeling study is being conducted in four phases.

- Phase 1, now completed, is called the Environmental Field Sampling Study and measured levels of lead in workers' breathing zones and in settled dust generated by various renovation and remodeling work activities (e.g., window replacement, carpet removal, demolition of building components, etc.). The study demonstrated that some work activities can result in worker exposure which exceeds the OSHA permissible exposure limit. A final report is expected to be published by winter 1997.
- Phase 2, also completed, is called the Worker Characterization and Blood-Lead Study. It involved the collection of blood-lead samples and questionnaire information from 581 renovation and remodeling professionals in two large metropolitan areas to focus on the relationship between workers' blood-lead levels and their work activities. The results show that the distribution of blood-lead levels among the sample of 581 renovation and remodeling professionals was not significantly greater than the general population. In general, there was no indication that any group of renovation and remodeling workers was seriously exposing themselves to lead during their work. A final report is expected to be published by winter 1997.
- Phase 3, which will have data collection completed by winter 1997, is called the renovation and remodeling Wisconsin Kid's Study. Phase 3 is a retrospective study using Wisconsin's extensive registry of children's blood-lead data. A total of 3600 telephone interviews will be completed with parents/guardians of children whose blood-lead is already known. Each interview will collect information about residential renovation and remodeling work conducted prior to the child's blood-lead measurement. The objective of this study is to explore the potential relationship between residential renovation and remodeling work and elevated blood-lead levels in children.
- Phase 4 of the renovation and remodeling study will be an extension of Phase 2. Renovation and remodeling professionals who spend a considerable amount of their work time in old or historic houses will be carefully observed. The results of Phase 2 suggest that, in general, renovation and remodeling workers are not exposing themselves to lead during the conduct of their work. Phase 4 will focus on those renovation and remodeling professionals who are thought to be most highly exposed (using blood-lead measurements). This study will be completed by fall 1997.

Other information on the hazards of renovation and remodeling work can be found in Shannon 1992 and Rabinowitz 1985. Both of these studies correlated renovation work with elevated blood lead levels in hundreds of young children. **Subsection 402(c)(3)** requires EPA to revise the regulations issued under subsection 402(a) to apply to renovation and remodeling activities using the study conducted under subsection 402(c)(2). If EPA determines that any category of renovation and remodeling contractors does not require

certification, the agency must publish an explanation of the determination. After the study under subsection 402(c)(2) has been completed, EPA will consider whether regulatory revision is necessary.

Section 403. Identification of Hazardous Levels of Lead

Section 403 requires EPA to develop standards for identifying lead-based paint hazards, lead-contaminated household dust, and lead-contaminated residential soil. The direct effect of this regulation will be to provide standards for use in other regulations that have been developed or are being developed under the statute, including: hazard evaluation and control in federally assisted and owned housing (Sections 1012 and 1013); real estate disclosure (Section 1018); and training, certification, accreditation, and work practice standards (Section 402).

EPA issued guidance for identifying lead hazards in July 1994, which was published in the *Federal Register* in September 1995. This document will serve as interim guidance until EPA promulgates regulations under section 403.

The section 403 rulemaking effort consists of two closely coordinated activities. The first activity is the development of a comprehensive risk assessment that will document the scientific basis in the methodology used to characterize baseline health risks to young children from exposures to lead, estimate the reduction in childhood health risks expected to result from various options for standards, and estimate the number of homes and children that would be affected. Input will also be provided to the economic analysis and regulatory impact analysis and will support EPA's risk management decisions. The second activity is the identification of regulatory issues and the development and analysis of options to address these issues.

The comprehensive risk assessment includes a hazard assessment, exposure assessment, dose-response analysis, and an integrated analysis that incorporates the separate assessments. The analysis is based on two tools, the Integrated Exposure Uptake Biokinetics Model and an empirical model developed using data from a recent HUD study that was conducted in Rochester, NY. Both tools will be applied to the HUD National Survey, the only nationally representative data set that contains data on lead in residential paint, dust, and soil. EPA plans to submit the risk assessment for a limited peer review in early 1997 and to the Agency's Science Advisory Board during the public comment period for the proposed rule.

Concurrent with the development of the risk assessment, EPA has been identifying and analyzing regulatory and policy issues. Examples include the approach to standard setting and the basis for the standards. For each issue, EPA has developed and analyzed several options. To assist in the process of identifying issues and developing options and to seek stakeholder input early on in the rule development process, EPA established a Dialogue Process, which met four times in late 1995 and early 1996. Participants, who represented advocates, property owners, the banking and insurance industries, the lead manufacturing industry, the lead paint abatement industry, and state and local governments, provided valuable insights and feedback to the Agency. In several instances, participants identified issues and proposed options that EPA had not previously considered.

Following peer review of the risk assessment, regulatory options will be

presented to EPA senior management for a final decision. These decisions will be incorporated into the proposed rule which EPA expects to publish in 1997.

Section 404. Authorized State Programs

Section 404 mandates a process under which EPA will approve State programs for training and certification of lead-based paint contractors under section 402 and for performing the requirements of section 406. **Subsection 404(d)** requires EPA to promulgate a model State program that may be used by States seeking to administer programs under this Title. The State program must be at least as protective as the Federal program and must provide adequate enforcement. In those States lacking their own programs, EPA must establish, administer, and enforce Federal programs.

EPA published proposed regulations for the approval process and the Model State Plan on September 2, 1994. The final rule was promulgated on August 29, 1996 (see description of Section 402(a) above).

Subsection 404(g) authorizes EPA to make grants to States to develop and carry out programs authorized under section 404.

EPA has awarded 36.2 million to 46 States and 27 Tribes in fiscal years 1994, 1995, and 1996. An additional 12.5 million will be awarded in FY 1997. A similar HUD program has been combined with this EPA program.

Section 405. Lead Abatement and Measurement

Subsection 405(a) requires EPA and other appropriate agencies to conduct a comprehensive program to promote safe, effective, and affordable monitoring, detection and abatement of lead-based paint and other lead exposure hazards.

EPA is working with the States of Maryland and Wisconsin to evaluate lower cost methods for abating lead exposure hazards.

In Maryland, "repair and maintenance" and full scale abatement are being evaluated using less costly and potentially more cost-effective housing interventions designed to reduce children's exposure to lead in residential paint and dust. It is expected that results of the 12 months and 24 months post-intervention findings of this study will be available in spring and fall 1997, respectively. In Wisconsin, lower cost abatements, including those focusing on windows, are being evaluated.

The effectiveness of in-home education of families while abatement arrangements are being made is also being evaluated. EPA has also completed a study of comprehensively abated housing units in Denver. The final reports for the study are: "Comprehensive Abatement Performance Study, Volume I: Summary Report," April 1996, EPA 230-R-94-013a and "Comprehensive Abatement Performance Study, Volume II," April 1996, EPA 230-R-94-013b.

EPA has completed a laboratory study of lead cleaning efficacy of general household cleaners, including trisodium phosphate (TSP) that could be used to remove lead-containing dust from residential surfaces. It is expected that the report of this study will be available in spring 1997.

EPA completed a Compositing Wipe Study which examined the feasibility of

analyzing composites of wipes (where two to four wipes are collected and combined for analysis, thereby reducing both sampling and analysis costs) compared to single wipes. This study showed that compositing is feasible and less expensive than single-surface samples. The final report was published in July 1996, "Analysis of Composite Wipe Samples for Lead Content," EPA 747-R-96-003.

In 1995, HUD and EPA completed a study on lead-based paint technologies (X-ray fluorescence (XRF) and home test kits). The study concluded that testing by K-shell XRF instruments, with laboratory confirmation of inconclusive XRF results, and with substrate correction in cases where this is effective in reducing bias, is a viable way to test for lead-based paint. This approach can produce satisfactory results for classifying the paint on architectural components using the federal threshold of 1.0 mg/cm².

The study also concluded that test kits evaluated in the study should not be used for lead paint testing. Test kits cannot determine the extent of lead-based paint in a home and the need for protecting the occupants, especially when repairs or renovations are carried out. Homeowners and renters cannot be confident that test kits will discriminate accurately between lead-based paint and non-lead-based paint. The final report, "A Field Test of Lead-Based Paint Testing Technologies: Technical Report," EPA 747-R-95-002b, was published in May 1995.

EPA published the results of a laboratory study of dust and dust lead recoveries for samplers and vacuum cleaners in two volumes. Two standardized laboratory testing procedures were developed in this study. The first was designed to characterize the performance of three vacuum sampling and one wipe sampling method. All of these sampling methods have been used in previous EPA studies. The second was designed to evaluate how well commercially-available vacuum cleaners collect dust from various surface types. The final reports are: "Laboratory Evaluation of Dust and Dust Lead Recoveries for Samplers and Vacuum Cleaners, Volume I: Objectives, Methods, Results," (March 1995, EPA 747-R-94-004A), and "Laboratory Evaluation of Dust and Dust Lead Recoveries for Samplers and Vacuum Cleaners, Volume II: Appendices from the Quality Assurance Project Plan," (March 1995, EPA 747-R-94-004B). EPA completed many additional analyses and field studies to support Section 405(a). The following technical reports were published as a result of the studies:

"Lead-Based Paint Abatement and Repair and Maintenance Study in Baltimore: Pre-Intervention Findings," (August 1996, EPA 747-R-95-012).

"Report on the National Survey of Lead-Based Paint in Housing, Base Report," (April 1995, EPA 747-R-95-003)

"Report of the National Survey of Lead-Based Paint in Housing, Appendix I: Design and Methodology," (April 1995, EPA 747-R-95-004)

"Report of the National Survey of Lead-Based Paint in Housing, Appendix II: Analysis," (April 1995, EPA 747-R-95-005)

"Seasonal Rhythms of Blood-Lead Levels: Boston, 1979-1983," (September 1995, EPA 747-R-94-003)

"Seasonal Rhythms of Blood-Lead Levels in Milwaukee," (August 1996, EPA 747-R-95-010)

"Residential Sampling for Lead: Protocols for Dust and Soil Sampling," (March 1995, EPA 747-R-95-001)

"Sampling House Dust for Lead: Basic Concepts and Literature Review," (September 1995, EPA 747-R-95-007)

"Pilot Testing Program for Protocols for Lead-Based Paint Encapsulants," (September 1995, EPA 747-R-95-011)

"Comprehensive Abatement Performance Pilot Study, Volume I: Results of Lead Data Analysis," (February 1995, EPA 747-R-93-007)

"Review of Studies Addressing Lead Abatement Effectiveness," (July 1995, EPA 747-R-95-006)

"Effect of In-Home Educational Intervention on Children's Blood Lead Levels in Milwaukee," (April 1996, EPA 747-R-95-009)

Subsection 405(b) requires EPA to establish protocols, criteria, and minimum performance standards for laboratory analysis of lead in paint films, soil, and dust. The subsection also requires EPA to establish a program to certify laboratories or to determine that effective voluntary accreditation programs are in place.

In response to this section, EPA has established the National Lead Laboratory Accreditation Program (NLLAP). NLLAP recognizes laboratories which have demonstrated the ability to accurately analyze lead in paint, dust, and soil samples.

In order for laboratories to be NLLAP recognized they must successfully participate in the Environmental Lead Proficiency Analytical Testing (ELPAT) Program and undergo a systems audit performed by an NLLAP laboratory accrediting organization.

The American Association for Laboratory Accreditation (A2LA), and the American Industrial Hygiene Association (AIHA) are NLLAP laboratory accrediting organizations. Since December of 1993 more than 100 laboratories have obtained NLLAP recognition. Currently, more than 300 laboratories are participating in the ELPAT Program. The National Lead Information Clearinghouse (described in the next paragraph) provides the public with a monthly updated list of NLLAP recognized laboratories.

Subsections 405(d) and (e) require EPA, in conjunction with HHS, ATSDR, and HUD, to sponsor public education and outreach activities to increase public awareness of lead poisoning.

Public education and outreach activities include the National Lead Information Center Clearinghouse and Hotline. The Hotline was established in November 1992, and the Clearinghouse was established in April, 1993. These services are sponsored by EPA, with assistance from HUD, CDC and DoD. The Hotline phone number is 1-800-LEAD-FYI. Recorded messages are available 24 hours per day. Callers receive a free information packet, including four lead paint fact sheets, a list of State and local lead contacts, and a pamphlet entitled "Lead Poisoning and Your Children." These materials are also available in Spanish. Callers to the Hotline with specific questions are referred to the Clearinghouse and can speak directly with an information specialist.

The Clearinghouse phone number is 1-800-424-LEAD. Service is available Monday through Friday, 8:30 A.M. to 5:00 P.M. EST. Callers are provided with relevant informational materials, including Federal publications, selected journal articles, and updates of Federal laws and regulations. Callers may also obtain information on qualified laboratories; referrals to Federal, State, and local agencies; EPA regional lead training centers (RLTC's); and EPA regional lead contacts as well as printed materials from other Federal agencies.

Since the fall of 1996, coinciding with the first effective date of the Section 1018 disclosure and notification rule, the Clearinghouse has been averaging approximately 20,000 calls per month.

The National Lead Information Center internet address is:
<http://www.nsc.org/nsc/ehc/ehc.html>

A study of lead education was conducted by EPA in cooperation with the Milwaukee Health Department ("Effect of In-home Educational Intervention on Children's Blood Lead Levels in Milwaukee") was distributed to health departments around the country and made available through the Clearinghouse and World Wide Web.

In 1994, the National Safety Council conducted a Public Service Announcement (PSA) campaign, which included print advertisements and television and radio spots. Its purpose was to raise awareness and motivate audiences to obtain further information by calling the Hotline number. PSA's were distributed to approximately fifty of the nation's largest media markets with potential lead exposure problems. Additional national public service announcements are being planned.

