Health Care Provider Guidance and Outreach

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Health Care Provider Guidance Updates

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Health Care Provider Guidance Updates

Updating the *New York State Department of Health Guidelines for the Prevention, Identification, and Management of Lead Exposure in Children*

- Emphasizes reporting requirements for point-of-care blood lead test results
- Highlights the need to provide the parent or guardian of the child the result of the blood lead test
- Includes recommendations for determining if child is enrolled, or planning to be enrolled, in Medicaid, WIC, preschool/daycare, Early Intervention, Head Start, or kindergarten

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Health Care Provider Guidance Updates

Updating the *New York State Department of Health Guidelines for the Prevention, Identification, and Management of Lead Exposure in Children*

- Changes to the risk assessment questions:
  - Emphasizes legal requirement for blood lead testing for children at or around 1 year and again at 2 years of age
  - Addresses living in or regularly visiting a building with elevated lead in drinking water
  - Identifies children diagnosed with a developmental disability and who exhibit behaviors that put them at risk for lead exposure

Health Care Provider Guidance Updates

Updating the *New York State Department of Health Guidelines for the Prevention, Identification, and Management of Lead Exposure in Children*

- Provides updated confirmatory and follow-up testing timeframes:
  - Stresses the need that confirmatory testing and follow-up samples be venous samples analyzed by a NYS approved lab for toxicology-blood lead-comprehensive testing
  - Confirmatory and follow-up testing now starting at 5 micrograms per deciliter (µg/dL)

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Health Care Provider Guidance Updates

Updating the *New York State Department of Health Guidelines for the Prevention, Identification, and Management of Lead Exposure in Children*

- For blood lead levels 5 to <15 µg/dL
  - Confirmatory testing within 3 months, with follow-up testing performed every 1 – 3 months.
  - The higher the BLL, the more urgent the need for confirmatory testing and timely follow-up testing.
  - Follow-up testing can be discontinued when BLLs are confirmed to be <5 µg/dL based on two consecutive venous tests at least 3 months apart.

BLL (µg/dL)	Confirmatory Test	Follow-up Test
5 to <15	Within 3 months	Every 1 – 3 months
15 to <25	Within 1 week	Every month
25 to <45	Within 48 hours	Consult with RLRC
45 to <70	Within 24 hours	Consult with RLRC
≥70	Immediately	Consult with RLRC

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Health Care Provider Guidance Updates

Updating the *New York State Department of Health Guidelines for the Prevention, Identification, and Management of Lead Exposure in Children*

- Directs providers to perform a Clinical Lead Exposure Assessment at blood lead levels ≥ 5 µg/dL
- Provides further guidance for Clinical Lead Exposure Assessment
  - Nutritional assessment should include evaluation of iron, vitamin C, and calcium intake, and include anticipatory nutritional counseling
  - Developmental assessment should include use of a standardized developmental screening tool and anticipatory developmental counseling
  - Referral includes a child's school district for those age 3 years and older with developmental concerns

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Health Care Provider Outreach

Health Care Provider Letter

- Letter sent in February 2019
- Informed provider practices in NYS (outside of NYC) of their underperforming status
- Conveyed NYS Public Health Law and regulatory requirements concerning lead testing and reporting

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ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, R.N., M.P.H.
Executive Deputy Commissioner

February 7, 2019

Dear Health Care Provider (s):

This letter is to inform you that the New York State Department of Health (NYSDOH) has identified your practice as being within the lowest quartile metric for blood lead testing of children at or around age ONE AND at or around age TWO years in 2018. Fewer than 75% of age appropriate children in your practice have been tested. NYSDOH, local health departments, health plans, and health care provider organizations have the ability to generate blood lead testing reports within the NYS immunization information System (NYSIIS). NYS Public Health Law section 1373-c (PHL) and section 67-1.2 of title 10 of the New York State Code of Rules and Regulations (10 NYCRR) require health care providers to:

- Test ALL children at age one year AND AGAIN at age two with a blood lead test.
- Report all blood lead test results obtained from a point-of-care device to NYSDOH. Note: Clinical laboratories analyzing lead samples using comprehensive toxicology are also required to report their results to NYSDOH.
- Conduct a lead exposure risk assessment for all children ages six months to six years at every well child visit for risk of lead exposure, and if found to be at risk, order a blood lead test.
- Provide anticipatory guidance regarding lead exposure prevention to parents/guardians of children less than six years of age as part of routine care.

