

CHILDHOOD LEAD POISONING
PREVENTION AND CONTROL

LEGISLATIVE COMMISSION
REPORT

2009

March 30, 2010

Foreword

Childhood Lead Poisoning Prevention and Control Commission

MCL 333.5474c Environmental threats of lead poisoning to children; study; report findings.

(2) The commission shall consider all information received from its public hearings, review information from other sources, and study the experiences of other states. The commission shall develop short- and long-range strategic recommendations for childhood lead poisoning prevention and control in this state.

(3) The childhood lead poisoning prevention and control commission shall submit a written report of its findings, including the recommendations under subsection (2), to the governor and the legislature by March 31, 2005 and annually thereafter by March 31 of each year. A representative of the department of community health shall provide testimony summarizing the findings and recommendations of the commission to the standing committees of the senate and house of representatives with jurisdiction over issues pertaining to public health and children.

Childhood lead poisoning continues to be a significant health problem for too many of Michigan's children. The good news is that childhood lead poisoning is preventable. Lead paint hazards continue to pose a threat to the health of Michigan's children due to a significant amount of pre - 1950 housing stock, which often is deteriorating.

Lead poisoning can cause permanent and irreversible damage. Consequences of lead poisoning includes damage to the eyes and ears, hyperactivity, aggressive behavior, loss of IQ, learning disabilities, developmental delays, and in rare circumstances coma and even death. A childhood history of lead poisoning may result in a loss of potential later in life as it relates to education, employment, and overall health in adulthood.

While a system is in place to provide comprehensive, coordinated care for children with elevated lead levels, Michigan needs to focus on preventing lead poisoning in the first place. The Michigan Childhood Lead Poisoning Prevention and Control Commission was established to identify strategies to eliminate lead poisoning through a comprehensive, coordinated, systematic effort.

The Michigan Childhood Lead Poisoning Prevention and Control Commission first convened in June, 2005, pursuant to Public Act 431 of 2004. It was charged with the responsibility of:

- Maximizing the effectiveness of Michigan's public infrastructure;
- Mobilizing and enabling the private sector's infrastructure; and
- Integrating the capacity and effectiveness of public and private sector strategies to prevent and control childhood lead poisoning through public awareness, testing and treatment of lead poisoned children, as well as the prevention and remediation of lead hazards.

In March 2006, the Commission presented its first annual report with recommendations to the Governor and Legislature. Its second report followed in March, 2007, demonstrating that even though many advances had been made within the state, there still remained a need for an organized effort to eliminate lead as an environmental hazard. In December, 2007, the Governor

signed into law HB 4936 (PA 162 of 2007), which extended the sunset date of the Commission to July 1, 2010 and expanded the Commission by seven members to a total of 16 voting members. The Michigan Department of Community Health was directed to support the work of the Commission, and new members were oriented to history and charge of the group.

This report details the progress the Commission made in 2009 toward the establishment and achievement of 1) long-term strategies to address the remaining gaps in Michigan's lead poisoning prevention and control programs, and 2) efforts to completely eliminate lead hazards in homes and daycare settings that could pose a potential poisoning risk to Michigan's children.

COMMISSION MEMBERS AND STAFF

Commission Members

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Historical Summary

In the June, 2007 report, *Plan to Eliminate Childhood Lead Poisoning in Michigan*, the state was cited as the 6th worst in the nation with respect to the percentage of lead poisoned children, and lead paint remained the primary source of childhood lead poisoning in the state. In this report, the Commission concluded that the only effective way to completely eliminate the threat of lead poisoning in the future was to remove lead paint hazards from both the home and daycare settings in which children were being exposed.

In the June, 2007 report to the legislature, the Commission presented a comprehensive plan to eliminate childhood lead poisoning in Michigan homes and daycare settings. The following four priorities were identified and recommendations given as to how to achieve these goals.

Priority 1: Eliminate Lead Hazards from all Michigan Homes and Daycare Settings Used by Children Under Age Six

Recommendation

Establish a multi-stakeholder group and develop a comprehensive plan that addresses:

1. Property owner inducements and liabilities.
2. Remodeling contractor training, inducements, and liabilities
3. Resources for conducting assessment, abatement, inspection and training.
4. Local enforcement of penalties for violations.
5. Local and state capacity building.
6. Centralized accountability and monitoring.