Subsection 405(f) requires the President to establish criteria, testing protocols and performance characteristics to ensure that products intended for lead-based paint hazard evaluation and reduction are effective.

HUD, NIST and EPA are developing a procedure for responding to this requirement. The American Society for Testing and Materials (ASTM) has produced over 20 consensus technical standards on sampling and analytical techniques, testing procedures, and hazard control practices.

EPA has completed a strategy document for 405(f). This document will have two functions: 1) Program Option Selection: Various options for program implementation are presented and discussed; 2) Existing Standards and Protocols: A knowledge base of existing performance standards and test protocols by product category have been gathered together. It is anticipated that these will be used to jump start the program once an implementation option has been selected.

One product area, lead-based paint encapsulants, has been a leader in responding to section 405(f). ASTM Task Group E06.23.30 initiated consensus building discussions on the development of performance standards for the testing of lead-based paint encapsulant products in the early 1990's. However, there was little if any data available to serve as the technical basis for these standards. Recognizing the critical need for data, EPA and HUD decided to begin evaluating existing tests for encapsulation products. EPA, with funding from HUD, carried out a laboratory study of thirteen protocols for testing encapsulant products. The study generated approximately 3800 new data on testing protocols. Overall, most of the protocols were found to be

feasible for most of the encapsulant products tested. A final report was published in September 1995. The information from the EPA Study was conveyed to the ASTM Task Group, and subsequently the Task Group published two ASTM standard specifications for testing encapsulant products.

Section 406. Lead Hazard Information Pamphlet

Subsection 406(a) requires EPA to publish, after notice and comment, a lead hazard brochure to be used in conjunction with requirements under sections 1018 and 406(b).

EPA developed a draft pamphlet and announced its availability for comment in the *Federal Register* on March 9, 1994. Subsequently, EPA conducted several focus group tests and an additional public meeting. EPA announced the availability of the final pamphlet in the *Federal Register* on August 1, 1995. In addition, EPA has developed a Spanish language version of the pamphlet. Single copies of the pamphlet are available from the National Lead Information Clearinghouse. Multiple copies are available through the Government Printing Office. EPA also makes the pamphlet available in alternate versions, including color negatives and black and white camera ready copy through its regional offices.

Subsection 406(b) requires EPA to promulgate regulations to require renovators, prior to beginning work, to provide their customers with the pamphlet developed under section 406(a) describing lead hazards and how they can be minimized.

EPA published the proposed rule in the *Federal Register* on March 9, 1994 and expects to publish the final rule in 1997.

Additional EPA projects related to Title X.

The following projects, while not mandated specifically by Title X, relate to its purpose -- the need to control exposure to lead-based paint hazards.

EPA Lead Environmental Justice Initiative

The goals of the "Community-Based Lead Abatement Demonstration Project" are to: **1)** demonstrate that an effective, well-planned program can serve to significantly reduce poor children's blood lead levels, **2)** demonstrate the utility and beneficial nature of public, private, and community cooperation in the prevention of childhood lead poisoning, **3)** accomplish specific primary and secondary lead poisoning prevention tasks: blood lead screening, hazard reduction, and education, **4)** assess and document the project's success and shortcomings by providing for careful evaluation and data collection, and **5)** foster self-sufficiency through jobs creation and empowerment.

If fully successful, the initiative will result in: reduced lead poisoning in the target population of poor children; a proven, reproducible program to reduce blood leads; and feedback on how to improve individual programs and how programs can be better coordinated.

In 1993, EPA formed an inter-agency workgroup consisting of: the Department of Housing and Urban Development; the Administration for Children and Families (Department of Health and Human Services); the

Centers for Disease Control (Department of Health and Human Services); and the Department of Labor. EPA also acted to enlist the assistance of the Philadelphia Health Department and community advocates. EPA and the Administration for Children and Families committed 3.7 million dollars for the support of pilots that would test the prototypical, community-based approach formulated by the participants for preventing childhood lead poisoning. Philadelphia received a non-competitive grant in 1994. A competitive grant program was formulated over the course of the same year. In 1995, a joint EPA-ACF Notice of Funds Availability announcing the program was published in the Federal Register. In September 1995, grants were awarded to five local government-community advocacy group partnerships in: Chicago, Illinois; Milwaukee, Wisconsin; Missoula, Montana; Memphis, Tennessee; Oakland, California.

EPA Whole House Initiative

The goals of the "Multimedia ' Whole House' Environmental Justice Initiative" are to:

- enable parties to reduce multimedia exposures to unhealthful levels of pollution both inside and outside the home in disenfranchised and disadvantaged communities;
- ensure that mitigation of hazardous exposure in the home is comprehensive and addresses lead, asbestos, weatherization (i.e., window replacement etc.), indoor air quality and radon exposure issues;
- build capacity and economic opportunities in targeted communities through creating or strengthening an infrastructure that provides community access to State agencies responsible for reducing environmental exposures;
- and demonstrate how the federal government and their State/local counterparts can provide a comprehensive and coordinated response to potential hazards in targeted communities.

In 1994, EPA formed an inter-Office/Agency workgroup consisting of: the Department of Housing and Urban Development; the Administration for Children and Families (Department of Health and Human Services); the Centers for Disease Control (Department of Health and Human Services); the Department of Energy; and the Offices of Small and Disadvantaged Business Utilization, Air and Radiation; and Enforcement and Compliance Assurance. This workgroup cooperated in the planning of an effort to apply a multimedia, Geographic Information Systems (GIS) database and create an integrated, multimedia environmental inspection training. In 1995, a grant was awarded to Cleveland to field-test both the data and training.

Centers For Disease Control and Prevention Accomplishments

Subsection 405(c) directs HHS, through CDC, to study sources of lead exposure in children who have elevated blood-lead levels. It also requires NIOSH to study the means to reduce hazardous occupational lead abatement exposures. Activities by CDC and NIOSH, and relevant studies by EPA and HUD, are discussed below.

The CDC State and Community-Based Childhood Lead Poisoning Prevention Program provides grant funds for the initiation and expansion of State

programs and community-based childhood lead-poisoning prevention programs that:

- screen young children for lead poisoning;
- identify possible sources of lead exposure;
- monitor medical and environmental management of identified children who have been poisoned;
- provide information to the public, health professionals and policy makers; and
- encourage community action programs to eliminate childhood lead-poisoning.

Grant funds may also be used to develop the infrastructure needed to ensure timely and effective screening of children and identification and remediation of environmental lead hazards.

HUD and CDC are funding primary prevention projects in Chicago and Rhode Island that use existing community groups to implement lead poisoning prevention activities in a locally-driven strategy. Results of these projects will become available in early 1988.

The Conference of State and Territorial Epidemiologists (CSTE) conducted a survey to determine the extent and nature of surveillance activities for elevated blood lead levels throughout the United States. Over fifty percent of States have laws or regulations requiring reporting of elevated blood-lead levels among children. In May 1995, CSTE added elevated blood-lead levels to the National Public Health Surveillance System.

The Health Care Finance Administration (HFCA) supports the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program. This program provides comprehensive and preventive health care benefits to low-income children up to age 21 through State Medicaid programs. All Medicaid-eligible children aged six months to 72 months are considered at risk and must be screened for lead poisoning. The blood-lead test is part of the child's initial or periodic EPSDT examination. Currently, an effort to boost the overall EPSDT screening rate is underway.

CDC and the State of Massachusetts are collaborating to develop a model information system to link and integrate multiple data-bases providing information on health, housing, and the environment to facilitate medical and environmental management of children identified with elevated blood lead levels (EBLs).

Screening data from the Chicago Department of Health laboratory has been analyzed to determine trends in children's blood-lead levels and the effect of reductions in leaded gasoline over time. A report was published in *Pediatrics* in February 1994, which is discussed in more detail in Part 2 of this report.

The CDC NHANES III project collected data regarding health indicators and environmental exposure on 30,000 persons over a period of six years. These data allow evaluation of the extent of exposure to lead in the United States. The data also identify correlates of exposure, such as urbanization, region, socioeconomic status, age of housing and physical characteristics. Results of Phase I of the survey were published in the *Journal of the American Medical Association (JAMA)* in July 1994 and are discussed in detail in Part 2 of this report (Pirkle 1994, Brophy 1994). Results of Phase 2 were published in *Morbidity and Mortality Weekly Report* on February 21, 1997.

The Injury Control and Risk Survey (ICARIS) obtained indicators of health, injury, and exposure to environmental substances. Information was collected from a nationally representative sample of U.S. households. Respondents were asked whether children have been screened for lead poisoning and the paint has been analyzed for lead content.

CDC has numerous on-going studies to identify sources of lead exposure including:

- The Mahoning County Health Department Study, under subcontract with the Ohio State Health Department and using funding from the CDC State and Community-Based Childhood Lead Poisoning Prevention Program grant, examines the risk of elevated blood lead levels among children 12-15 months old who live in housing of different ages. Data collection is completed and report preparation is in progress.
- The Montefiore Medical Center Study is studying risk factors among children at the Center's satellite primary care centers who have elevated blood lead levels. The New York Health Department, in collaboration with Montefiore and CDC, is conducting this study (data collection in progress).
- The FBI Firing Range Study evaluates the risk of lead exposure incurred by members of households in which at least one person worked at an FBI firing range (data collection completed, report in progress).
- The Isotope Analysis Study examines whether the analysis of isotope ratios of lead in blood and environmental samples provides a means by which to differentiate between various sources of environmental lead and to link sources of lead in the environment with lead in children's blood (report to be completed).
- The Source Apportionment of Lead in Household Dust Study analyzes various sources that contribute to lead accumulation in house dust of urban dwellings by measuring stable lead-isotope ratios and multi-element "fingerprints" (now undergoing lab analysis).
- Other recent reports that have been completed on less common sources of lead exposure, such as water, inadequately fired pottery, and folk remedies include "Lead Contaminated Drinking Water in Bulk-Water Storage Tanks -- Arizona and California" (1994) and "Lead Poisoning Associated with Use of Traditional Ethnic Remedies" (1993).

National Institute for Occupational Health and Safety Accomplishments

The ongoing NIOSH Adult Blood Lead Epidemiology and Surveillance (ABLES) program monitors elevated blood lead levels (blood lead levels greater than or equal to 25 ug/dL) of adults in 25 States (CDC 1996). These data come from laboratory reports that are transmitted to State-based lead surveillance programs. In 1995, ABLES programs in 16 of the 25 states were supported by NIOSH Cooperative Agreements. Current information about ABLES state activities is available on the Internet at <http://www.cdc.gov/niosh/ables.html>.

NIOSH publishes the ABLES surveillance data on a quarterly basis. The results show that although occupational lead exposures continue to be a significant public health problem in the United States, there is some improvement. For example, with a constant 23 states reporting, the number of

persons with elevated blood lead levels for 1995 increased by 4 percent over 1994, but the number of new cases among them decreased by 11 percent. These differences could also be explained by different reporting patterns among the states and inter-state differences in worker blood lead testing by lead-using industries.

Extrapolating on the basis of population, it is estimated that reports for 19,700 adults with elevated blood lead levels would have been received by NIOSH in 1995 if all states participated fully. Data from NHANES III (Phase 1, 1988-1991) indicate that as many as 700,000 adults (20-74 years of age) have elevated blood lead levels greater than or equal to 25 ug/dL. The large disparity between this estimate and the numbers from the ABLES database may be due to unreported occupational lead exposures. Occupational exposure is the main source of adult lead exposure. NIOSH and state surveys have indicated that employer medical monitoring programs for lead exposure are commonly inadequate in the construction industry.

TSCA Subsection 405(c)(2) requires NIOSH to study ways to reduce hazardous occupational lead abatement exposures. The following NIOSH studies and activities are related to the implementation of this subsection:

- Evaluation of occupational lead exposures during repainting of an elevated water storage tank which was coated with lead-based paint in Maryland, completed in 1991.
- Evaluation of occupational lead exposures in a building painted with lead-based paint and used as a child-care facility in Cincinnati, Ohio, completed in FY 1992.
- Publication of a NIOSH Alert requesting assistance in preventing lead poisoning in construction workers, completed FY 1992.
- Evaluation of worker exposures and effectiveness of building cleanup during a lead-based paint abatement pilot project at Ohio University, Athens, Ohio, completed in FY 1993.
- A field study of the effect of State of Connecticut health and safety contract specifications on lead exposures among Connecticut bridge workers engaged in lead-based paint removal on steel structures including airborne and blood-lead measurements. Contract report by the State of Connecticut Health Department completed December 1994.
- A field study to measure construction workers' lead exposures and lead contamination of their automobiles during a highway bridge renovation project. Health hazard evaluation report completed April 1995 (Report no. HETA 93-0502-2503).
- A field study of lead exposures among residential home painters conducted in Washington State. The study found that home painters were potentially overexposed to lead, and lead hazards for occupants were created during surface preparation activities in pre-1950 homes. Contract report completed in 1995.
- Evaluation of lead exposures during home renovation and repair activities in pre-1960 single-family homes in Cincinnati, Ohio.
- Development of a comprehensive research report to Congress entitled Protecting Workers Exposed to Lead-Based Paint Hazards: A NIOSH Report to Congress in response to Title IV.
- A field study in California to design, implement, and evaluate a lead poisoning intervention strategy among residential painting contractors and workers. Generally inadequate health and safety programs were found among residential and commercial painting contractors before intervention activities. In 1996 this project produced the Painting Contractor's Guide to Lead Safety.

