NEW YORK STATE ADVISORY COUNCIL ON LEAD POISONING PREVENTION
NYS DEPARTMENT OF HEALTH
OCTOBER 19, 2009
ALBANY, NEW YORK
EMPIRE STATE PLAZA, MEETING ROOM 4

Topics	Discussion
Attendees	**Council Members:** • Guthrie S. Birkhead, M.D., M.P.H., Deputy Commissioner, Office of Public Health (Council Chair) • Mary Binder, Environmental Analyst, Division of Housing and Community Renewal (Commissioner Designee) • David Broadbent, M.D., M.P.H., Co-Chair, Coalition to End Lead Poisoning in NYS (Community Group) • Matthew J. Chachere, Staff Attorney, Northern Manhattan Improvement Corporation (Environmental Group) • Maureen Cox, Director, Division of Safety and Health, NYS Department of Labor (Commissioner Designee) • Joan Facelle, MD, Commissioner, Rockland County Health Department and Representative, NYS Association of County Health Commissioners, NYSACHO (Local Government) • Abby Greenberg, M.D., former Director, Center for Public Health, Nassau County Health Department; Representative, American Academy of Pediatrics – Division II (Professional Medical Organization) • Pamela Hadad Hurst, Special Assistant, Commissioner's Policy Office, NYS Department of Environmental Conservation (Commissioner Designee) • Juanita Hunter, Ed.D., Professor Emeritus, School of Nursing, SUNY Buffalo (Undesignated At Large Public Member) • Thomas Keenan, Temporary Assistance Specialist, NYS Office of Temporary Disability Assistance (OTDA), Bureau of Refugee and Immigrant Assistance (BRIA) (Commissioner Designee) • Thomas P. Mahar, Code Compliance Specialist, Assistant Director, Regional Services, NYS Department of State, Code Division (Commissioner Designee) • Mary Elizabeth Mokrzycki, Program Manager, City of Syracuse Lead Program (Local Housing Authority) • Lindsay Lake Morgan, R.N., Ph.D., A.N.P., Assistant Professor, Decker School of Nursing, SUNY Binghamton (Educator) • Deborah Nagin, M.P.H., Director, NYC Department of Health and Mental Hygiene (NYCDOHMH) – Lead Poisoning Prevention Program (Adjunct Member) • Clifford Olin, President, EcoSpect, Inc. (Industry) • Andrew McLellan, President/Director, Environmental Education Associates Inc, Amherst, NY (Undesignated At Large Public Member) • Kathleen Pickel, representing William Dorr, Assistant Director, Division of Child Care Services, NYS Office of Children and Family Services (Commissioner Designee) **Additional Attendees:** • Howard Freed, MD, Director, Center for Environmental Health • Rachel de Long, M.D., M.P.H., Director, Bureau of Child and Adolescent Health, NYSDOH • Dick Svenson, Director, Division of Environmental Health Protection, Center for Environmental Health, NYSDOH • Michael Cambridge, R.S., Director, Bureau of Community Environmental Health and Food Protection, NYSDOH

	• Thomas Carroll, Section Chief, Bureau of Community Environmental Health and Food Protection, NYSDOH • Eileen Franko, Dr.P.H., M.P.H., Director, Bureau of Occupational Health, NYSDOH • Bruce Phillips, Counsel, Division of Legal Affairs, NYSDOH • Susan Slade, RN, MS, Manager, Child Health Unit, BCAH • Larry Franklin, NYS Lead Poisoning Prevention Program Project Officer, CDC • Dr. Ginger Chu, Epidemiologist, CDC **Absent Council Members:** • Alison Cordero, Deputy Director for Community Preservation, St. Nicholas Preservation Council, Williamsburg (Real Estate) • Susan Duchnycz, Child and Family Services Specialist 2, Division of Child Care Services, NYS Office of Children and Family Services, (Commissioner Designee) • Kallanna Manjunath, M.D, Chief Medical Officer and Pediatrician, Whitney M. Young J. Health Services (Undesignated At Large Public Member) • John Shannon, Administrative Director for the Upstate N.Y. Laborers' Education and Training Fund (Labor Union) • Clotilde Perez-Bode Dedecker, President/CEO, Community Foundation for Greater Buffalo (Child Health Advocate) • Philip J. Landrigan, M.D., M.Sc., FAAP, Director and Professor of Pediatrics, Division of Environmental and Occupational Medicine, Mount Sinai Medical Center (Hospital)
Welcome and Introductions	• The meeting was convened at 10:13 a.m. • Dr. Birkhead provided opening remarks regarding compliance with relevant executive orders: ➢ In accordance with Executive Order #3 and the Open Meeting Law, this meeting is available on the internet. The meeting notice and links to the webcast are at http://www.nyhealth.gov/events. (Note: this webcast is archived until November 19, 2009. All future webcasts are anticipated to be announced at this website and will be archived for one month following the meeting). ➢ In accordance with Executive Law, section 166, members of the public who appear before the Council and represent any agency regulated by the Department of Health must fill out a Notice of Appearance form provided at the registration table. ➢ Dr. Birkhead provided an overview of the meeting agenda.