Priority 2: Test All Children at High-Risk for Lead Hazard Exposure

Recommendation

To ensure that Michigan meets its short-term goal of testing 80% of all Medicaid-enrolled children for lead, and the federally required, long-term goal of testing 100% of children enrolled in the program, the following recommendations were made:

1. Require children residing in high-risk ZIP code areas to have a blood lead test prior to receiving licensed daycare or preschool services.
2. Implement a statewide public awareness campaign by MDCH, which focuses on high-risk ZIP code areas.
3. Engage state medical and nursing organizations in a large-scale provider education campaign by MDCH
4. Require each Medicaid Managed Care Organization in the state to demonstrate a 10% increase in testing each year until 100% of children are being tested.
5. Ensure that local public health agencies receive the state support necessary to develop the financial and human resources necessary to address cases at the local level and be held to a uniform standard for intervening with nursing visits and environmental health assessments for every child with an elevated blood lead level (EBLL) of 10 ug/dL for greater.

6. Require local health agencies to refer every child with an EBLL of 10 ug/dL to the Early On program.
7. Require health insurance programs to cover the cost of a home nursing assessment for a child who has been identified as having an EBLL of 10 ug/dL or greater.

Priority 3: Develop Adequate and Sustainable Funds to Complete this Work

Recommendation

Resources directed toward prevention provide significant savings in the area of treatment in the future. However, Michigan has faced considerable budget constraints, with state analysts projecting declining revenues and limited funding in the coming fiscal years. In response, the Commission determined that the development of new revenue streams were essential to the funding of lead prevention, treatment and abatement programs. The following recommendations were made:

1. Michigan must sustain, at a minimum, its current level of funding for lead poisoning.
2. Funding for programs should reside in the Michigan Public Health Trust where it can accrue interest and be disseminated to communities as needed.
3. A \$.25 fee should be assessed upon paint manufacturers for each gallon of paint sold in the state. Potential revenue generated for lead programs has been estimated at \$4,700,000 per year.
4. A \$.35 fee should be assessed upon lending institutions on the sale of each mortgage in the secondary market for a Michigan residence. Potential revenue generated for lead programs has been estimated at \$1,097,000 per year.
5. The Commission should aggressively pursue the earmarking of settlement funds for lead poisoning prevention and control programs.

Priority 4: Continue to Monitor Progress in all Other Lead Poisoning Prevention And Control Activities

Recommendation

To build upon progress made in recent years and ensure that its recommendations are fully implemented, the following additional suggestions were submitted:

1. Extend the call and service of the Childhood Lead Poisoning Prevention and Control Commission through 2010 at a minimum.
2. The Commission shall be provided with the operating funds, technical assistance and human resources necessary to carry out its charge.

In response to the Commission's recommendations, in December 2007, the Governor signed into law HB 4936 (PA 162 of 2007), which extended the sunset date of the Commission to July 1, 2010 and expanded the Commission by seven members to a total of 16 voting members. The Michigan Department of Community Health supports the work of the Commission.

2009 PLAN OF ACTION: STEPS TAKEN TO ELIMINATE CHILDHOOD LEAD POISONING IN MICHIGAN

The Commission met on April 20, 2009 and July 20, 2009 (meeting minutes are available at www.michigan.gov/leadsafe). At these meetings the membership reported on the activities of the previously established subcommittees: Lead Hazard Remediation, Sustainable Funding, Lead Testing, and Landlord Liability and Protections. At the July meeting it was proposed that the Sustainable Funding Subcommittee and the Lead Hazard Remediation Subcommittee be unified since their charges overlap and members overlap. The members supported this proposal and the two subcommittees became one.

The Lead Hazard Remediation Subcommittee met twice in 2009. The major focus of this subcommittee has been the development of a program designed to educate rental property owners about the need for lead hazard remediation. A pilot project has been designed and direct training will be provided to 75 rental property owners. The program would also include a train the trainer component and if funding for the curriculum can be secured the program would hopefully be implemented statewide.

The Sustainable Funding Subcommittee met three times in 2009. The major focus of this subcommittee has been identification potential sources of funding for lead related activities. The members have drafted a position paper on implementing a tax on paint sold in Michigan. The document was drafted using data obtained from Maine, the only state to successfully institute a paint tax. The members hope to identify a legislator to sponsor the bill and lobby for its passage on behalf of the Commission.