- Development and evaluation of field measurement techniques for lead in paint. A collaborative test of ultrasonic extraction with field portable anodic stripping voltammetry (ASV) analysis of lead in paint chips, soils, dusts and air will be undertaken by NIOSH in cooperation with ASTM. The study will involve the analysis of samples by at least 12 cooperating laboratories. Ongoing in FY 1997.
- Proficiency testing and laboratory accreditation programs to ensure the quality of lead-based paint analyses currently cover quantitative lead analyses in paint, soil, and dust performed at fixed laboratory locations and in self-contained mobile laboratories. Programs are being expanded to cover portable quantitative lead analyses conducted in the field.
- Development of an updated NIOSH Criteria Document for a Recommended Standard: Occupational Exposure to Inorganic Lead. Ongoing in FY 1997.
- An evaluation of the effectiveness of lead abatement certification training programs conducted in Illinois, using the EPA Model Training and Curriculum for workers and supervisors. Completed FY 1995.
- Funding of the Connecticut Road Industry Surveillance Project (CRISP), an innovative program to reduce lead exposure in bridge workers through the incorporation of protective measures into construction contracts.
- A field study of occupational lead exposures during residential lead hazard control activities, including those at HUD-funded sites. Surveys to measure airborne and surface lead concentrations were conducted in California and Rhode Island during 1995-96. A summary report which includes recommendations for appropriate worker protection will be prepared in 1997.
- A study to evaluate the immunologic effects of lead exposure among secondary lead smelter workers, in collaboration with the National Institute of Environmental Health Sciences. Although some subtle differences were found between lead-exposed and unexposed workers, the study findings offered reassurance that lead exposure as permitted under the current OSHA lead standard does not have marked immunologic effects.
- A collaborative study with the New Jersey Department of Health to assess para-occupational (take-home) lead exposures among children of construction workers. The study included blood lead level measurements and lead-exposure assessments of workers' families and a control population. Epidemiological and industrial hygiene findings are scheduled for journal publication in 1997.
- A cooperative agreement was begun in September 29, 1995, between NIOSH and the Washington State Department of Labor and Industries. It is entitled, "An Intervention to Prevent Occupational Lead Over-Exposure in King County, Washington," and seeks to develop a model for the elimination of lead poisoning by integrating case surveillance, hazard surveillance and technical assistance within a geographic area. Ongoing in FY 1997.
- A cooperative agreement was begun on September 29, 1995, between NIOSH and the Iowa Department of Public Health, entitled, "Iowa Intervention Project to prevent Adult Lead Poisoning." It seeks to test the efficacy of the recommendations to reduce blood lead levels which were made to adults found to have elevated blood lead levels. Ongoing in FY 1997.
- A cooperative agreement ("Lead Poisoning Prevention with States in Collaboration with Local Health Departments, Illinois Department of Health") developed an intervention methodology and evaluation strategy for preventing excessive exposures to lead in small businesses. Indoor

firing ranges were chosen to test the efficacy of two intervention strategies, one consisting of education alone and one consisting of education plus recommendations for substitution for hazardous material and/or ventilation. To be completed in FY97.

SUBTITLE C. WORKER PROTECTION

Subtitle C pertains to worker protection and is the responsibility of the Department of Labor Occupational Safety and Health Administration (OSHA) and the National Institute of Occupational Safety and Health (NIOSH).

Section 1031. Worker Protection

Title X requires the Secretary of Labor to issue interim final regulations on occupational exposures to lead in the construction industry by April 1993. OSHA's construction regulations must be at least as protective as HUD's "Interim Guidelines for Public Housing." The interim final rule was published in the *Federal Register* on May 4, 1993 as 29 CFR 1926.62.

Contractors are required to conduct an exposure assessment for each job classification in each work area where there is potential exposure to lead. If exposures are above the permissible limit, they must be controlled. Employers must develop a written compliance plan, designate a competent person to oversee worker protection efforts, and conduct medical surveillance. Workers with high levels of lead in their blood must be removed from further exposure.

Section 1032. Coordination Between Environmental Protection Agency and Department of Labor

Close coordination is mandated between EPA and OSHA, for OSHA worker protection requirements are an integral element of training and certification programs. This coordination has been accomplished by two methods: (1) an ongoing committee that meets approximately once per month, which is known as the ONE Committee (for OSHA, NIOSH and EPA); and (2) detailed consultation with OSHA in the development of the training requirements that are part of the regulations developed pursuant to sections 402 and 404.

The purpose of the ONE Committee is to coordinate regulatory and enforcement actions of the three agencies, including worker protection mandated in section 1031.

Section 1033. NIOSH Responsibilities

Subsection 1033(a) authorizes a minimum of 10 million per year to the National Institute for Occupational Safety and Health (NIOSH) for a lead-based paint worker and supervisor training grant program and \$500,000 per year for the periodic and comprehensive assessments of the program.

NIOSH and EPA have awarded grants for training workers and supervisors in lead-based paint activities. Their review panels work together but the two agencies award separate grants. In FY 1994, EPA awarded 2.8 million and NIOSH awarded \$500,000. In FY 1995, EPA awarded 1.55 million. NIOSH

did not make any awards in FY 1995 because funds were not appropriated. No funds have been appropriated for subsection 1033 (b) which requires NIOSH to assess the efficacy of the worker and supervisor training programs developed by the grantees.

SUBTITLE D. RESEARCH AND DEVELOPMENT

This subtitle requires HUD, in cooperation with other Federal agencies, to conduct research on: (1) strategies to reduce the risk of lead exposure from such non-paint sources as exterior soil and lead dust in carpet, furniture and forced-air ducts (section 1051), and (2) testing technologies, including improved methods for evaluation of lead-based paint hazards in housing and assessments of the effectiveness of hazard evaluation and reduction activities funded by Title X (section 1052). HUD has completed several of these projects and has several research projects underway in cooperation with EPA, NIST, CDC, the National Center for Lead-Safe Housing, the University of Cincinnati and the National Institute of Building Sciences.

- HUD and EPA sponsored a field evaluation of chemical test kits and portable x-ray fluorescence (XRF) analyzers for detection of applied lead-based paint. The Technical and Summary reports, "A Field Test of Lead-Based Paint Testing Technologies", were published by EPA in May 1995 (EPA 1995a). See Part 3 of this report for a description of the results of this field evaluation.
- HUD and EPA developed Performance Characteristics Sheets (PCSs) that describe the performance of an XRF on real world paint surfaces, which were archived from the XRF study described above. The PCS describes how to control various sources of error for each different commercially-available XRF device. These PCSs are being used by inspectors across the country and are an integral part of the lead paint inspection protocol developed by EPA and HUD. PCSs are available from the National Lead Information Center.
- Under a grant from HUD, the National Institute of Standards and Technology is developing a standard XRF evaluation test to enable third party laboratories to evaluate XRFs. The project involves the development of a set of painted panels that any lab could replicate and use to evaluate XRF performance.
- HUD sponsored a study by the National Center for Lead-Safe Housing and the University of Rochester School of Medicine on the relationship between lead in house dust and blood-lead levels in children. Environmental, biological, socioeconomic and demographic data were collected for 200 urban children aged twelve to thirty months who have lived in the same dwelling since age six months or younger. The results of this study were published in June 1995 (Lanphear 1995). Refer to Part 3 of this report for a full description of the study.
- HUD is presently evaluating the cost and effectiveness of alternative hazard reduction methods used in the HUD Lead-Based Paint Hazard Reduction Grant Program. Data are being collected on lead in paint, dust, soil and children's blood prior to hazard control interventions. Effectiveness will be measured by changes in blood lead and dust lead at 6, 12, 24, and 36 months after intervention. Cost will be measured through the contractor's price. The National Center for Lead-Safe

Housing designed the evaluation and is responsible for its overall coordination, with the assistance of the University of Cincinnati Department of Environmental Health. As of September 1996, 2,564 housing units had been enrolled in the evaluation. Final results will be reported in 2000. Interim reports are being prepared in February of each preceding year, starting in 1996.

- HUD and the Centers for Disease Control and Prevention (CDC) have entered into an interagency agreement to jointly finance a primary prevention demonstration grant program to control lead-based paint hazards for children living in high-risk housing. The three (3) year project will use a total of 6 million in HUD funds to support comprehensive and intensive neighborhood-based projects in Providence, Rhode Island and Chicago, Illinois. Neighborhood-based organizations and residents are collaborating with public and private organizations to create lead-safe areas for children and families living in Providence, Rhode Island's "Heart of Elmwood" community and the "West Town" area of Chicago, Illinois.
- HUD and EPA are evaluating the effectiveness of various cleaning agents in removing dust lead from different hard surfaces. A representative number of detergents were tested for their solubility of Pb-contaminated dust as a function of concentration of active cleaning agents, pH, surface tension, temperature, and hardness. The ability of detergents to remove lead contamination was studied using two types of soil composites and a number of different surface types. The expected completion date of the study is late 1996.
- The National Institute of Building Sciences (NIBS), supported by HUD, produced a technical manual in 1995 to facilitate the cost-effective and safe management of lead-based paint hazards associated with operations and maintenance activities in residential, public, and commercial buildings (NIBS 1995).
- HUD and EPA are developing a curriculum, instructor manual, student field guide, and teaching video for an eight-hour training course for maintenance personnel to learn the basics of lead hazard operations, maintenance, and interim controls. The course will identify operations and maintenance fundamentals, demonstrate approved practices, provide hands-on experience in implementing interim controls, and evaluate the learning achieved by students. The curriculum is expected to be ready for distribution in 1997.
- HUD is completing a study of lead-based paint hazards in HUD-owned single-family houses. The Single Family Property Disposition demonstration will (1) estimate the costs of compliance with proposed requirements under section 1013, and (2) provide information that will help HUD field offices in procurement and monitoring of contractors and services. The demonstration is expected to be completed in 1997.
- HUD entered into an interagency agreement with the Bureau of the Census to add questions regarding public awareness and lead hazard reduction activities to the December 1994 Current Population Survey. The survey sample is approximately 54,000 households; it will permit estimates of public awareness and lead hazard reduction activities for the 11 largest metropolitan areas and most States. The large sample size will also permit estimates of the level of awareness among low-income tenants with children. The results will form a baseline for comparison to data that will be collected after the section 1018 requirements become effective. This study was initiated in response to the requirement in section 1061 of the Act, which requires HUD to assess the effectiveness of section 1018 disclosure requirements in increasing awareness of lead-based paint hazards.

Section 1056 directs the Comptroller General to assess the effectiveness of Federal enforcement and compliance with statutory and regulatory requirements, including annual inspection procedures in Section 8 housing. The Comptroller General is also directed to study and report on the availability of liability insurance for property owners and contractors.

The GAO reports on lead inspection in Section 8 housing and liability insurance were completed in May and July, 1994, respectively.

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State Lead Poisoning Prevention Statutes

June 18, 1997

Compiled by Doug Farquhar, J.D. and Cathy Atkins, J.D.

National Conference of State Legislatures

1560 Broadway Suite 700, Denver, Colorado 80202

303-830-2200, FAX: 303-863-8003

NOTE: The above abstracts state statutes governing lead hazard reduction, lead abatement, lead disposal, or lead poisoning. This report is the property of The National Conference of State Legislatures (NCSL) and is intended as a reference for state legislators and their states. NCSL makes no warranty, expressed or implied, or assumes any legal liability or responsibility for third party's use of this information, or represents that its use by such third party would not infringe on privately owned rights.

Alabama

Training, Certification and Accreditation for Lead-Based Paint Professionals

ALA. H.B. 680

Authorizes the State Board of Health to develop a program relating to indoor lead hazard reduction, including the establishment of fee schedules and the disposition of fees levied; requires the certification of persons involved in lead hazard removal activities; provides criminal penalties; creates and provides for special funding; makes an appropriation from the General Fund.

Arizona

1. Lead-Based Paint (LBP)

Ariz. Rev. Stat. Ann. § 36-1671 to 36-1676 (1986)

Prohibits certain uses of lead-based paint and authorizes the department of health to develop and conduct programs to prevent, detect and treat lead-based paint poisoning. The statute also:

- requires reporting by physicians of blood/lead above 25 (g/dL;
- provides for educational programs to communicate the danger and prevalence of LBP;
- prohibits the application of LBP to any interior surface, any toy, furniture or eating utensil that may be accessible to children under 7 years, and requires warning label
- defines LBP as 5/10 of 1% by weight as calculated as lead metal;
- requires labels on all LBP that may be sold to the public.

2. Training, Certification and Accreditation for Lead-Based Paint Professionals

AZ Sess. Law 1997 HB 2032

Directs the Department of Health Services to adopt rules implementing a training, certification and accreditation program, gives the department enforcement authority and provides for reciprocity with other states. The bill will be repealed after June 30, 1998 if monies are not appropriated to the department to implement the act.

Arkansas

1. Lead Poisoning Prevention

Ark. Stat. Ann. § 20-27-601 to 20-27-608 (Michie 1987)

Provides for the prevention, screening, diagnosis, and treatment of lead poisoning including elimination of the sources of the poisoning through research, education, epidemiological, and clinical activities. The statute also:

- designates the Department of Health as the Lead Poisoning Prevention and Control agency and grants them the authority to promulgate rules;
- allows political subdivisions to adopt lead standards stricter than federal or state standards;
- provides for the development of a screening program to identify children under 6 years with lead poisoning or potential lead poisoning; poisoned children are to be tested within 3 months;
- establishes a case management program for children identified with EBL and allows the state to investigate the sources of the lead hazards;
- requires the state to notify the owner/occupier of the hazard, and requires discontinuance (abatement) of the paint condition within 30 days;
- provides for the department to promulgate rules regarding abatement;
- prohibits retaliatory action against occupant of affected dwelling;
- grants injunctive relief, restraining order or other legal relief against a contractor or property owner violating this law;
- authorizes the Pollution Control and Ecology Department to license and certify lead-based paint activities training programs, procedures and requirements.