Review and Approval of Minutes	Dr. Birkhead asked members if there were additions or edits to the June 26, 2009 meeting minutes. No additional revisions to minutes were requested. A motion to accept the minutes was made by Dr. Greenberg, seconded by Ms. Mokrzycki. The motion carried.
Update on Office-Based Lead Testing, Rachel de Long, M.D., M.P.H., Director, Bureau of Child	Dr. de Long provided a brief update on office-based ("point-of-care") lead testing. • DOH has been distributing information to health care providers and labs on new regulations pertaining to lead testing within physician offices and clinics, which went into effect June 2009. The DOH web site (www.nyhealth.gov/environmental/lead) contains all the documents DOH has distributed to providers and labs. • Effective September 1, 2009, Medicaid began reimbursing 'point-of-care' in-office blood lead testing. The July 2009 special edition of the Medicaid Update describes the expanded coverage. (A copy was included in the meeting folders.)

and Adolescent Health	• Systems development for electronic reporting of blood lead tests performed by Physician Office Laboratories (POLs) is underway. Through enhancements to the New York State Immunization Information System (NYSIIS), POLs will be able to report blood lead test results performed in their offices to DOH. Doctors will have access to lead test information for their patients and prompt functions that will help doctors and local health departments identify children due for lead tests. DOH is working closely with NYC Dept. Health and Mental Hygiene (NYCDHMH), which has its own blood lead test reporting system, to coordinate reporting and data exchange, so providers don't have to report to both NYC and DOH. Implementation of data entry screens and data exchange to display lead test information within NYSIIS is targeted for early 2010, with additional reports and prompts to follow.
Council Discussion	**Advisory Council discussion took place on several issues, including:** • Timeframes for transitioning provider offices from current paper reporting to the new electronic reporting through NYSIIS, once the new system is in place. • Availability of summary materials regarding LeadCare®II for use at an upcoming AAP chapter meeting. It was noted that materials are available on the DOH and manufacturer's Web sites. • How screenings in health fairs and other public settings should be handled. It was noted that this depends on the type of lab and the approvals they have from Wadsworth, and will be addressed in a forthcoming question and answer document. • Ongoing work with local health departments (LHDs) to use their local data, and the additional benefits that the linkage with the immunization data system will provide. It was noted that LHDs use a number of existing standard reports and that additional customized reporting functionality will be implemented shortly. **Follow-up Items:** • DOH staff will provide updates on the NYSIIS-LeadWeb linkage and LeadWeb dynamic reporting functions at future meetings. • Dr. Broadbent will access summary materials on office-based testing on the DOH Web site for use with his AAP colleagues, and reach out to DOH staff regarding any outstanding questions
Governor's Task Force on the Prevention of Childhood Lead Poisoning: Wendy Saunders, **Vice-Chair of Task Force, Deputy Secretary for Health, Medicaid & Oversight; Lola**	Ms. Saunders explained that Governor Paterson issued Executive Order 21 establishing the Task Force in June 2009, and introduced staff from the Governor's Office who are chairing the Task Force committees. Valerie Grey, Director of State Operations, is the chair of the Task Force. The Governor has noted that lead poisoning deserves our highest priority. He created the Task Force to work with the Advisory Council and wants to convey his thanks to the Advisory Council for their efforts. Ms. Saunders asked the Task Force committee chairs to share a summary of work to date and future plans with the Advisory Council. A copy of Executive Order 21 and Task Force membership were included in the meeting folder handouts. Ms. Brabham-Harder explained the Task Force is charged with implementing a coordinated strategy for lead poisoning prevention. It is organized into three subcommittees. The first Task Force report is due November 30, 2009. • **The Awareness and Education Committee** is chaired by Ms. Brabham-Harder with representatives from DOH, Dept. of State (DOS), Dept. of Labor, Office of Children and Family Services (OCFS), the Council of Children and Families (CCF), Division of