Lead poisoning is a serious and preventable environmental health problem. Epidemiological studies show there is no safe blood lead level (BLL). BLLs as low as 5 ug/dL in young children have been associated with learning disabilities, behavior problems, and lowered intelligence. Some of your young patients are unnecessarily affected since NYS has more pre-1950 housing containing lead paint than any other state in the nation, as well as a greater proportion of other well-known factors associated with increased risk of childhood lead exposure (poor housing quality, poverty, families living below the poverty level, non-white, Hispanic, and foreign-born). In fact, every county in NYS has had children with elevated lead levels.

To assist you with implementing immediate corrective actions to increase the blood lead testing of children within your practice, attached is: 1) a summary of NYSIIS Blood Lead Reports (purpose, criteria, and tips on when to use); and 2) instructions for generating your organization's Aggregate Clinical Performance Report (blood lead testing rates), and Text Due List Reports, Letters and Labels (to notify parents/guardians when a child is due for a one year and two year old test). If you require assistance with generating the NYSIIS reports, believe there may be a significant discrepancy with your testing rates, or would like to discuss other barriers to blood lead testing in your practice, please contact your local health department or the New York State Department of Health Lead Poisoning Prevention Program at (518) 402-7600 or email leadp@health.ny.gov.

Moving forward, NYSDOH may be taking other actions to increase blood lead testing rates, which may include:

- Providing point-of-care blood lead testing devices for in-office use.
- Publicly reporting the blood lead testing rates of NYS health care provider organizations.
- Taking enforcement actions by the NYSDOH deems appropriate for each violation of PHL.

Empire State Plaza, Corning Tower, Albany, NY 12237 health.ny.gov

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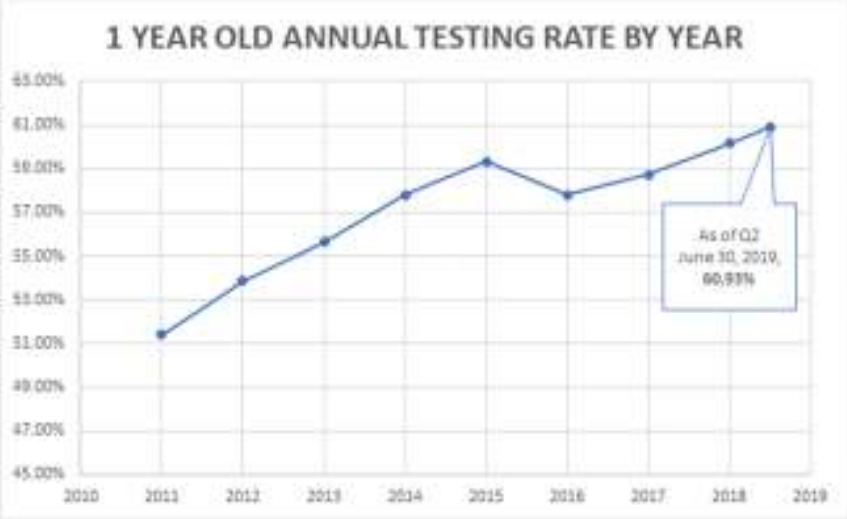
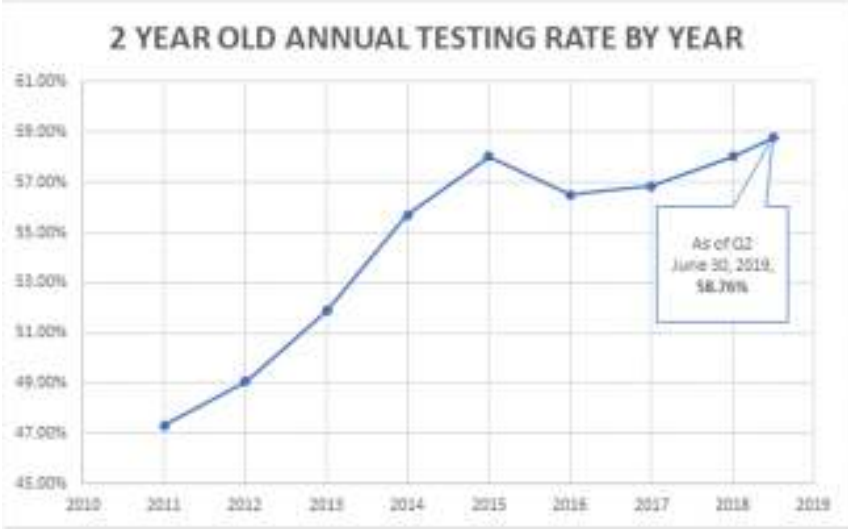
Health Care Provider Feedback