2. Removal of Asbestos Material

Ark. Stat. Ann. § 20-27-1001 to 20-27-1007 (Michie 1993)

Requires licensing and the development of standards and procedures to regulate the removal of lead-based materials from facilities in the state, and to establish such fees necessary to recover the costs of enforcing such requirements, standards and procedures.

3. Lead Training, Certification and Accreditation

S.B. 214 (1997)

Authorizes the Pollution Control and Ecology Department to license and certify lead-based paint activities training programs, procedures and requirements.

California

1. Childhood Lead Poisoning Prevention Act

Cal. Health and Safety Code 309.7 to 309.77; 372 to 372.7; 429.16; 1367.3 to 1367.5 (West Supp. 1993)

Establishes the Childhood Lead Poisoning Prevention Program within the Department of Health Services and requires them to compile information, identify target areas, and analyze information to design and implement a program of medical follow-up and environmental abatement to reduce childhood lead exposure. The statute also:

- determines a "standard of care" to evaluate all children;
- requires reporting by medical laboratories of EBL over 25 (g/dL (may be lowered to 15 (g/dL);
- requires identification of target areas selected for screening programs;
- provides for field trials of screening and abatement programs;

- requires the establishment of environmental abatement procedures and the adoption of regulations governing the abatement of lead paint in and on housing;
- imposes a fee on manufactures and other persons involved with the production or selling of lead or lead-based products;
- provides authority for the state to implement and administer a training, certification and accreditation program.

2. Occupational Lead Poisoning Prevention

Cal Health and Safety Code § 429.13 - 429.15 (1993))

Provides for a training, certification and accreditation program for lead training providers and abatement, risk assessment and inspection professionals.

3. Toys

Cal. Health and Safety Code § 25896 (West Supp. 1993)

Prohibits the manufacture, sale or exchange of toys with a lead content in excess of the amount permitted by federal regulations.

4. Disclosure Requirements

Cal. Civ. Code § 1102.6 - 1102.6 (West Supp. 1993)

Requires the disclosure upon sale of a property any LBP that may be a hazard.

5. Exposure Screening

Cal. Ins. Code s. 11512.35 (West 1993)

Requires blood lead screening for children covered by health insurance.

6. Childhood Lead Poisoning Prevention Fee

Cal. Ins. Code § 43057; 43152.14; 43554 (West Supp. 1993)

Provides for the administration and collection of a lead-poisoning prevention fee.

7. Lead-Safe Schools Protection Act

Cal. Educ. Code § 32240 to 32245 (West Supp. 1993)

Implements a lead poisoning prevention and protection program within schools.

8. Lead-Related Activities in Construction Work

Cal. Labor Code § 6716 - 6717

Provides for the establishment of standards that protects the health and safety of employees who engage in lead-related construction work, including construction, demolition, renovation and repair.

Colorado

Lead Hazard Reduction Program

CO Sess. Law 1997 SB 136

Establishes the Lead Hazard Reduction Program within the Department of Public Health and Environment; requires the Department on or before July 1, 1998, to establish a comprehensive plan to reduce elevated blood lead levels in children and control exposure to lead-based paint hazards in residences and child-occupied facilities.

Connecticut

1. Financial assistance for removal of lead-based paint and asbestos

Conn. Gen. Stat. Ann. § 8-219e

Provides for loans and grants up to 2/3rds cost of the abatement to persons seeking to abate the hazards of LBP.

2. Conn. Gen. Stat. Ann. § 10-206 and 10-206b

The local or regional boards of education shall require each pupil to have a health assessment that may include testing for lead levels in the blood.

3. Department designated as lead agency for licensure of day care centers, group day care and family day care homes.

Conn. Gen. Stat. Ann. § 19a-80 and 19a-87b

Designates the Department of Public Health as the agency responsible for licensure of child day care centers and group day care homes. Requires the commissioner of public health to issue, upon receipt of application for a license, such license if after inspection and investigation, the facilities are found to meet the health, educational and social needs of children.

Designates the Department of Public Health as the agency responsible for licensure of family day care homes. Requires the department to inspect family day care homes for any evident sources of lead poisoning prior to its being licensed by the department. The department shall make unannounced inspections of at least 1/3 of the licensed homes each year.

4. Report of lead poisoning. Investigation. Preventative measures. Relocation of families. Reports. Regulations.

Conn. Gen. Stat. Ann. § 19a-110 and § 19a-111a, b, c, and d

Regulations of Connecticut State Agencies Sec. 19a-36-A3

Requires private clinical labs to report to the commissioner of public health and the local director of health information regarding each person found to have a level of lead in the blood equal to or greater than 10 micrograms per deciliter.

Requires physicians to report to the commissioner of public health and the local health director each person found to have a level of lead in the blood equal to or greater than 20 micrograms per deciliter.

Upon receipt of a report of venous blood lead level equal to or greater than 20 micrograms per deciliter the local health director shall make or cause to be made an investigation of source of lead causing the increased lead level. The local health director will require action be taken by the persons responsible for such condition and, if necessary shall, using such community resources as are available, relocate the occupants of the building.

Requires the establishment of a lead poisoning prevention program, an education and early diagnosis program, and regulations regarding abatement of lead-based paint. Specifics of the above statutes include:

- the establishment of a program to provide services, including but not limited to the prevention and elimination of lead poisoning through research, abatement, education, and epidemiological and clinical activities;
- the initiation of educational and publicity programs to inform the general public, teachers, social workers, human service personnel, and owners of residential property of the dangers, frequency and sources of lead poisoning and methods of prevention;
- the establishment of an early diagnosis program to detect cases of lead poisoning;
- the establishment of a program to detect the sources of lead poisoning;
- the requirement of owners of dwellings containing toxic levels of lead and in which children under the age of six (6) reside to abate or manage such dangerous materials consistent with regulations;
- the authorization of any liquid, cementitious or flexible encapsulant product which complies with an appropriate standard and the maintenance of a list of such encapsulant products that may be used for abatement of lead.

5. Standards for licensure of lead abatement contractors and lead consultant contractors and certification of lead consultants, lead abatement supervisors and lead abatement workers.

Conn. Gen. Stat. Ann. § 20-475 and § 20-476.

Prohibits that no entity shall hold itself out as a lead abatement contractor or lead consultant contractor without a license issued by the commissioner of public health. the department shall review the technical, equipment and personnel resources of each applicant.

Provides that no person shall hold himself out as a lead consultant, lead abatement supervisor or a lead abatement worker without a certificate issued by the commissioner of public health.

6. Use of paint in tenements and municipally-owned buildings.

Conn. Gen. Stat. Ann. § 21a-82

Prohibits the use of any paint on an interior surface of any tenement or municipally-owned building unless such paint conforms to standards of the Lead-Based Paint Poisoning Prevention Act, Chapter 63 of the Social Security Act.

Delaware

1. Del. Code Ann. tit. 31 § 4114 (Michie 1985)

Prohibits the use of paint with more than 0.5 % lead on any surfaces of a dwelling or dwelling unit, including fences and outbuildings.

2. Lead Poisoning Prevention

Del. Code Ann. tit. 31 § 2602, 2603 and 2337 (West 1997)

Permits the Department of Health and Social Services to promulgate regulations for the training and certification of individuals engaged in lead-based paint activities, the accreditation of lead-based paint hazard control training programs, and the establishment of lead-based paint hazard work practice standards; imposes license fees. Other provisions include:

- a requirement for child-care facilities, public and private nursery schools, preschools and kindergartens to screen every child born after March 1, 1995 unless their parent objects;
- requires all individual health insurance policies that provide benefit out patient services to cover blood lead screening for children at 1 year of age;
- directs primary health care providers to screen children for lead poisoning at 1 year of age; and
- requires all laboratories doing testing to participate in an universal reporting system.

District of Columbia

1. Lead-Based Paint, Lead Poisoning Prevention

DC Law 5-35; 10-29 (1994)

Amends the District Housing regulations to require residential premises with children under 8 to maintain the property free of lead or lead in amounts less than 0.7 milligrams per cm², or less than any quantity sufficient to constitute a hazard to the health of any resident. Authorizes the Department of Housing and Community Affairs to order abate all hazardous materials or eliminate the lead hazard by other means approved by the department within 10 days and in no more than 30 days. The act also:

- authorizes the district to inspect any residential premises where there is reason to believe lead may present a health hazard to a child under 8 years
- take samples from the residence and have them analyzed for lead hazards
- notify the owner and inhabitants that lead hazards exist
- provides for the right of entry and enforcement of these provisions

The act also requires that any student under 6 years shall furnish proof of screening for lead poisoning upon entering school; establishes periodic testing for lead poisoning; and uses this data to conduct an epidemiological study of lead poisoning within the district.

The department also must adopt regulations to implement the requirements of TSCA (402/404, training, certification and accreditation of lead-based paint professionals.

Florida

1. Waste tire and lead-acid battery requirements

Fla. Stat. § 403.717 (1990)

Establishes fees, rules and regulations for lead-acid battery manufacturing and remanufacturing.

2. Hazardous occupations prohibited

Fla. Stat. § 450.061 (1980)

Prohibits employment of individuals under 15 years of age to work with lead-based paint or any dangerous lead-based product.

Georgia

Lead Poisoning Prevention

Ga. Code Ann. § 31-41-1 to § 31-41-6 (West Supp. 1995)

Provides for the promulgation of regulations regarding training, licensing and certification of persons performing lead hazard reduction activities; sets standards for performing such activities; provides for reciprocity; and provides for fees, among other purposes. The law also provides for:

- lead-based paint is defined as paint with lead in excess of limits established by department of natural resources;
- lead contaminated soil, dust and waste is defined as in excess of limits established by the department;
- lead hazard reduction activities must be done by licensed and/or certified individuals after 1996 (lead hazard reduction is defined the same as Title X);
- licensing and certification requires training by a state accredited training provider; and
- civil penalties may not exceed \$10,000.

Hawaii

Training, Certification and Accreditation for Lead-Based Paint Professionals

HI Sess. Laws 1997 HB 1838

Includes lead abatement practices and training programs within the department of health's rulemaking authority.

Illinois

1. Lead Poisoning Prevention Act

45 ILCS 45/1 to 45/17 (Michie 1996)

Provides for the establishment of a lead poisoning prevention program under the Department of Public Health and directs the department to perform certain activities. The statute also prohibits or regulates the use of lead-bearing substances. Specifics of the statute include:

- defining "lead-bearing substance" as any paint or surface coating containing more than 5/10 of 1% lead by weight or such lower standard as may be established by federal law or regulation;
- prohibiting the use of lead-bearing substances on any exposed surface of a dwelling or dwelling unit, or any toys, utensils, furniture or any article used or chewable by children;
- requiring warning labels on products containing lead;
- requiring physicians to report EBL levels;
- granting authority to the department to investigate sources of lead in dwellings, to provide for notification, and to require the owner to remove, replace, or secure a covering over the lead-bearing substance in a manner that will not endanger the health or well-being of its occupants.

2. Paints, oils and other compounds

Ill. Ann. Stat. ch. 121 1/2 p. 81 through 84 (Smith-Hurd 1960)

Requires warning labels on any product containing more than 1% lead by weight.

Indiana

1. Lead-Based Paint Activities

IN Sess. Laws 1997 HB 1181

Requires the Department of Environmental Management to establish a lead-based paint activities program to ensure that a person conducting lead-based paint activities in certain specified housing and child-occupied facilities does so in a manner that protects the health of the building's occupants, especially children six (6) years of age and younger. It also requires a person who engages in lead-based paint activities to obtain a license from the department of environmental management.

The bill prohibits a contractor from allowing an employee to engage in a lead-based paint activity without a license to do so. Additionally, the air pollution control board is required to adopt rules to implement lead abatement provisions. The legislation provides for fees for a lead-based paint activities license and for a lead-based paint activities training course provider's license. A lead trust fund was established to pay the expenses of administering the laws pertaining to lead-based paint activities and costs related to implementing federal rules concerning lead-based paint activities.

The legislation provides for penalties that the department of environmental management may impose on contractors and other holders of lead-based paint activities licenses for failure to comply with specified requirements. It also allows the state Department of Health to adopt rules to carry out a program to reduce lead poisoning throughout the state.

Iowa

1. Lead Abatement Program

Iowa Code § 135.100 to 105 (West 1996)

Establishes a lead abatement program within the Department of Public Health. The statute requires the department to implement and review programs designed to eliminate or reduce dangerous levels of lead in children. The statute also requires the department to:

- focus their priorities on targeted areas identified with children with elevated blood lead levels;
- implement a lead abatement grant program for communities with matching funds; to receive the funding the community must provide effective outreach, a screening program, a case management program, perform environmental assessments of homes, and agree to continue the program after state funding lapses;
- maintain laboratories for the abatement program;
- determine the maximum blood/lead levels for children;
- coordinate a lead abatement program with the University of Iowa and the Department of Natural Resources;
- prioritize the necessity of proposed lead abatement programs.

2. Packaging--heavy metal content

Iowa Code § 455D.19 (West Supp. 1990)

Prohibits the use of more lead than 1 part per million in the packaging of any product.

Kentucky

1. Lead Poisoning Prevention

Ky. Rev. Stat. Ann. § 211.900 to 211.905 (Michie 1982, Supp. 1990)

Provides the authority for the secretary for Human Resources to establish a lead poisoning prevention program including the screening, diagnosis and treatment of lead poisoning. The statute also:

- defines "lead-based substance" as more than 0.06% lead by weight;
- directs the secretary of human resources to initiate laboratory programs and financial assistance;
- requires reporting of blood/lead levels 25 (g/dL or greater by physicians and other health officials;
- makes screening for lead poisoning part of the regular immunization program;
- provides for the establishment of educational programs;
- grants secretary the authority to inspect sources of lead poisoning, notify owner/occupants of the findings, demand the removal, replacement, or securing of lead based surfaces, and to enforce these provisions
- authorizes a training, certification and accreditation program.