Brabham-Harder, Assistant Secretary for Health, Medicaid & Oversight; Tony Giardina, Assistant Secretary for Economic Development; Peter Iwanowicz, Assistant Secretary for the Environment	Housing and Community Renewal (DHCR), Office of Temporary Disability Assistance (OTDA), and Division of Budget (DOB). Its focus is to increase the awareness of state and local government and other agency staff, homeowners, parents, and other parties about dangers of lead and availability of lead testing. The committee is working with programs that serve children in foster care, victims of domestic violence, children released from custody, and other higher-risk populations to ensure providers are educated and have materials on hand for families, and is exploring the development of a short PSA on lead poisoning prevention. • **The Lead-Safe Housing Compliance Committee** is chaired by Mr. Giardina with representatives from DOS, DHCR, OTDA, NYS Housing Finance Agency (HFA), Empire State Development Corporation (ESDC), DOH, and the NYS Energy Research and Development Authority (NYSERDA). The committee currently has four major focus areas: 1) Protecting rights of tenants; 2) Enhancing disclosure laws related to lead; 3) Incentives for funding for abatement; and 4) Lead-safe work practices training. • **The Partnerships Committee is chaired** by Mr. Iwanowicz. The committee is assessing how to strengthen existing partnerships and forge new ones, and how to coordinate local and state efforts, including: 1) Collaborating with social service agencies (e.g., child care providers, foster parenting, and domestic violence service agencies) that place families in homes to help staff identify risks in potential housing and make referrals. 2) Leveraging stimulus funds, the Green Jobs/Green NY Act, the weatherization program, and other programs that go into homes.
Council Discussion	**Advisory Council discussion took place on several questions and issues, including:** • How the State Education Department (SED) could be involved in promoting lead testing. It was noted that there has been discussion about requiring lead testing information at school entry, as is done with licensed child care providers through OCFS, but that would not happen until older ages. • Whether the state has any leverage or influence with unlicensed child care providers. It was clarified that there is no specific oversight of unlicensed, providers; for licensed providers, the state can access and inspect the premises. Mr. Chachere further noted that there are restrictions in some social services laws that limit government enforcement ability in family day care centers, and offered to provide details later. • The availability of any grant programs developed to help people who need money up front to make home improvements, rather than rely on tax abatements, which may be less helpful for people with less means. Ms. Nagin specifically noted that window replacement is not cost-effective within the calculations of the weatherization program, and asked if there is other money that can be matched to replace windows in high risk areas. Mr. Giardina and Mr. Iwanowicz responded the Task Force is looking at all options, while recognizing current fiscal limitations It was noted that the new Green NY Program is flexible and can pilot new approaches using a whole building perspective. • The benefits of developing an inclusive process that takes advantage of the expertise from Advisory Council members and other external stakeholders. • New federal regulations on renovation, remodeling and repair that are effective April 2010. Mr Chachere specifically recommended that the state take over licensing and enforcement of this program, noting that this could generate revenue for the state and strengthen enforcement of the regulations. He also commented that enforcement of disclosure laws is an issue that the Task Force could discuss

	with the state Attorney General's Office.