- Assisted providers not enrolled for reporting LeadCareII® results to NYSDOH (total of 17)
- Assisted providers enrolled for reporting but stopped reporting (3)
- Answered provider questions on blood lead testing and reporting requirements for those considering purchasing a LeadCareII® or already have one (total of 23)
- Assisted providers with NYSIIS functionalities, i.e., generating reports, changing patient status, editing blood lead data, and updating organization information (more than 50)

Health Care Provider Testing Update





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Health Care Provider Report Card

Future NYSIIS enhancement

- Assist all providers to be more aware of their lead testing performance to encourage improvement
- Describes the practice testing rate compared to NYS rate and State Medicaid rate
- Describes practice rate of timely venous confirmatory testing

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Questions?

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Proposed Amendments and Implementation

10 NYCRR Part 67

Lead Poisoning and Control

Brian Miner, Director
Bureau of Community Environmental Health and Food Protection

NYS Fiscal Year 2020 Budget

- Amended Public Health Law changing the definition of an elevated lead level in a child to 5 micrograms per deciliter (µg/dL)

- Requires the NYS Department of Health, within 180 days, to adopt all necessary regulations to amend the definition of an elevated lead level to mean a blood lead level greater than or equal to 5 µg/dL and to lower blood lead levels used in the lead poisoning prevention program *(Implementation October 1, 2019)*

- If/when the US Department of Health and Human Services' Centers for Disease Control and Prevention recommends a revised and lower reference level for blood lead (current reference level is blood lead levels above 5 µg/dL), the NYS Department of Health in consultation with the Lead Advisory Council, shall make recommendations to the governor and legislature describing actions the state should take. Such recommendations must be provided within 6 months of the release of the federal reference level.

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NYS Fiscal Year 2020 Budget Investment

- **New Investment:**
  - $13.8 million
- **Funds:**
  - Increase in Article VI/General Public Health Work
    - $9.4 million
  - State Operations Increase
    - $4.4 million

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Phase I Rulemaking – Amendments to Part 67

- Published on May 1, 2019
- Amends 67-1.1
  - Revised definition of “Elevated blood lead level” to mean a blood lead concentration equal to or greater than 5 µg/dL
- Amends 67-1.2
  - Revised provision requires primary health care providers perform risk reduction and nutrition counseling, and provide confirmatory sampling (venous blood sample) for children with a blood lead level equal to or greater than 5 µg/dL
  - For children with a *confirmed* blood lead level equal to or greater than 5 µg/dL, revised provision requires primary health care providers to perform a complete diagnostic evaluation; medical treatment, if necessary; and referral to the local or State health agency for environmental management.

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Timeline

- **Per Legislation:**
  - 180 days for regulation adoption
- **Regulation Amendment:**
  - 60-day Public Comment Period, ended June 30th
    - Finalize and Publish (effective upon Notice of Adoption)

Overview of Public Comments

How many?

22 comment letters; some letters signed by multiple organizations

From Who?