2. Lead-based paint

Ky. Rev. Stat. Ann § 217.801 (1980)

Restricts the sale of lead-based paint containing more than 0.5% lead by weight, requires warning labels on packages containing lead-based products, and prohibits the use of lead-based paint on toys, furniture, or any surface easily accessible to children under 7 years.

Louisiana

1. Lead paint poisoning prevention and control act

La. Rev. Stat. Ann. § 40:1299:26 to 40:1299:29 (West Supp. 1990)

This act originally established a comprehensive lead poisoning control program, but was repealed in 1989. The act currently encompasses the sale and use of lead-based paint, the removal or repainting of such surfaces, and the enforcement of such provisions. Specifically the act:

- prohibits to sale or use of lead-based paint on any interior surfaces, exterior surfaces accessible to children under 6 years, toys or other articles used by children, furniture and fixtures readily chewable by children, and cooking, eating and drinking utensils;
- requires warning labels in packages containing lead-based paint;
- defines lead-based paint as paint containing lead in excess of the amount allowed by the federal government;
- requires owners to remove or cover paint, plaster, or other accessible materials containing dangerous levels of lead if a child under 6 years or a mentally retarded person resides at the premises;
- provides for enforcement of these provisions.

2. Lead Hazard Reduction, Licensure and Certification

La. Stat. Ann. 30:2351 et seq. (West 1996)

This law provides for lead hazard reduction. Included in the bill is licensure and certification requirements for lead abatement and inspection professionals, abatement provisions, disposal

requirements, authority to promulgate regulations relating to lead hazard reduction, and funding for such programs.

This law authorizes the Department of Health and Hospitals to establish a statewide program for the prevention and treatment of lead poisoning; creates responsibilities for the state health director to address lead poisoning.

Maine

1. Lead Poisoning Control Act

Me. Rev. Stat. Ann. tit. 22 § 1314 to 1326 (West 1980 and Supp. 1995)

Enacts a lead poisoning control program that encompasses the restriction of sale and use of lead-based products, an early diagnosis program, educational outreach, reporting requirements, inspections by public health officials, notice to remove hazards, enforcement provisions and grants the Department of Human Services the authority to implement these activities. Specifics of the act include:

- defining a lead-based substance as any paint, plaster or other surface material containing more than 0.5% lead by weight;
- restricting the sale or use of lead-based substances in toys, household furniture, fixtures, or any exposed surface of any dwelling, dwelling unit, or child care facility;
- establishing an early diagnosis program to screen children between 1 and 6 years (parents may object to screening on religious grounds);
- initiating an educational and publicity program to inform the public on the dangers of lead;
- require health care providers to advise parents of young children of the availability and advisability of having children screened for lead; if the provider receives state funds it must perform screening;
- requiring warnings on packaging containing lead-based products;
- reporting requirements by any physician who identifies persons with EBL;
- requiring licensure of lead inspectors and abaters;
- requires all residential child-care facilities and preschool facilities have environmental lead inspections once every 3 years by a certified inspector;
- prohibits the use of lead-based substances upon any exposed surface of a dwelling, residential child care facility, or a preschool facility; and
- granting the department the authority to inspect dwelling units to ascertain the presence of lead, to provide notice to owners/occupants, and to order the removal, replacement, or the covering of surfaces containing lead-based substances.

2. Reducing of toxics in packaging

Me. Rev. Stat. Ann. tit. 32 § 1733 (West Supp. 1993)

Prohibits the use of lead in any packaging or container used in the marketing, protecting, or handling of a product.

3. Lead Poison Control Act

Me. Rev. Stat. Ann. tit. 22 § 1314-A (West Supp. 1996)

Amends the Lead Poison Control Act; clarifies the definition of certain terms; expands the focus of the Act from protection children to protection the public as a whole; directs the Department of Humans Services to maintain a central registry of information from health-care providers, facilities and programs on lead poisoning; limits the award of damages for all losses involving lead poisoning \$250,000; establishes lead warning requirements on the sale of paint and related items.

Lead Poison Control

H.B. 1137 (1997)

Ensures safe abatement of lead hazards.

Maryland

1. Lead-based paint

Md. Env. Code Ann. § 6-301 to 6-303; 6-801 to 6-805; 6-807 to 6-852; 6-901 to 6-903; 6-1001 to 1-1005 (Michie 1996)

Prohibits the use of lead-based paint on any interior surface, on any exterior surface commonly accessible to children, or any article that is intended for household use. The act also requires physicians to report persons with EBL levels, and creates an advisory council to explore the problem of lead poisoning.

Provides for the accreditation of training providers and the certification and licensure of lead abatement professionals.

2. Reduction of Lead Risk in Housing

Md. Env. Code Ann. § 6-801 to 6-852 (Michie 1994)

Establishes a lead poisoning prevention commission, the lead poisoning prevention fund, and risk reduction standards for affected properties; requires owners of affected properties to register those properties and perform risk reduction activities. Provides for immunity from liability under certain circumstances, specifies insurance requirements for certain insurers and owners, includes other provisions.

Establishes a comprehensive program to address lead removal, maintenance standards, registration of affected properties, and liability provisions, including:

- requirements for residential rental properties who chose to adopt the risk reduction standards;
- requirements for properties to pass testing for lead-contaminated dust or performing lead hazard reduction treatments upon each change in occupancy;
- notification to tenants of their rights under this law;
- offer lead poisoning information packet to each tenant;
- establishes a lead poisoning prevention fund to compensate poisoned children;
- allow an owner to provide a "qualified offer" to a lead-poisoned tenant prior to a tenant suing the owner;
- provides for liability limitations for owners following these requirements.

3. Failure of lessor to remove lead-based paint; rent escrow

Md. Real Prop. Code Ann. § 8-211.1 (Michie 1988)

Provides for a lessee of a rental property which the lessor has failed to remove lead-based paint within 20 day of notice to deposit rent with the District Court where it will be held until the lessor has remedied the situation. The tenant may not be evicted or be subject to an increase in rent for exercising this remedy.

Massachusetts

1. Lead Poisoning Prevention and Control

Mass. Gen. L. ch. 111 § 190 to 199A (West Supp. 1993)

Establishes a comprehensive lead poisoning prevention program. The act directs the program to promulgate regulations regarding screening of children under 6 years and pregnant women, guidelines for medical follow-up, and procedures for reporting EBL levels. The act also includes:

- an educational and publicity program to inform the general public;
- an early diagnosis program to examine all children under 6 years and a recording system of children examined;
- a program to detect sources of lead, providing for inspections of residential premises, procedures to notify owners/occupants, and screening of residents 6 years or less;
- a provision to allow the director to designate emergency areas identified with high levels of lead poisoning that will receive special attention during inspection;
- the establishment of a lead poisoning laboratory;
- a prohibition of the sale or use of lead-based paint, glaze, or other such products if they contains more than 6/100 of 1% lead by weight;
- a provision that requires the owner of a residential premises to remove or cover lead-based materials so as to make them inaccessible to children under 6 years, and a provision forbidding discrimination against any renters, lessees, or persons seeking financing;
- a provision that requires disclosure of lead hazards to prospective purchasers of property and the availability of inspections;
- a licensing procedure for persons who inspect or delead (abate) to assure those persons have been trained in the areas of safe work practices, health risks, precautionary measures, and other safeguards;
- a certification procedure for private laboratories;
- the authority for the revocation, suspension or cancellation of any such license or certification;
- enforcement provisions to punish violators of this law.

2. Lead Removal Assistance Program

Mass. Gen. L. ch. 23B;28 (West Supp. 1993)

Establishes a grant and loan program for removing or covering materials containing lead in residential property.

Michigan

1. Review of environmental statutes, lead-based paint

Mich. Comp. Laws § 333.12104 (1980)

Directs the Department of Health to make recommendations to the governor and legislature on several environmental health risks, including lead.

Minnesota

1. Childhood Lead Poisoning Act

Minn. Stat. § 144.9501 to 144.9509 (1996)

Provides for the Department of Health to establish a childhood lead poisoning prevention act, including requirements for licensing of contractors and inspectors, proper abatement methods, interim controls, swab teams, identification of persons at high risk for elevated blood lead levels, lead surveillance, primary and secondary prevention and provides enforcement. Specifics of the act include:

- directives for construction, renovation, remodeling or maintenance activities not considered abatement to prevent the creation of lead hazards;
- primary prevention to prevent toxic lead exposures before poisoning;
- secondary prevention to mitigate exposure after poisoning;
- assessments to determine sources of lead contamination;
- reporting by laboratories of samples;
- certification of lead-safe housing;
- screening of children 6 years and younger in high risk areas;
- the development of a residential abatement guide;
- requirements for property owners to abate if lead sources at their property exceed the standards if children under 6 years or pregnant women with blood/lead levels over 10 (g/dL) reside there;
- clearance inspections to ensure the abatement procedures were effective;
- a registration requirements for abatement contractors; and
- provisions for the commissioner of the board of health to adopt lead standards and abatement methods.

2. Residential Lead Paint Waste**Minn. Stat. § 116.87 to 116.89 (West Supp. 1996)**

Provides for the proper and identifies the illegal disposal methods for residential lead-based paint and lead contaminated soil.

3. Grants for Residential Lead Paint and Lead Contaminated Soil abatement**Minn. Stat. § 462A.21 (West Supp. 1996)**

Makes available grants for the abatement of hazardous levels of lead via the Housing Development Fund.

Mississippi**Lead-Based Paint Activity Accreditation and Certification Act****MS Sess. Laws 1997 SB 2496**

Authorizes the Department of Environmental Quality (DEQ) to establish, implement and enforce a program for the accreditation and certification for those involved in lead abatement activities in target housing, child-occupied facilities and other facilities regulated under TSCA §402. Accreditation of training providers is also included. The Department is authorized to collect fees to support the program. The legislation also provides for reciprocity with other states.

Missouri**1. Lead Poisoning Prevention**

Mo. Stat. Ann. 701.300 et seq. (West 1994)

Provides for the establishment of a lead poisoning prevention program and commission. The program requires the department of health to set standards for blood lead levels, residential abatement, inspections, and training; provide for the licensure and accreditation lead abatement and inspection professionals; and establishes enforcement authority. The act also provides for educational and outreach programs. Other provisions include:

- requires notification by the state to a property owner whenever lead hazards are found and recommendations to reduce lead levels;
- grants political subdivisions the right to implement and enforce a higher standards than the federal or state standard; and
- establishes a lead poisoning information reporting system.

Nebraska

1. Environmental Lead Hazard Control Act

Neb. Law Public Health and Welfare 71-6329 to 6331 (West 1997)

Requires any person or business entity that engages in a lead abatement project to hold a valid license as provided in the Environmental Lead Hazard Control Act. The law establishes a training and certification program and includes enforcement provisions. Other provisions include:

- violation of the law is a civil penalty of not more than \$25,000 for the first offense and not less than \$25,000 nor more than \$100,000 for each subsequent offense; and
- unpaid civil penalties may be collected by foreclosure or a civil suit; moneys from penalties are earmarked for the school fund.

New Hampshire

1. Lead paint poisoning prevention

N.H. Rev. Stat. Ann. § 130-A:1 to 130 A:17 (West 1993)

Provides for inspections, notice and removal, prohibits certain acts, and grants authority to the director of public health to promulgate regulations regarding lead poisoning prevention. Specifics of the act include:

- prohibitions on the use or application on any dwelling unit or child care facility any lead-based substance as defined by federal standards;
- provisions for the department to inspect dwellings or child care facilities only when there is reasonable grounds to do so;
- provisions to notify the owners/occupiers of lead hazards;
- prohibitions against knowingly renting dwelling units to children under 6 years of age;
- prohibitions on children being present during the abatement of lead hazards
- license lead abatement training providers, contractors, workers, supervisors, inspectors, and risk assessors;
- covers state-ordered abatements, relocation of tenants, reciprocity with other states, and funding to cover the costs of the program.

The law applies to landlords, day care centers, and rental property owners. Person with four dwelling units or less are exempt from licensing, but take the training and follow rules for abatement.

New Jersey

1. N.J. Rev. Stat. Ann. § 26:2-137.1 to 137.7 (West 1996)

Promulgates regulations for lead poisoning prevention through the Administrative Procedures Act. The statute requires the commissioner of the department of health to promulgate regulations to identify sources of lead within dwellings, to establish testing procedures to detect lead in persons, to stimulate professional and public education concerning the need to test, detect, and control lead poisoning and to abate identified lead hazards. The statute also includes:

- provisions to screen every child 5 years and under for lead poisoning;
- notification requirements to parents or guardians as to the results of the screening;
- a grant program to provide loans to local boards of health to abate lead paint nuisances pursuant to this act.
- authorizes the Department of Health to promulgate rules regarding the training and certification of lead evaluation and abatement professionals. Persons must be certified prior to performing lead evaluation or abatement work.

2. Paint containing lead

N.J. Rev. Stat. Ann. § 24:14A-1 to 24:14A-11 (West Supp. 1993)

Prohibits the use of LBP on certain products, on the interior or exterior of any building readily accessible by children, provides for abatement procedures, notification and enforcement penalties. Specifics of the act include:

- the definition of lead paint as any pigment, liquid substance applied to surfaces by brush, roller, spray or other means in which the total nonvolatile ingredients contain more than 1% of lead by weight;
- the board health authority to order an owner to remove and dispose of such lead paint, if an individual in the unit is suffering from lead poisoning, abatement must be done within 10 days;
- provisions forbidding an owner to evict an occupant for the purpose of avoiding abatement procedures; and
- provisions for the enforcement of these rules.