	• A question was raised by Dr. Broadbent about whether someone seeking homeowners insurance has to waive rights regarding lead hazards. Mr. Giardina indicated that the Task Force would look into this issue.
	
	Follow-up items:
	• The Task Force will:
	  • continue to explore a variety of options for financial supports and incentives related to lead remediation, including the new Green NY Program;
	  • consider additional processes for incorporating input from external stakeholders; and
	  • explore issues related to enforcement of federal disclosure laws and homeowners insurance.
	• Mr. Chachere will provide further details regarding potential changes to state law to ameliorate restrictions in existing social services laws that may limit government enforcement ability in family day care centers.
	• A more in-depth discussion of the EPA regulations on renovation, remodeling and repair, including consideration for state takeover of the program, will be scheduled for the next Council meeting.
	• DOH staff will continue to share feedback and input from Advisory Council members on relevant topics with the Governor's Task Force.

Proposed Changes to State Regulations: Part 67-2, **Michael Cambridge, RS, Director, and Tom Carroll, Section Chief, Bureau of Community Environmental Health and Food Protection, NYSDOH**	Dr. Birkhead commented that DOH has been working on changes to Part 67-2 for several years and is seeking input to complete this process. DOH made changes based on comments received from Advisory Council members and other stakeholders. DOH will share with members the comments that have been received and would like additional input from the Council prior to the next Council meeting. The proposed regulations were presented and a discussion followed with the Council. Mr. Carroll reviewed the history of the regulations, current proposed revisions, the process of adoption, and comments on the proposed revisions received from local health departments. The revisions to the regulations were included in the folder. In 2005 and 2006 the Advisory Council formally commented on the revisions and changes were made in response. In September, 2009, a requirement for abatement of all dwellings associated with an EBL child was added to the proposal. The proposed change that received the most comments was to 67-2.6(a) which added a requirement that LHD require abatement of lead-based paint hazards for all dwellings associated with EBL children. A temporary exception would be granted for economic hardship. Numerous LHDs commented that the cost of abatement might cause property abandonment, family avoidance of the health department to avoid costs of repairs, or avoidance of landlords' renting to parents of young children or other forms of housing discrimination. Some also cited published and experience-based evidence concerning the effectiveness of less costly interim controls. Concerns also included lack of flexibility; lack of an EPA certified workforce; creation of delays; method for determining economic hardship; and timeframes. Mr. Carroll stated that in response to these concerns, DOH is re-evaluating this requirement and requested input from the Advisory Council.

Council Discussion	**Advisory Council discussion took place on several issues. Key comments included the following:** • There is a LHD staff shortage due to reduced staffing and positions that cannot be filled that could impact the work. • Concern was expressed about the economic impact, the workload, and the lack of capacity to work flexibly with people in the community, especially around less severe hazards. • Lack of certified workers is a real concern in rural areas. The revision will also lead to delays. • Landlords will take legal action to avoid or delay expense. A mechanism is needed to handle this delay while protecting tenants. • Mr. Chachere stated that current State law, read in conjunction with current federal law, already mandates abatement, with certified workers, when a child is lead poisoned. DOH discussed that the federal definition could not be combined with a state law without a regulatory change. • There needs to be a clear way to define 'economic hardship.' LHDs remember the experience of implementing the Clean Indoor Air Act, and how difficult it was for LHDs to define 'economic hardship.' • The reason there aren't enough abatement workers is because no one requires abatement. Demand will drive supply. If a law is enforced, it creates the demand for people with training. • Discussed the differences in terms of work practices for abatement versus interim control, the work is often the same. • LHDs are directly involved in deciding what needs to be corrected and determine if work is abatement or interim control. • One of the big challenges in NYC is money. More financing would make a big difference. For court-ordered work, NYC's housing dept. does the work and then bills the landlord so there is little delay. It would be helpful if NYS could make resources available for this work. • It would be one thing if this regulation came with a guarantee of staffing and money to do it, but it must be coupled with pragmatic interventions that won't fail. The costs seem unclear. DOH can look into and provide cost estimates. • People thought interim control lasted 5 years. Now it is believed to last 12-13 years, if maintained. • In Syracuse the cost to get rid of every lead hazard averaged $15,000 for one to two family residential and $20-$25,000 for 2-4 unit homes. The homeowner has to add in $1-2,000. • Ms. Nagin stated NYC used to issue modified orders for one/two family homes, where a homeowner's child was poisoned. NYC allowed remediation, not abatement, and then returned to see if they were maintaining it. They weren't maintaining it. NYC changed the regulations to require abatement and works with the homeowner to find financing. • Dr. Birkhead stated that DOH wants to complete public comment, but if there are other groups, we can include them. **Follow-up items:** • Next meeting will provide a discussion concerning 67-2 and the comments received. • DOH will review costs associated with abatement and interim control measures.