Various stakeholders including but not limited to Counties, Local Health Departments, housing and community advocacy groups, lead poisoning prevention advocacy groups, and members of the NYS Assembly

Overview of Public Comments

Scope

- Provide funds to Local Health Departments for implementation to hire staff, purchase supplies and equipment, for travel, and for other expenses. Also, provide access to training and other resources as needed.
- Continue to advance primary prevention efforts and expand/target these efforts based on the information received through the expanded LPPP.
- Delay the implementation start date to no sooner than April 1st 2020 and/or provide counties with a phase-in approach to implementation.
- Amend Part 67 to include an algorithm for prioritization of cases based on BLLs.

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Overview of Public Comments

Scope

- Give healthcare providers discretion to authorize medical discharge when test results remain at 5 µg/dL as they deem appropriate.
- Change the definition of EBLL to the "CDC Reference Level" as opposed to a numeric value.
- Apply the lower Elevated Blood Lead Level (EBLL) to pregnant woman (and across all policies).

Implementation

Preparing Updated Guidance for:

- Local Health Departments
- Health Care Providers
- Parents/Guardians

Target Date of Release:

- To be provided concurrent with final rulemaking or before

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Requirements

Local Health Departments

For children with confirmed elevated blood lead levels equal to or greater than 5 µg/dL, activities include:

- Care Coordination
- Environmental Management Activities

(Amending "*Guidelines for Follow-up of Children with Elevated Blood Lead Levels for Local Health Department Lead Poisoning Prevention Programs",* program work plans, guidance, and developing training)

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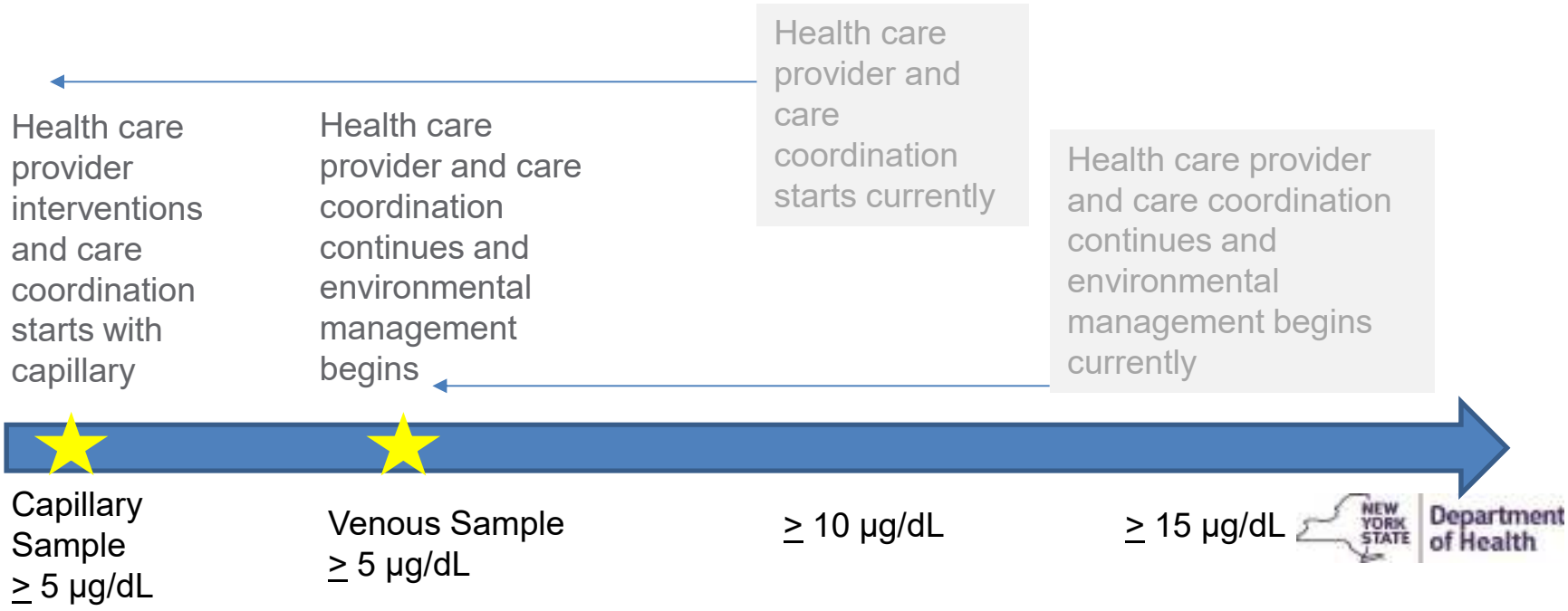
Caseload for LHDs and DOs