New York

1. Control of lead poisoning

N.Y. Pub. Health Law § 1370 to § 1376-a (McKinney 1971 and Supp. 1993)

Provides for the prohibition of sale of certain products containing LBP, the abatement of lead poisoning conditions, and the enforcement for these rules and regulations. Specifics of the act include:

- defining "paint condition conducive to lead poisoning" as any paint or surface coating containing lead in a condition accessible for ingestion or where peeling or chipping of the paint occurs or is likely to occur;
- a prohibition on use of LBP containing more than 1/2 of 1% lead by weight on any interior surfaces or window frames or porches on any dwelling;
- provisions regulating abatement including notification to owner/occupant in areas of high risk to discontinue use of LBP or to prescribe methods of discontinuance which may include removal of LBP;

- prohibitions on the sale of glazed ceramic ware with excess amounts of lead.

2. Hazardous Packaging

N.Y. Envtl. Conserv. Laws § 37-0201 to 37-0213 (McKinney Supp. 1994)

Prohibits the use of lead over 0.01% by weight after January 1, 1994.

North Carolina

1. Lead Poisoning in Children

N.C. Gen. Stat. 130A-131.5 to 130A-131.6 (Michie 1992)

Requires the Commission to adopt rules for the prevention and control of lead poisoning in children. Specifics of the rules the Commission shall adopt include:

- reporting requirements by laboratories of children under 6 years with EBL levels;
- the department to determine a maximum standard for elevated levels of blood lead;
- investigations to determine the sources of EBL done by the department;
- identifications of lead poisoning hazards;
- examination and testing of children less than 6 years who are reasonably expected to have EBL; and
- abatement of lead poisoning hazards in dwelling, schools and day care facilities determined by the department to be a potential source of EBL in children less than 6 years, removal of the children shall not constitute abatement.

Ohio

1. Lead Poisoning Prevention

Ohio Rev. Code ch. 3742.03 et seq.; 4745 et seq. (1994)

Establishes a childhood lead poisoning prevention program. Provides for the licensure of person performing lead abatement work; the approval of environmental lead laboratories; directs the implementation of a lead poisoning prevention program; and to create the Lead Program fund; among other purposes. Also included in this law:

- clinical laboratories and physicians will be required to report the results of lead screening test to the department of health;
- individuals involved in the lead inspection and abatement industry will be required to be licensed;
- the director of health or local boards of health may inspect structures for lead upon the report of an elevated blood lead level in a child; and
- creates the Legislative Advisory Committee on Environmental Lead Abatement.

Oklahoma

1. Oklahoma Lead-based Paint Management Act

Ok. Rev. Stat. 27A § 2-12-101 to 2-12-501 (West Supp. 1996)

Requires the Environmental Quality Board to establish abatement standards and certification requirements for contractors and workers who work in federally-assisted housing. The law provides for a training schedule and application of fees, forbids training of persons without a license, and provides enforcement. Private homeowners and property owners may use certified contractors to abate, but there is no requirement to inspect and no requirement to abate.

2. Comprehensive Lead Poisoning Prevention Program

Ok. Rev. Stat. 63 § 114.1 (West Supp. 1996)

Provides for a public/private task force to review lead poisoning prevention problems within the state and offer advice.

Lead-Based Paint Management

S.B. 315 (1997)

Removes the requirement for certification of abatement professionals for commercial structures.

Oregon

1. Lead-Based Paint Activities

Or. Stat. 431.920; 701.500 to 701.515 (1997)

Establishes lead-based paint activity programs to conform with federal law including training, licensing, and registration programs for persons who engage in lead-based paint activities; defines terms; provides for notices as required by federal law; appropriates moneys from the general fund. Other provisions include:

- public education and screening program;
- defines lead-based paint hazard as any condition causing exposure to lead from lead-contaminated dust, soil or paint that is deteriorated and present in accessible surfaces, friction surfaces, or impact surfaces;
- directs the state to establish an accreditation program for lead-based paint activities training programs, certification and licensing of lead-based paint contractors pursuant to EPA standards.

Pennsylvania

1. Plumbing System Lead Ban and Notification Act

Pa. Stat. Ann. tit. 35 § 723.12 (Purdon 1991)

Prohibits the sale of certain leaded materials used in plumbing and provides for public notice of the potential for lead contamination of drinking water.

2. Lead Occupation Accreditation and Certification

35 Penn. Stat. § 5901 to 5916 (1996)

Requires certification of individuals engaged in lead-based paint activities; establishes minimum training requirements; requires training for accredited persons; establishes minimum performance and enforcement standards; requires licensing of lead contractors; establishes interim regulations and fees for

accreditation, certification and licensure. Other provisions include:

- requires adherence to EPA clearance standards, abatement procedures, and training, certification and accreditation requirements;
- prohibits persons to perform lead-based paint activities without a license;
- requires reciprocity with other states with substantially similar standards for accreditation and certification;
- provides for penalties for each day of violation; each day a separate violation; and
- provides for notification to the state 5 days prior to an abatement.

Rhode Island

1. Lead Poisoning Prevention Act

R.I. Gen. Laws § 23-24.6-1 to 23-24.6-26 (1991)

Act adopted in 1991. Regulations are being drafted and are expected to be in place in 1993. Primary components of the law include an expanded childhood lead screening and diagnosis program, an environmental management and primary prevention program, and mechanisms for funding. Specifics of the screening component include:

- requiring all physicians to screen children under 6 years at designated intervals;
- requiring licensed child care providers, nursery schools and kindergartens to obtain evidence of screening for lead poisoning for each child;
- that all samples be analyzed at a Department of Health (DOH) lab;
- that cases diagnosed with EBL be reported to DOH; and
- requires DOH to certify all laboratories performing blood lead analysis.

Specifics of the environmental management and primary prevention component includes:

- DOH to promulgate regulations regarding lead inspections, including notification of inspections to owners/occupants and DOH;
- all preschools, day care, nursery schools, and kindergartens by lead free or lead safe as a condition of licensure;
- inspections being authorized as part of treatment and follow-up for lead poisoned children;
- DOH to promulgate regulations for lead hazard reductions, clean-up and containment, including safety requirements for workers, and the creation of at least one lead paint waste repository;
- all lead inspectors and lead hazard reduction workers be licensed or certified and training courses be certified by DOH;
- disclosure of lead hazards to potential buyers or leasers of a property;
- requiring DOH to develop educational materials for Realtors.

Specific of the funding component include:

- DOH laboratories to bill and be reimbursed by third parties;
- DOH creating fees to operate licensure and certification program.

2. General requirements relating to the safe and sanitary maintenance of parts of dwellings and dwelling units - lead-based paint

R.I. Gen. Laws § 45-24.3-10 (1989)

Prohibits the use of LBP in dwellings with surfaces accessible to children under 6 years, and provides for inspection and abatement procedures for emergency situations. Specifics of the statute include:

- defining "lead-based substance" as materials containing lead in excess of 0.5% of lead by weight;
- provisions for emergency abatements, if child occupying the property is suffering lead poisoning.

South Carolina

1. Lead Poisoning Prevention and Control Act

S.C. Code Ann. § 44-53-1310 to 44-53-1480 (1985 and Supp. 1993)

Comprehensive act that prohibits the use of lead in certain items, requires reporting of lead poisoning followed by an inspection, and notification procedures for informing owners/occupants of lead hazards. Specifics of the act include:

- defining "lead-based substance" as surface-coating material containing more than 6/100 of 1% of lead by weight;
- prohibiting the sale and use of lead in toys, furniture, or cooking, eating, or drinking utensils;
- a program for screening of children under 6 years and reporting requirements for physicians;
- requiring the reporting of lead to the state which will perform its own inspection and identify areas in need of correction;
- requiring the owner to remove or cover the lead hazards within 30 days.

Tennessee

Lead-Based Paint Abatement Certification Act of 1997

TN Sess. Laws 1997 SB 414

Directs the Department of Environment and Conservation to establish a certification for lead abatement professionals including individuals and training providers. It gives the department the authority to establish standards for the program, insure compliance with regulations, enforce the program and revise regulations and procedures when necessary. The department is also authorized to establish reciprocity provisions with other states. The program can be no more stringent than the federal program.

Texas

1. Federal Lead-Based Paint Abatement Funds; Certification Program

Texas Civil Statutes Art. 9029 (Vernon 1996)

Provides for the Department of Health to promulgate a training, certification and accreditation program for lead based paint activities. Specifics of the program includes:

- certification for persons performing lead-based paint activities in target housing;
- setting standards for lead-based paint activities covering reliability, effectiveness, and safety;
- setting standards for accrediting training providers;
- assessment of fees to cover administration costs;
- civil penalties of up to \$10,000 per violation and criminal penalties; and
- the program may meet, but not exceed the federal program.

Lead-Based Paint Certification Program

H.B. 729 (1997)

Amends the 1996 legislation to include child-occupied facilities.

Vermont**1. Childhood Lead Poisoning, Screening, and Lead Abatement Act**

38 V.S.A. § 1751 - 1757 (1993)

This act establishes a training and certification program for lead hazard abatement workers within the Department of Health. The act also provides for blood lead screening upon request, inspects and tests for child care facilities, and ensures that lead-based hazards are disclosed prior to sale or lease of housing built before 1978.

2. Prevent Lead Poisoning in Children in Rental Housing and Child Care Facilities

Vt. Sess. Law H 778 (1996)

Requires owners and managers of rental properties and child care centers to have essential maintenance practices performed by certified contractors in target properties. The act provides for a housing registry, describes essential maintenance practices, and provides for legal incentives for owners to perform the hazard control activities. It also requires insurers to provide liability coverage of lead-based paint hazards.

Virginia**1. Certification of Lead Contractors, Professionals and Workers**

Va. Code § 54.1-500 et seq. (1994)

Relates to certification of lead contractors, professionals, and workers. Provides that lead hazard reduction activities meet the requirements of the federal program. The regulations will be promulgated by the state asbestos and lead licensing board.

Certification of Lead Contractors, Professionals and Workers

S.B. 1004 (1997)

Revises the authority of the Board for Asbestos and Lead to promulgate regulations for lead training, certification and accreditation that are no more stringent than the federal requirements in either proposed or final Environmental Protection Agency rules.

Wisconsin**1. Lead Poisoning Prevention**

Wis. Stat. § 151.01. to 151.13; 609.85 and 632.895 (West 1993)

Comprehensive act relating to lead poisoning prevention. Prohibits certain uses of lead, provides for reporting requirements, inspection and abatement procedures, grants authority to the Department of Health and Social Services, and enforcement of these provisions. Specifics of the act include:

- defining "lead-bearing paint" as surface coating material containing more than 0.06% lead by weight, "lead poisoning" means the level of lead in the blood is over 25 (g/dL;
- prohibiting the application of lead bearing paint to any exposed surface inside a dwelling, any exposed surface of a structure used for the care of children, or any fixture or object placed in or upon any exposed surface of a dwelling and ordinarily accessible to children;
- the reporting of cases of lead poisoning to the department and inspections by the department of the dwelling identified as the source; and
- requirements for the owner to remove or cover the lead within 30 days;
- authorizing a training, certification, and accreditation program for risk assessors, inspectors, and abatement professionals;
- provides for comprehensive screening and medical case management requirements;
- requires mandatory insurance coverage in certain circumstances.

[BACK](#)

Lead Screening Initiative

HCFA is very concerned about the low lead screening rates and other problems highlighted in the recent report from the General Accounting Office (GAO) evaluating Federal lead screening rates. HCFA is spearheading a Department initiative to comprehensively address all of the issues described in the GAO report. This initiative involves the participation of the Federal agencies whose programs address some aspect of lead poisoning and prevention. In addition, HCFA has formed a Departmental workgroup including representatives from HCFA, the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Administration for Health Care Policy and Research, and the Administration for Children and Families. The group has met several times and is developing a detailed strategy and timeline for its work. So far the Departmental workgroup developed a five-pronged approach for accomplishing its objectives. These five prongs are:

- o Assure state compliance with Federal Medicaid policies regarding coverage of lead screening and follow-up services;

Federal law and policy requires that all Medicaid eligible children be screened for lead poisoning and that any medically necessary additional diagnostic or treatment services be provided. The GAO report indicated that some states were not adhering to this policy. We intend to issue a letter to all State Medicaid Directors which clarifies and reiterates current Medicaid policy. This letter has been drafted and is currently in the clearance process.

- o Develop state-specific data for identifying and screening Medicaid children at-risk;

In response to the specific concerns GAO raised regarding data collection, HCFA has added a reporting element on the form HCFA-416, the annual reporting form for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, to collect data from the states on the number of children under age six who have received screening blood lead tests. States will begin reporting this information with their FY 99 data which is due to HCFA on April 1, 2000.

We will continue the development of HCFA's Medicaid Statistical Information System (MSIS) to incorporate billing data for children in fee-for-service programs and encounter data for children in managed care organizations. In addition, we will be working with CDC and HRSA to assist states in developing methods to obtain, share and link information and data among state agencies involved in childhood lead poisoning so that

data on blood lead screenings will be more complete and accurate and the children most at risk for lead poisoning can be identified.

- o Develop an acceptable process for screening only Medicaid children at risk, rather than requiring universal blood lead screening for Medicaid children

HCFA intends to work with CDC, in conjunction with the Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP), and HRSA, to develop a protocol and criteria to determine whether states have sufficient data and the information necessary to relax the current policy interpretation requiring universal screening for all Medicaid-eligible children. Such an approach may be a more effective and efficient method of identifying children with lead poisoning. The ACCLPP is meeting in October and we expect this issue to be discussed by the full committee at that time. We expect this process of developing the criteria to take several months, at a minimum.