Primary Prevention of Childhood Lead Poisoning Update: State Update,	**Note**: Following lunch, Dr. Howard Freed, Director, Center for Environmental Health, chaired for Dr. Birkhead in his absence. **State Update** The Childhood Lead Poisoning Primary Prevention Program (CLPPPP) started as a pilot project in 2007 with $3 million in eight

Ken Boxley, Bureau of Community Environmental Health and Food Protection	cities/counties: Albany; Erie; Oneida; Onondaga; Orange; Westchester; Monroe; and New York City. In Year 2 (08-09), the funding increased to $4.9 million to include four more counties: Broome; Chautauqua; Dutchess; Schenectady. In year three (09-10) funding increased another $2.5 million to $7.4 million total, to include five additional counties: Niagara; Rensselaer; Ulster; Fulton; Montgomery. The program is no longer a pilot, but is a permanent program. The year one final report, and preliminary report results for year two are on the DOH web site: (www.nyhealth.gov/environmental/lead/exposure/childhood/primary_prevention/pilot_program/)
Panel, New York City Department of Health and Mental Hygiene Lead Program – Deborah Nagin, Director; Orange County Lead Program – Bob Dietrich, Director; Oneida County Lead Program - Cathe Bullwinkle, Quality Improvement Coordinator	**Panel Discussion of Local Projects** **New York City Department of Health and Mental Hygiene Lead Program** Ms. Nagin reviewed progress of the NYC Department of Health and Mental Hygiene. NYC released its 2008 data report (on-line at: http://www.nyc.gov/html/doh/html/lead/research.shtml). From 1995 to 2008 there has been an over-90% decline in childhood lead poisoning. NYC has strong laws that require building owners to regularly inspect older homes with young children and make repairs. The NYC Health Code forbids dry sanding and scraping. **Orange County Lead Program** Mr. Dietrich described Orange County's primary prevention program. The Lead Safe Orange (LSO) initiative combined four programs to create the primary prevention program. Education activities include giving people cleaning supplies. LSO works with the Healthy Neighborhoods program. The program also visits all medical offices. Outreach includes letters to property owners explaining the primary prevention program; Workers go door to door, and leave door hangers to let residents know they'll come back. They also set up a stationary post in the neighborhood. Community health workers conduct visual inspections. They can then refer to a sanitarian for testing if hazards are identified. For property owners, the program has paint kits worth $300 for anyone who takes lead safe training. **Oneida County Lead Program -** Ms. Bullwinkle described Oneida's primary prevention program. The program used GIS to map the locations of high-risk housing using 20 years of historical lead data. The map showed that lead poisoning was concentrated in the center of the City of Utica. The program used the birth registry to contact parents of substandard housing. Three programs are collaborating – the Childhood Lead Poisoning Prevention Program (CLPPP), Primary Prevention, and Healthy Neighborhoods. The program is also working with property owners. It offers a training and free HEPA vacuums. Program takes digital photos and then uses the XRF. Program has held legal seminars to education judges and lawyers. A task force has formed to look at housing and court issues. In Utica, code officers have been deputized so they can cite for conditions conducive to lead poisoning.