Effective October 1, 2019



When will children with Blood Lead Levels ≥ 5 µg/dL require services?

As specified and intended by the legislation, both care coordination and environmental management activities will begin for children with blood lead levels equal to or greater than 5 µg/dL on or after October 1st

- *Applicable to blood lead samples collected on or after October 1st*

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Caseload – LHDs

Counties	LHD Workload			
	Care Coordination		Environmental Management	
	≥ 10 µg/dL	≥ 5 µg/dL*	≥ 15 µg/dL	≥ 5 µg/dL*
Oswego	10	58	3	58
Dutchess	20	82	8	82
Broome	25	113	15	113
Erie	284	1342	136	1342
Washington	8	52	1	52
Herkimer	13	49	4	49
Genesee	10	50	5	50
Lewis	3	21	1	21
Tioga	5	23	2	23
Orleans	7	48	4	48

Data are based on confirmed blood lead levels from a three year average for each county (2016 – 2018). *Represents the sum of *all* confirmed (venous) blood lead levels ≥ 5 µg/dL and unconfirmed (capillary) blood lead levels 5 - 9 µg/dL for a three year average (2016 - 2018).

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Recruitment of Environmental Team

- The Department and United States Environmental Protection Agency (US EPA) agreed that childhood environmental lead exposure assessments in NYS do not require the use of federally certified lead paint professionals.
- US EPA certification is no longer needed for *staff* performing NYS lead poisoning prevention programs or for the *County*.
- Utilize experienced in-house lead inspectors to train new or unexperienced staff through on the job field training. Staff *may* continue to complete the US EPA certification 5-day course without seeking formal exam and certification.
- Field training is tailored to inspections for NYS lead poisoning prevention programs.
- This prepares staff in a shorter period of time at no additional cost to Local Health Departments. One year prior experience requirement no longer applies.

Challenges

The source of lead exposure in children with blood lead levels > 15 µg/dL are, with few exceptions, related to lead paint. Children with blood lead levels between 5 to < 15 µg/dL are expected to have a more diverse set of lead paint and non-paint exposures and may take longer periods of time to lower blood lead levels to < 5 µg/dL

Children with 5 to < 15 µg/dL blood lead are at varying exposure risk levels – some children are at a higher potential for exposure than others

Environmental management is an intensive and lengthy process (2+ buildings per child may take a few months to over a year)

Care coordination activities to ensure all follow-up testing and clinical services have been completed are expected to take longer (may take over a year for a child to meet case closure requirements)

Blood lead tests (venous samples) have +/- 4 µg/dL or +/- 2 µg/dL analytical uncertainty (depending on the analytical device) at the lower lead levels < 10 µg/dL

Approach

All children with a confirmed blood lead level of 5 µg/dL must receive comprehensive care coordination and environmental management.