- o Establish working relationships with all Federally-funded programs related to childhood lead poisoning, to identify problems and to enhance the effectiveness of these programs;

We intend to work with other federally-funded programs to strengthen and enhance existing activities in lead poisoning prevention, screening and treatment. For example, HRSA's *Bright Futures* guidance provides opportunities to engage parents and consumers in exploration of health issues specifically related to lead poisoning. We have also contacted the Department of Housing and Urban Development (HUD) to determine whether we can coordinate our efforts with theirs.

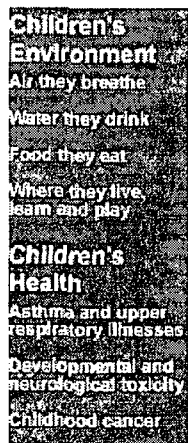
- o Develop a strategy for educating providers and the public about risks of lead poisoning for children and the importance of lead screening.

We believe that providers in some areas do not perceive that lead poisoning is still a health problem. We have encouraged states, through their Statewide advisory Committees, to identify where lead problems still exist and to notify providers and the public about this continuing threat to our children's health. We intend to work with our partners on the Departmental Initiative to support provider education that emphasizes the lead poisoning hazards. We have also had initial discussions with the State Medicaid Directors' Executive Committee to raise its awareness of the problems associated with lead poisoning within the Medicaid population and hope to continue this discussion at the fall meeting of the National Association of State Medicaid Directors in late October.

What's new

Who we are

What we do

What EPA
is doingWhat others
are doingWhere you
can get infoWhat you
can do
**Office of Children's
Health Protection
OCHP**

President's Task Force Members

Carol M. Browner, Administrator
USEPA
401 M Street, SW
Washington, DC 20460

Donna E. Shalala, Secretary
Department of Health and Human
Services
200 Independence Avenue, SW
Washington, DC 20201

Richard W. Riley, Secretary
Department of Education
600 Independence Avenue, SW
Washington, DC 20202

Alexis M. Herman, Secretary
Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

Janet Reno, Attorney General
Department of Justice
10th Street and Constitution Avenue, NW
Washington, DC 20530

William Richardson, Secretary
Department of Energy
1000 Independence Avenue, SW
Washington, DC 20585

Andrew M. Cuomo, Secretary
Department of Housing and Urban
Development
451 Seventh Street, SW
Washington, DC 20410

Daniel R. Glickman, Secretary
Department of Agriculture
14th Street and Independence Avenue,
SW
Washington, DC 20250

Rodney E. Slater, Secretary
Department of Transportation
400 Seventh Street, SW
Washington, DC 20590

Jacob Lew, Director
Office of Management and Budget
Old Executive Building
17th Street and Pennsylvania Avenue, NW
Washington, DC 20503

George T. Frampton, Jr., Chair
Council on Environmental Quality
722 Jackson Place, NW
Washington, DC 20503

Ann Brown, Chair
Consumer Product Safety Commission
4330 East West Highway
Bethesda, MD 20814

Gene B. Sperling, Director
National Economic Council
The White House
2nd Floor, West Wing
1600 Pennsylvania Avenue, NW
Washington, DC 20500

**Bruce N. Reed, Assistant to the
President on Domestic Policy**
The White House
2nd Floor, West Wing
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Martin N. Bailey, Chair
Council of Economic Advisors
Old Executive Office Building
17th Street and Pennsylvania Avenue, NW
Washington, DC 20500

Neal Lane, Assistant to the President
Office of Science and Technology Policy
Old Executive Building
17th Street and Pennsylvania Avenue, NW
Washington, DC 20502



DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration

Center for Medicaid and State Operations
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear State Medicaid Director:

Lead poisoning remains a significant health concern for young children. As you know the General Accounting Office (GAO) released a report in January 1999 entitled "Lead Poisoning: Federal Health Programs are Not Effectively Reaching At-Risk Children." This report highlighted the low number of Medicaid eligible children who have been screened for lead poisoning as well as the number of states that are not adhering to Federal Medicaid policy. State Medicaid programs' adherence to Federal Medicaid policies for lead screening and the provision of medically necessary follow-up services as part of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services are critical.

The Department of Health and Human Services (HHS) is committed to ensuring that all children are free of lead poisoning. The purpose of this letter is to present you with the GAO's findings, clarify the legal requirements for lead screening for children in Medicaid, and to update you on the activities of a HHS taskforce created to control lead poisoning.

GAO Report Findings

Although Medicaid-eligible children represent approximately 60 percent of all children in this country with lead poisoning **and** state Medicaid programs are required by Federal law and policy to cover screening blood lead tests for all children, the GAO report found that only 20 percent of Medicaid-eligible children had received any screening blood lead tests. The report also identified problems with regard to state Medicaid coverage of case management services and the one-time investigation to determine the source of lead in children who are lead poisoned. Additionally, the report raised issues concerning the reliability of state Medicaid data on blood lead screening and the effect of Medicaid managed care on lead testing and data.

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For your information, we have enclosed a copy of the Executive Summary and the Department's responses to GAO's recommendations (**Enclosure 1**). The full report may be downloaded from the GAO website at www.gao.gov.

Lead Screening Requirements in Medicaid

Even as the average blood lead level of children in this country continues to decline, lead poisoning among Medicaid-eligible and other vulnerable children remains a concern. The Medicaid statute requires coverage for children to include screening blood lead tests appropriate for age and risk factors under the definition of EPSDT services. [We have interpreted this language to require that all children enrolled in Medicaid should receive a screening blood lead test at 12- and 24-months of age, because this is the age when all children are most at risk. Children over the age of 24 months, up to 72 months of age, for whom no record of a previous screening blood lead test exists, should also receive a screening blood lead test.] In addition, states should cover any follow-up services within the scope of the Federal Medicaid statute, including diagnostic or treatment services determined to be medically necessary. Such services would include both case management services and the one-time investigation to determine the source of lead for children diagnosed with elevated blood lead levels.

[Regarding the language in Part 5 of the State Medicaid Manual which indicates that "investigations to determine the source of lead may be reimbursable . . . under certain circumstances." We are taking this opportunity to clarify this information. The term "may" does not mean this is an optional service.] The intent was that certain medical circumstances must be present before the investigation is reimbursable as a Medicaid service, i.e., the child must have an elevated blood lead level. In addition, the scope of the investigation is limited. HCFA only reimburses for a health professional's time and activities during an on-site investigation of a child's home (or primary residence). Medicaid funds are not available for testing of environmental substances such as water, paint or soil. We will revise the State Medicaid Manual in the near future to make this requirement more explicit; however, we are bringing it to your attention now so that any misunderstanding is corrected.

Lead Screening Taskforce Update

HCFA has undertaken a comprehensive Departmental initiative to increase lead screening of Medicaid and other vulnerable children. We would also like to improve access to, and the provision of, needed follow-up services for children who are found to be lead

poisoned. In addition to HCFA, the initiative includes the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Administration for Children and Families (ACF) and the Agency for Health Care Policy and Research (AHCPR).

Page 3 - State Medicaid Director

This group has developed a detailed strategy and timeline to implement five activities that are central to the GAO's findings:

- ensure compliance with Federal policies;
- develop state-specific data;
- develop a process for waiving universal blood lead screening for Medicaid children;
- develop a strategy for educating providers and the public about lead poisoning so that resources are focused on children who are the most likely to need help; and
- promote working relationships with federally-funded programs involved in childhood lead poisoning issues and other activities.

We also enclose information about HCFA's strategy for assuring that states are adhering to Federal Medicaid policies on lead screening and the provision of medically necessary follow-up services as well as describing the Departmental initiative in more detail.

Finally, we discuss methods for sharing best practices. (**See Enclosure 2**)

We have discussed some of these issues and our activities with the National Association of State Medicaid Directors' (NASMD) Executive Committee at their meeting in March and expect that this will be an agenda topic at NASMD's Fall meeting. Please feel free to contact Cindy Ruff at 410-786-5916 (e-mail: cruff@hcfa.gov) for further information.

Thank you for your attention to this very important matter.

Sincerely,

Timothy M. Westmoreland
Director

Enclosures

cc:

All HCFA Regional Administrators

All HCFA Associate Regional Administrators
for Medicaid and State Operations

Lee Partridge
American Public Human Services Association

Joy Wilson
National Conference of State Legislatures

Matt Salo
National Governors' Association

Brent Ewig
National Association for State and
Territorial Health Officials

Enclosure

TASK FORCE UPDATE ON LEAD POISONING PREVENTION

Ensure Compliance with Federal Medicaid Policy

Using data from the most recent National Health and Nutrition Examination Surveys (NHANES) conducted from 1991 to 1994 and confirmed by (1994/1995) data from 15 state Medicaid agencies, the GAO report indicates that only 20 percent of Medicaid-eligible children are being screened for lead poisoning. In addition, a national survey of state Medicaid agencies by GAO indicated that many states have not adopted the mandatory EPSDT lead screening policy. As indicated in the cover letter, States are to provide **all Medicaid-eligible children with a screening blood lead test at 12- and 24-months of age**. Children over the age of 24 months up to 72 months of age for whom no record of a previous screening blood lead test exists, should also receive a screening blood lead test. In addition, any follow-up services, including diagnostic or treatment services determined to be medically necessary that are within the scope of the Federal Medicaid statute, should also be provided. This would include both case management services and the one-time investigation to determine the source of lead for children diagnosed with elevated blood levels.

We intend to review the results of GAO's national survey and follow-up with those states which, based on the survey answers, appear not to be adhering to our policies on lead screening, coverage of case management services and coverage of investigations to determine the source of lead. We, along with our Regional Offices, are eager to work with States to ensure compliance with the law and program regulations.

According to GAO, approximately 42 percent of Medicaid-eligible children received their medical services through managed care arrangements. These health delivery systems are ideal for the provision of coordinated preventive services including lead screening. However, GAO found mixed results with respect to the effectiveness of managed care and lead screening and concluded that improvements are needed. Managed care plans and providers need to be made aware of the Federal lead screening requirements. We encourage all states that contract with managed care organizations to provide EPSDT services to Medicaid-eligible children to consider including specific language on lead screening requirements in your contracts. George Washington University's Center for Health Policy Research, under a contract with CDC, has developed optional contract specifications, including model language for lead screening. If you would like more information on this, you may contact the George Washington University website at www.gwumc.edu/chpr.

While Medicaid covers the medical services that a child with lead poisoning needs, there remain other (non-medical) type services, such as housing, lead abatement and environmental investigation of the source of lead, that may also be needed in these cases. Case management services, which are claimed as a medical service, can be used to reach beyond the bounds of the Medicaid program to coordinate access to a broad range of services, regardless of whether the Medicaid program is funding the service to which access is gained. We encourage you to work

with state and local agencies to develop interagency agreements to ensure that Medicaid children receive all the necessary services not covered under the Medicaid program. We (HCFA) will be working with our HRSA and CDC counterparts, as part of the Departmental initiative, to assist you in this effort and to develop model interagency agreements that you can use.

Recently, Rhode Island was approved to expand its statewide 1115 Medicaid demonstration waiver to cover the cost of replacing windows in the homes of children diagnosed with lead poisoning. While replacing windows is not a covered item under the “regular” Medicaid program, Rhode Island was able to obtain HCFA approval for this based on savings from other aspects of their 1115 waiver. This innovative program is expected to improve the health of lead poisoned children by removing the major source of contamination from their homes. We will be happy to provide any technical assistance that states need in developing similar innovative 1115 proposals that expand Medicaid coverage for Medicaid children who are lead poisoned or are at high risk for lead poisoning.

Develop State-Specific Data

Data on lead screening of Medicaid children is very difficult to capture on a national level for many reasons. In many states, public health departments provide lead screening to Medicaid-eligible children but do not bill the Medicaid agencies for these tests. State Medicaid agencies have no way of knowing these tests have been provided if no bill is received. For those Medicaid children served by managed care plans, encounter-type data and information is often not submitted to the state Medicaid agency. The laboratories (both public and private) that actually perform blood lead tests have a wealth of data, including prevalence data. However, while CDC grantees obtain data from public and private laboratories, it is not always statewide data, eligibility information is not always included in the submission, and this information is not usually shared with the Medicaid agency. As you can see, much work is needed in this area.

We are currently working on several ways to improve data collection for lead screening. We are revising the form HCFA-416, the annual EPSDT reporting form, to include a line requiring states to report the number of screening blood lead tests provided to children under the age of 6. The HCFA-416 collects data on EPSDT services for children receiving services in both fee-for-service and managed care arrangements. States should begin reporting this new data on April 1, 2000, which will be data for fiscal year 1999. The revision to the form is consistent with recommendations of GAO and has the support of the Administrator of HCFA and several members of Congress.

At the present time, HCFA is able to collect some data on lead testing from the Medicaid Statistical Information System (MSIS) report. As of January 1, 1999, all states are required to submit this report. Nevertheless, we expect that it will take several years before MSIS will contain complete and reliable data for Medicaid-eligibles in both the fee-for-service and managed care systems.