Evaluation of Year 2 Progress, Carol Kawecki, Program	**Evaluation of Year 2 Progress,** The National Center for Healthy Housing (NCHH) conducts research, training, provides technical assistance to the CDC and others, and manages the Healthy Homes Training Center. For the NYS Primary Prevention Project, NCHH is managing data and evaluating progress

Manager, National Center for Healthy Housing	of the grantees. NCHH does problem-solving with each of the twelve grantees, and brings lessons from other sites. Ms. Kawecki provided an overview of the statewide progress of the grantees. As of June, 2009, 787 units were cleared of lead hazards. There has been a great deal of marketing and outreach, which has generated the majority of investigations. Key Points: • Gaining entry to a unit. The vast majority were entered on first try. Only 16% needed two or more attempts. • Inspection. Most investigations were interior or exterior visual. Most potential hazards were confirmed. The majority of units inspected are rentals. Rental apartments of 1-2 units seem to be the most stubborn, difficult to address, versus bigger units or owner-occupied. Only 4% of units had a prior history of EBLLs investigation. • Enforcement. About 1/3 require no further enforcement after initial notice. Fifty-six percent needed additional actions – most just needed conferences with staff in offices to get work started. • Incentives. Very few people who took Lead Safe Work Practices Training received any incentives. • Funding: Very few people are able to get dollars from stimulus funding or foundations to remediate units. Recommendations: • Using Section 1370 to get in the door is working - deputize code enforcers. • Get partnerships moving as quickly as possible. It takes time. • Grantees show that visual inspections are not enough, consider requiring dust samples. • Grantees say they need help to publicize new EPA Renovation, Repair, and Painting Rule.
Council Discussion	**Advisory Council discussion took place on several issues, including:** • The availability of federal funds through NOFA for capacity building that may be of interest to CLPPPP grantees. It was noted that the timeframe may be an issue. • Identification and education regarding non-paint sources of lead during home inspections. It was noted that all three primary prevention grantees represented at this meeting use a comprehensive approach to inspections that involved non-paint hazards. • Enforcement of New York City's dry scraping ban. Ms. Nagin noted that investigation and enforcement is largely complaint-driven. The availability of NYC statistics on HPD follow-up audits of buildings in which a child with an EBLL is identified and referred to HPD. Ms. Nagin noted that these data are available. • The effectiveness of abatement vs. other lead hazard remediation methods. Mr. Chachere specifically stated that data presented by NCHH, which found that 56% of units with a prior history of children with EBLLs were found to have current lead hazards provides empirical support for the need for permanent abatement, and that current laws are not working. Ms. Kawecki responded that until recently, there was no dust clearance testing required at the end of an EBLL investigation, so we don't know if it was the abatement, or if the clearance was not done. The critical question is getting the data at different phases, so you know where you are in terms of your hazard.

	Follow-up Items: DOH staff will provide continued updates on the implementation of this core initiative at future meetings.
Lead Surveillance and Testing Update, Susan Slade, RN, MS, Manager, Child Health Unit, BCAH	In response to a recent change in CDC national recommendations concerning lead testing of children in Medicaid, DOH conducted an analysis of childhood lead poisoning and testing within the NYS Medicaid population. Ms. Slade reviewed the recent statements from CDC and presented the results of the DOH analysis. • In the August, 2009 MMWR, the CDC updated its recommendations regarding blood lead testing of children enrolled in Medicaid, based on analysis of 1999-2004 National Health and Nutrition Examination Survey data. This analysis found that the national prevalence of elevated blood leads (≥ 10mcg/dL) in children aged 1 to 5 years was 1.9% for children in Medicaid and 1.1% for children not enrolled in Medicaid, which is not a statistically significant difference. Based on this finding, the CDC no longer recommends a single national policy for blood lead testing for Medicaid-eligible children. Instead, it encourages states to develop local policies based on local data. • In response, NYSDOH conducted an analysis of lead testing and lead poisoning rates, using a matched dataset of Medicaid eligibility and lead registry files. Results from the NYS DOH analysis (not including NYC) indicate that lead testing rates are higher among Medicaid-eligible children at age 1 and 2 years compared to non-Medicaid eligible children. It also found that there are significant disparities in the incidence of lead poisoning by Medicaid status. Although Medicaid-eligible children account for 39% of those tested for lead, they constitute 77% of those with elevated blood lead levels. The rate of incidence of lead poisoning in NYS children is over five times as high among Medicaid-eligible children compared to non-Medicaid-eligible children who have been tested for lead. Disparities exist for BLLs 5-9 mcg/dL; 10-14 mcg/dL; 15-19 mcg/dL; and 20+ mcg/dL. Among children tested at both ages 1 and 2 years, BLLs of Medicaid-eligible children are more likely to persist or rise compared to non-Medicaid children. • Next steps include issuing a Medicaid Update article statewide to present findings and to reinforce New York's universal testing policy, and updating the analysis to incorporate NYC data.