The Lead Testing Subcommittee did not meet formally during 2009 but continued work on an outreach project targeting pediatric providers. The major focus of this subcommittee is to identify strategies to increase testing of at risk children as the Commission members have determined that testing of high-risk children remains a top priority. The main product of the project was a letter developed specifically for providers across the state who serve the pediatric population. The letter encouraged providers to examine their practices and identify ways in which office procedures can be improved to guarantee no missed opportunities for testing. The letter, co-signed by both Alethia Carr, Commission Chair and Director of the Bureau of Family, Maternal, and Child Health at the Michigan Department of Community Health, and Dr. Gregory Holzman, Chief Medical Executive at the Michigan Department of Community Health, was disseminated beginning in July to hundreds of pediatric providers.

The Landlord Liability and Protections Subcommittee has not met formally. This subcommittee had originally convened charged with identifying sources of legal liability, the largest concern being civil tort liabilities brought by a third party on behalf of an injured individual as well as liability protections to property owners that engage in lead testing and abatement. In a previous meeting the members determined that there were no viable options for offering protections to rental property owners but did agree that remediation needs to be encouraged for not only liability protection but to assure compliance with the Renovation, Repair and Painting (RRP) Rule. The RRP is an EPA issued rule designed to protect children from lead-based paint hazards. This rule requires contractors and construction professionals that work in pre-1978 housing or child-occupied facilities to follow lead-safe work practice standards to reduce potential exposure to dangerous levels of lead for children. Additional information about RRP can be found at www.epa.gov/lead/pubs/renovation. It was suggested that adding an educational/legal component to the RRP Rule training curriculum may be helpful.

During 2009, significant progress has been made on the four priorities identified in the June 2007 report to the legislature as well as the charge of the Commission as outlined in the legislation. The enabling legislation states that the Childhood Lead Poisoning Prevention and Control Commission shall:

- Assure state interagency as well as public and private cooperation and communication regarding resolution of this complex environmental and public health problem;
- Enhance public and professional awareness of lead poisoning as a child health emergency;
- Significantly increase blood lead testing rates for young children; and
- Eliminate or manage the sources of lead poisoning, especially focusing on lead-base paint in aged housing.

To keep the Commissioners apprised of current activities and progress made toward the four priority issues a spreadsheet was developed and presented to the Commissioners. The spreadsheet also highlighted other issues identified by the Commissioners as needing additional consideration. A number of strategies related to priority issues have been implemented and some level of success has been achieved.

Priority 1: Eliminate Lead Hazards from all Michigan Homes and Daycare Settings Used by Children Under Age Six

At the next Commission meeting, scheduled for March 11, 2009, an update on childcare licensing and relevant rules will be provided to the Commissioners. This update will provide Commissioners with necessary information related to daycare rules as well as identify opportunities for incorporating lead information into the rules and/or technical guidance. In June 2009, two items specifically related to lead were added to the rules for *Family and Group Child Care Homes*. Lead specific information was also included in September 2009 update of the *Child Care Center Rules Technical Assistance and Consultation Manual*. Daycare providers also have access to information on lead poisoning prevention through on-line trainings offered by the Michigan Department of Community Health.

Priority 2: Test All Children at High-Risk for Lead Hazard Exposure

In 2009, blood lead testing levels across the state increased by over 1,000 children. Unfortunately, testing of children aged one and two years residing in some of the target communities actually decreased compared to 2008. While innovative strategies will need to be developed to assure that testing for the most at-risk children increases in 2010, overall incidence of lead poisoning in Michigan declined for the seventh consecutive year.

Priority 3: Develop Adequate and Sustainable Funds to Complete this Work

A significant amount of work has been completed toward establishing a fee on each gallon of paint sold. This proposed fee would generate a significant amount of revenue. This revenue will be used specifically for lead related activities, namely primary prevention, through lead hazard identification and remediation, which is the foundation for elimination of lead poisoning in the State of Michigan.

Priority 4: Continue to Monitor Progress in all Other Lead Poisoning Prevention And Control Activities

The Commission will continue its work through June 30, 2010, at a minimum.

NEXT STEPS:

Despite difficult economic times, the Commission has identified specific areas to focus their attention on during the coming year. Their next steps will further improve lead related activities and help assure protection of Michigan's children. Strategies include:

- Identify opportunities to work with early childhood systems;
- Research the feasibility of interagency agreements that address lead issues;
- Increase public awareness of childhood lead poisoning and prevention;
- Explore funding opportunities related to health disparities;
- Continue efforts to assess a fee on each gallon of paint sold;
- Explore options for funding lead testing in WIC; and
- Pursue third party payer reimbursement for blood lead testing.