We also intend to work with CDC and HRSA to address the data collection/sharing issues and problems. As you know, in a letter dated October 22, 1998, HCFA joined CDC and HRSA to launch a coordinated strategy aimed at reducing barriers to sharing data between Medicaid and

health agencies. This strategy also supports innovative approaches to the design and implementation of state information systems that foster collaboration among these programs. We believe that lead screening data provides an excellent opportunity for different state agencies to work together towards a common goal. We encourage you to use the model data sharing agreement included in the October letter as a framework for developing an agreement to share and link lead screening data with relevant state level agencies. Regulations at 42 CFR 431.402 specify the reasons and purposes that are allowable administrative costs in the Medicaid program. 42 CFR 431.402(c) specifies that one such allowable administrative cost is administrative activities related to “providing services for recipients.” We believe that sharing data, such as providing a list of Medicaid-eligible children or of Medicaid-eligible children who have received a blood lead test, with other state and local agencies involved in lead screening or lead poisoning prevention, would qualify as an allowable administrative cost. This linkage would allow the State Medicaid agency and other collaborating agencies to develop a data base to identify children who have not received screening blood lead tests and those at high-risk for lead poisoning. This type of data sharing or linking would fit the purpose of enabling more Medicaid children, particularly those at highest risk, to receive necessary services related to lead poisoning and would provide states with a match of 50 percent Federal financial participation.

Finally, we would like to ask you for any information you have on successful lead screening programs or interagency agreements which are working well in your states to ensure that children are receiving lead screens. We would like to collect “best practices” information to share with other states which may be having difficulty in determining the best way to screen children and collect and share appropriate data. Please send this information to HCFA, Center for Medicaid and State Operations, Family and Children’s Health Programs Group, Attention: Cindy Ruff, 7500 Security Boulevard, S2-01-16, Baltimore, Maryland 21244.

Develop a Process for Waiving Universal Blood Lead Screening for Medicaid Children

When we revised our lead screening policy in 1998 to reflect the new CDC recommendations, we recognized that it may be necessary to revisit our mandatory screening requirements as states developed their statewide lead screening plans. In a letter to you dated April 13, 1998, we encouraged your participation on the public health advisory committee in your state developing the statewide lead screening plan. We believe that Medicaid representation on this committee is of great importance to ensure that the concerns of the Medicaid population are addressed. According to the CDC, children receiving public assistance remain at high risk for lead poisoning, despite the general overall drop in lead poisoning rates nationwide.

The GAO recommended that we develop a methodology for waiving Medicaid’s universal screening requirement. We intend to work with CDC, its Advisory Committee on Childhood Lead Poisoning Prevention, and HRSA to develop a protocol and criteria to determine whether states have sufficient data and the information necessary to waive the universal screening requirement for all Medicaid-eligible children. We acknowledge that some states may not have a lead exposure problem or that it may be limited to only certain areas of a state. In these instances, mandatory lead screening of all Medicaid children may be unnecessary. However, until we have appropriate criteria or a process in place, we cannot allow a state to waive the

universal lead screening requirement for Medicaid-eligible children. That is why we believe your participation in the development of these statewide lead screening plans is important.

Develop a Strategy for Educating Providers and the Public About Lead Poisoning

As part of the Departmental initiative, HCFA intends to work with other Federal agencies to better educate providers and the public about the continuing risk of lead poisoning especially for low-income children and those living in older homes. HRSA is already involved in educational activities such as the National Childhood Lead Poisoning Training and Resource Center and developing a national televideo conference for parents, caregivers and advocacy groups as part of its series of productions for Maternal and Child Health (MCH) Bureau grantees. CDC is funding the development of materials to educate the public and private providers, managed care organizations and parents about the importance of lead screening as part of its cooperative agreement with the Center for Health Policy Research at George Washington University.

Promote Working Relationships with Federally-funded Programs Involved in Childhood Lead Poisoning Issues and Other Activities

We will be working with our counterparts on the Departmental workgroup to enhance federally-funded activities in lead poisoning prevention, screening, treatment and other areas. Many Federal agencies currently play a role and provide funding for childhood lead poisoning prevention activities. Through the Departmental initiative, we expect to better coordinate and enhance the Federal role. Specifically, HCFA intends to make presentations to NASMD and the Medicaid/Maternal and Child Health Technical Advisory Group to keep them apprised of lead poisoning issues and the collaborative work we are doing with other agencies. HCFA, HRSA and CDC intend to participate on key workgroups and committees on the Federal, state and community level. HRSA intends to convene an expert panel to explore the impact of lead poisoning on the MCH population. CDC will review its grantee performance goals to assure that collaboration with WIC, Early Head Start and Community Health Centers is specified.

OFFICE OF THE GENERAL COUNSEL
461 7TH STREET SW
WASHINGTON, DC 20410
(T) 202-708-2236
(F) 202-708-4087

**FROM MAX STIER
DEPUTY GENERAL
COUSEL**

Fax

To: Deborah Avarar

From: Max Stier

Fax: 202-456-5557

Pages: 3

Phone:

Date: October 19, 1999

Re: Lead Based Paint Summary

CC:

☐ **Urgent** ☒ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:**

RHODE ISLAND LEAD-BASED PAINT GRANTS SUMMARY

Rhode Island presently has three HUD Lead Hazard Control Grant Program grantees: the State of Rhode Island, Providence, and East Providence.

The \$3.0 million State of Rhode Island Round Six (FY 98) grant is held by the Rhode Island Housing and Mortgage Finance Corporation. They started remediation efforts this summer and are presently completing the first units of an estimated 260 that will become lead-safe. Greater Elmwood Neighborhood Services (GENS) is the subgrantee that will provide community outreach, education, and construction oversight services for the program. Financing is provided in the form of deferred loans. The Program Manager is Linda MacArthur (401-243-0055). The State was the recipient of two previous rounds of HUD Lead Hazard Control Grant Program funding to the Department of Health (FY 93, FY 95) totaling nearly \$10.1 million. With this funding Rhode Island inspected 528 low-income units and completed remediation in 504 units. Significant community outreach and education, relocation, as well as worker and contractor training has been a part of all three State grants. Information on the two completed grants can be provided by Bob Vanderslice (401-222-4948).

The nearly \$4.0 million City of Providence Round Six (FY 98) grant is held by the Providence Department of Planning and Development and implemented by the non-profit Providence Neighborhood Housing Corporation. They started remediation efforts this autumn and plan to make 718 units lead-safe. Hazard control funds are provided to owners in the form of grants, loans, or a combination of the two. Greater Elmwood Neighborhood Services (GENS) is the subgrantee on this program and will employ CLEARCorp crews in their operations. Community education, training and relocation are other elements of the grant. The Lead Program Manager is Debra Pond (401-351-4300).

The \$1.6 million City of East Providence Round Five (FY 97) grant is held by the East Providence Department of Planning. They started remediation efforts earlier this year and have completed nine of their projected total of 150 lead-safe units. The City provides assistance through outright grants, low-interest loans, and deferred loans. Community education, public awareness, job training, and relocation are additional elements of the program. The Lead Safe Program Coordinator is Krista Alessandro (401-435-7553).



Lead-Based Paint Hazard Control Grant Program

Lead-Based Paint Hazard Control Grant Program for Privately Owned Housing

The Grant Program

Title X of the Housing and Community Development Act of 1992 established the Lead-Based Paint Hazard Control Grant Program. The primary purpose of the program is to reduce the exposure of young children to lead-based paint hazards in their homes. To accomplish this, the program provides grants of \$1 million to \$4 million to State and local governments to address lead-based paint hazards in privately owned, low-income owner-occupied and rental housing.

Grants are designed to stimulate the development of a trained and certified hazard evaluation and control industry. Inspection and hazard control work under the program must be performed by certified contractors and workers trained through a State-accredited program. As a result, the infrastructure created will last beyond the life of the grant.

Eligibility

Homes selected for assistance under the grant program must have

been constructed before 1978 and have lead-based paint hazards, which may include lead contaminated dust or soil. The housing must be privately owned and occupied by or rented to low-income families.

Eligible Grant Activities

The grant program focuses on making homes safe from lead hazards. Other activities eligible for grant funding include:

- Inspections and risk assessments to identify lead-based paint risks
- Blood testing of children prior to lead hazard control work
- Lead hazard control work (this includes cleaning, interim controls, and hazard abatement)
- Temporary relocation of families during hazard control activities
- Training for workers and supervisors
- Training on lead safe maintenance practices for residents and others working in low-income housing
- Community awareness or education programs on lead hazard control and lead poisoning prevention

Grant Program Activities

Six rounds of lead hazard control grants have been awarded since 1993. In those six rounds, \$436 million was awarded in 130 grants to 95 grantees in 31 states and the District of Columbia. These grants will allow the control of lead-based paint hazards in more than 40,000 homes where young children live.

On February 26, 1999, the seventh round of funding (\$56 million) was announced as part of the HUD SuperNOFA. Applications will be due on May 26, 1999.

Local Involvement

Grants are managed by the State or local government. Grantees frequently team with local community-based organizations to accomplish program activities.

For More Information

Ellis Goldman
Director, Program Management Division
HUD Office of Lead Hazard Control
(202) 755-1785 ext. 112

The Office of Lead Hazard Control website has additional information on grant eligibility, activities and grantees (including contacts). The website address is www.hud.gov/lead/engrants.html



FACSIMILE

DATE: 10/22

TO: Devorah / Sarah B

FAX#: 450 5557

FROM: Elizabeth Summy
Deputy Chief of Staff

Phone: 202/690-7431 Fax: 202/401-5783

COMMENTS:

Lead suit in Rhode Island

2 Pages [including this cover]



R.I. sues lead paint industry

PROVIDENCE, R.I., Oct. 14 (UPI) - Rhode Island has become the first state to sue the lead paint industry for marketing lead-based paints that are poisoning thousands of children in the state.

The Providence Journal said Thursday the suit against eight of the biggest paint companies in the nation seeks to force the industry to fix the "mess" it created.

Attorney General Sheldon Whitehouse said he will be seeking "millions and millions and millions of dollars" to treat sick children, clean up their homes and educate the public about the dangers of lead paint.

Among the manufacturers named in the suit are DuPont, Atlantic Richfield, and units of Imperial Chemical Industries.

The 10-count suit seeks damages to "get the lead out of Rhode Island's children, homes and buildings, by paying to treat children with lead poisoning, meet the education needs of affected children, and abate lead paint from buildings and homes," Whitehouse said.

Whitehouse cited reports that this year, one in five kindergartners in the state, and nearly one in three in certain regions, have elevated lead levels in their blood.

The suit alleges that until lead paint was banned in 1978, the defendants marketed and sold lead-based paint with the full knowledge it was toxic.

Whitehouse said, "This silent, invisible poison is the result of intentional, deliberate, informed decisions by the lead paint industry."

The relief demanded includes damages to compensate for health and abatement costs, punitive damages, funding of lead-poisoning detection programs, and judgments to force the defendants to detect and remove lead in all buildings and homes in the state "accessible to children".

Whitehouse said the principle is "so simple that even kids in kindergarten understand it - when you make a mess, you have to clean it up."

The paint companies called Rhode Island's suit "a groundless and wasteful action."

A spokesman for the industry, Washington, D.C.-based attorney Donald E. Scott, told the Providence Journal, "Rhode Island's unmerited suit will substitute wasteful confrontation for promotion of effective solutions."

Scott added, "It also attempts - irrationally - to punish companies, their current employees, and stockholders for behavior that never occurred."

[Back](#)

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7500 SECURITY BOULEVARD
BALTIMORE MD 21244-1850

APR 13 1998

Dear State Medicaid Director,

This is to inform you that we are revising our Medicaid policy for screening children for lead poisoning as part of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. The definition of EPSDT services includes the provision of laboratory tests, including a blood lead level assessment. Medicaid policy on lead screening has historically been based on the recommendations and guidance from the Centers for Disease Control and Prevention (CDC). CDC has recently published revised guidance on screening children for lead poisoning, Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials (November 1997). After reviewing CDC's recent publication, we have determined that our current Medicaid policy should be revised to be consistent with the CDC's guidance.

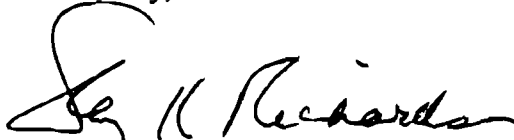
Medicaid policy is being revised to require a screening blood lead test for every Medicaid-eligible child at 12- and 24- months of age. A screening blood lead test also is required for any Medicaid-eligible child 36- to 72- months of age who has not previously been screened for lead poisoning. We intend to revise Part 5 of the State Medicaid Manual, section 5123.2.D. to reflect these changes. Any additional blood lead tests continue to be covered based on a provider's medical judgment, as well as any medically necessary diagnostic and treatment services coverable under Medicaid.

The CDC guidance relies on each State health department to convene an inclusive advisory committee to develop a statewide plan for screening children for lead poisoning. CDC recommends that the advisory committee include child health care providers, as well as representatives from local health departments, managed care organizations, State Medicaid agencies, private insurance organizations and the community. We would encourage all State Medicaid agencies to play an active role in the development of the screening recommendations developed for your State. However, at this time, we believe it would not be advisable to allow State Medicaid agencies to adopt a statewide screening plan which does not require lead screening for all Medicaid-eligible children. While the CDC guidance is based on data which indicate that the mean blood level in children has dropped significantly in recent years, children living in older housing and children receiving public assistance

Page 2 - State Medicaid Director

are still at the greatest risk of having elevated blood lead levels. The CDC guidance reflects its belief that a more focused approach should now be used in screening children at most risk of being lead poisoned. We believe our policy reflects this new approach.

Sincerely,



Sally K. Richardson

Director

Center for Medicaid and State Operations

cc:

All HCFA Regional Administrators

All HCFA Associate Regional Administrators

Division of Medicaid

Lee Partridge

American Public Welfare Association

Joy Wilson

National Council of State Legislature

Jennifer Baxendell

National Governors' Association

Lloyd Bishop

Office of Legislation and Intergovernmental Affairs, HCFA