Council Discussion	**Advisory Council discussion took place on several issues, including:** • The challenge of balancing universal and targeted testing promotion efforts to improve lead testing rates among all children, while assuring that health care providers understand the higher risk and continued critical importance of testing Medicaid-eligible children. Dr. Broadbent expressed concern that messages related to testing of Medicaid-eligible children may reinforce the idea that suburban providers do not need to test their patients. DOH staff clarified that this specific focus on Medicaid data is in response to CDC's MMWR recommendations, and the associated concern that doctors may incorrectly think they no longer need to test Medicaid children. • How the planned linkage of lead and immunization data systems is expected to increase lead testing practices by community health care providers. Both state Council members and the CDC representative emphasized this project as a key strategy for increasing lead testing.

	• Ms. Nagin summarized additional data analysis for New York City that shows similar disparities in the incidence of EBLLs among Medicaid-enrolled children. • A concern was raised that the CDC recommendations may negatively impact state and local testing promotion efforts. It was clarified by the CDC representative that the recommendations are not intended to be detrimental, and that there are differences regionally that may not be addressed by a single national recommendation, so that states should identify their populations at risk, and to establish their own strategies. **Follow-up Items:** • DOH lead program staff will develop a Medicaid Update that incorporates the data presented and reinforces New York's universal lead testing requirements while accurately conveying the risk to Medicaid children to specifically promote lead testing of this group. • DOH staff will provide updates on additional lead testing improvement activities and lead testing rates at future Council meetings.
Council Member Updates	**Advisory Council members provided the following updates on lead-related activities:** • Mr. Chachere expressed concern that there is not enough time for discussion at Council meetings. He suggested either more meetings, longer meetings, or fewer agenda items. He specifically requested that the EPA regulations coming into effect in April be put on the agenda for the next council meeting. He also asked that budget-related items be discussed regularly, noting that reductions were proposed to five different lead appropriations in the Governor's budget. • Mr. Chachere stated there is a call for comments from EPA on reducing lead clearance standards for lead dust to 10 mcg/sq.ft. for floors and 100 mcg/sq.ft. for windows. The call for comments closes October 21. Those interested should submit their comments. He recommended this issue be put on a Council agenda • Mr. Mahar reported that he was approved to go to Baltimore on Nov. 2-4 to support a code change at the national level to include lead based paint. • Mr. Franklin noted that two weeks had been designated National Lead Poisoning Prevention Week in October, and localities could focus on either or both weeks for their awareness activities. • Ms. Nagin reported that NYC Mayor Bloomberg has signed a proclamation for Lead Poisoning Prevention Week. • Dr. Broadbent voiced concern about, "letting finances drive our dreams for primary and secondary prevention." He indicated it's clear a BLL 10 mcg/dL is hazardous, and the state should lower the follow-up level from 15 to 10 mcg/dL. He acknowledged local health commissioners are struggling with budget problems. He is hopeful that LeadCare II will take hold to improve testing practices. He noted that providers may follow CDC guidelines over state guidelines and laws, and asked that the CDC be mindful of local challenges in creating national recommendations. Dr. Broadbent also expressed thanks to those who developed the new state guidelines for BLLs < 10 mcg/dL and said he found the Task Force creation very positive.
Public Comment	No comments were received.
Adjournment	Dr. Freed thanked everyone for coming, noting that DOH values their advice. Meeting was adjourned at 3:07 p.m.