- Environmental management needs to be strategic and focused to target those children at greatest potential for exposure first and to identify and address the sources of exposure as expeditiously as possible for *all* children

- The Department is developing a comprehensive tool for Local Health Department and District Offices to prioritize action and target interventions
  - Preparing an Environmental Assessment Questionnaire (Questionnaire) with assistance from the National Center for Healthy Housing and national experts

Environmental Lead Exposure Assessment Questionnaire

Case prioritization tool for children with confirmed blood lead levels of 5 to < 15 µg/dL and *may* be used for all cases to guide environmental investigation

Completion of the Questionnaire will result in a prioritization score (low, medium, high) and determine subsequent follow-up actions including the timing for on-site environmental inspections

- *PILOT – Questionnaire to be rolled out for Local Health Department input and feedback, with opportunity for field test.*

Actions Underway to Prepare Local Health Departments for Implementation

- Questionnaire to guide prioritization
- Updating Guidance
- Training in September and after
- Amending Lead Poisoning Prevention Program (LPPP) contracts to conform with the regulatory changes
- Incorporating flexibility to existing Lead Poisoning Prevention Program (LPPP) and Childhood Lead Poisoning Primary Prevention Program (CLPPPP) contracts
- Exploring shared services
- Upgrading inspection protocols and data collection and reporting tools
- Providing alternate option to US EPA Lead Risk Assessor training

Implementation

Health Care Providers

- *Discussed during next presentation*

Parents and Guardians

- Information Sheets, Pamphlets, and website

("*What your Child's Blood Lead Test Means*", "*Lead Poisoning is a Danger for Every Baby and Child. Here's What You Should Know", "Get Ahead of Lead"* and others)

- Supported by upcoming public outreach and education campaigns informing the public that *all* children must be tested for lead at or around 1 year and again at 2 years of age

Questions?

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Introduction to Phase II Amendments

10 NYCRR Part 67
Lead Poisoning Prevention and Control

Tom Carroll, Chief
Housing Hygiene Section
Bureau of Community Environmental Health and Food Protection

Phase II: Part 67 Updates for Consideration

Technical Changes

- "screening" → "testing"
- "lead poisoning" → "lead exposure"
- "abatement" → "remediation"
- Updates to cross references

Clarifying Required Clinical Actions

- Addition of the term "clinical" to assessments performed by health care providers
- Additional language pertaining to blood lead testing of newborns from mothers with elevated blood lead levels
- Emphasis that a confirmed blood lead level is the result from a venous blood lead test

Phase II: Part 67 Updates (continued)

Updating and Clarifying Required Environmental Interventions

- Eliminating obsolete language
  - For example, eliminating requirements for substrate corrections when using an XRF
- Adding requirements for dust clearance testing
  - Proposing to reference US Environmental Protection Agency (US EPA) lead dust hazard standards
  - Reviewing other exposure standards for potential reference

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Phase II: Part 67 Updates (continued)

Updating and Clarifying Required Environmental Interventions (continued)

- Modifying the lead safe work practices language
  - Updating to remove outdated language and requirements
  - Coordinating with federal requirements
  - Coordinating with new NYS Department of Health guidance

Public Comments under Consideration

- A commenter requested that section 67-1.2(7) and (8) be amended to remove the phrase “reasonable effort.”

- Commenters requested that the new definition of “elevated blood lead level” apply across all policies, including the lead screening for pregnant women, which includes expanding the term “follow-up” in section 67-1.l(g) to include actions related to lead-exposed pregnant women.

Phase II: Next Steps

- Currently working on regulation revisions and updating field guidance
  - Continue to engage stakeholders as provisions are *drafted* including the NYS Advisory Council on Lead Poisoning Prevention

Are there additional areas of the Lead Poisoning Prevention Program that the Department should consider for revision?

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Phase II: Questions?

Other Updates: Lead Dust Hazards

- On June 21, 2019, the US EPA finalized a rule lowering the dust lead hazard standards.
- Effective January 6, 2020, for samples collected before lead hazard remediation, initial results above the new hazard standards will indicate that a lead dust hazard is present on the surface(s) tested.
- Revisions to lead dust clearance levels are being evaluated under separate federal rulemaking. This action does not affect dust clearance testing performed after lead remediation is completed.

Standard	Enforceable (µg/sq. ft)	Revised (µg/sq. ft)	Effective Date of Revision
Dust Lead Hazard Standards			
Floors	40	10	January 6, 2020
Window sills	250	100	January 6, 2020
Dust Lead Clearance Standards			
Floors	40	no change	
Window sills	250	no change	

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