

NEW YORK STATE ADVISORY COUNCIL ON LEAD POISONING PREVENTION
NYS DEPARTMENT OF HEALTH
APRIL 27, 2011
ALBANY, NEW YORK
EMPIRE STATE PLAZA, MEETING ROOM 7

Topics	Discussion
Attendees Council Members:	Council Members: <ul style="list-style-type: none"> • Guthrie S. Birkhead, M.D., M.P.H., Deputy Commissioner, Office of Public Health (Council Chair) • Matthew J. Chachere, Staff Attorney, Northern Manhattan Improvement Corporation (Environmental Group) • Abby Greenberg, M.D., Member, Nassau County Board of Health and American Academy of Pediatrics – District II (Professional Medical Organization) • Joan Facelle, M.D., Commissioner, Rockland County Health Department and Representative, NYS Association of County Health Officials, NYSACHO (Local Government) • Pamela Hadad Hurst, Special Assistant, Commissioner’s Policy Office, NYS Department of Environmental Conservation (Commissioner Designee)/Carlos Montes, DEC (Alternate) • 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)-represented by Raymond Andrews-Division of Code Enforcement and Administration • Mary Elizabeth Mokrzycki, Program Manager, City of Syracuse Lead Program (Local Housing Authority) • Deborah Nagin, M.P.H., Director, NYC Department of Health and Mental Hygiene (NYCDOHMH) – Lead Poisoning Prevention Program (Adjunct Member) • Tom Zyra, Assistant Deputy Superintendent for Intergovernmental and Legislative Affairs, NYS Insurance Department (Commissioner Designee) • Robert Perez, Program Manager, Division of Safety and Health, NYS Department of Labor (Commissioner Alternate Designee) • Andrew McLellan, President/Director, Environmental Education Associates Inc, Amherst, NY (Undesignated At Large Public Member) • Kallanna Manjunath, M.D., Chief Medical Officer and Pediatrician, Whitney M. Young J. Health Services (Undesignated At Large Public Member) • Kathleen Pickel, Assistant Director, Division of Child Care Services, NYS Office of Children and Family Services, (Commissioner Designee) • Mary Binder, Environmental Analyst, Division of Housing and Community Renewal (Commissioner Designee) • Clifford Olin, President, EcoSpect, Inc. (Industry)

NEW YORK STATE ADVISORY COUNCIL ON LEAD POISONING PREVENTION
NYS DEPARTMENT OF HEALTH
APRIL 27, 2011
ALBANY, NEW YORK
EMPIRE STATE PLAZA, MEETING ROOM 7

	<ul style="list-style-type: none"> • Nancy Heidinger, Lead Program Erie County Department of Health (Educator) • Victoire N. Jacques (Parent Advocate) <p>Additional Attendees:</p> <ul style="list-style-type: none"> • James Clancy, Assistant Commissioner, Office of Governmental and External Affairs, 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 • Rachel de Long, M.D., M.P.H., Director, Bureau of Maternal and Child Health, NYSDOH • Victor Pisani, Acting Director, Division of Environmental Health Protection, NYSDOH • Eileen Franko, Dr.P.H., M.P.H., Director, Bureau of Occupational Health, NYSDOH • Howard Freed, M.D., Director, Center for Environmental Health • David Quist, Division of Legal Affairs, NYSDOH • Susan Slade, RN, M.S., Manager, Child Health Unit, Bureau of Maternal and Child Health <p>Absent Council Members:</p> <ul style="list-style-type: none"> • David Broadbent, M.D., M.P.H., Co-Chair, Coalition to End Lead Poisoning in NYS (Community Group) • Clotilde Perez-Bode Dedecker, President/CEO, Community Foundation for Greater Buffalo (Child Health Advocate) • John Shannon, Administrative Director for the Upstate N.Y. Laborers' Education and Training Fund (Labor Union)
<p>Welcome and Introductions</p>	<ul style="list-style-type: none"> • The meeting was convened at 10:30 AM. • Dr. Birkhead provided opening remarks: <ul style="list-style-type: none"> ➤ Welcomed Nancy Heidinger, a public health nurse and health educator at the Erie County Health Department with over 25 years of experience in public health. Ms. Heidinger has been appointed to fill the vacant Educator seat. ➤ Announced the resignation of Dr. Phillip Landrigan, Mt. Sinai School of Medicine, from the Council.
<p>Review and Approval of Minutes</p>	<p>Dr. Birkhead informed members that Ms. Nagin had additional changes that were already incorporated into the minutes, and asked if there were any further additions or edits to the October 5, 2010 draft meeting minutes. Hearing no objections, the meeting minutes were adopted.</p>
<p>Governmental Affairs Update James Clancy,</p>	<p>Dr. Birkhead introduced James Clancy who provided an overview and status of this year's budget and budget items relevant to childhood lead poisoning.</p> <ul style="list-style-type: none"> ➤ New administration/commissioner has a continued commitment to lead poisoning prevention.

NEW YORK STATE ADVISORY COUNCIL ON LEAD POISONING PREVENTION
NYS DEPARTMENT OF HEALTH
APRIL 27, 2011
ALBANY, NEW YORK
EMPIRE STATE PLAZA, MEETING ROOM 7

<p>Office of Governmental and External Affairs</p>	<ul style="list-style-type: none"> ➤ The 2011-12 State Budget maintained funding for both primary and secondary prevention programs at current level; Interim Lead Safe Housing (ILSH) program funding reduced by \$100,000 as part of larger necessary cost savings measures. <p>Advisory Council discussion that took place:</p> <ul style="list-style-type: none"> ➤ Matthew Chachere inquired about the Executive Order previously in place in the prior administration for the interagency taskforce. Mr. Clancy responded while the Executive Order for a formal taskforce has ended, interagency work will continue. ➤ Matthew Chachere expressed concern that the prior administration really tried to get agencies to work more actively together and that without a formal commitment a “stove piping” approach could occur. Mr. Clancy said he would share those concerns with the Executive Chamber.
<p>Updates from Dr. Birkhead</p>	<p>Dr. Birkhead updated the Council on the status of the proposed 67-2 regulation revisions for which the public comment period ended November 1, 2010. Comments have been received and are being carefully reviewed within the Department with our new commissioner and governor’s office. With the new administration, no decisions have been made in terms of the regulations.</p> <ul style="list-style-type: none"> ➤ Matthew Chachere inquired if the collection of comments is available and if they could be shared between now and the next meeting electronically. Dr. Birkhead responded that he would find out the answer. <p>Childhood Lead Poisoning Primary Prevention Program (CLPPP) The CLPPP is currently in 15 counties (neighborhoods with high levels of children with lead poisoning). As of September 2010, over 6,000 units were inspected with almost 5,000 units identified with potential hazards and 1,500 units cleared. As of March 2011, 7,100 homes were identified as free or made free of lead hazards.</p> <p>Development, Approval and Dissemination of Guidelines for Lead Testing of Refugee Children and Pregnant Women DOH Refugee Health Program receives a grant from Centers for Disease Control (CDC) to help with the medical reception of new refugees coming into the state and works with the Office of Temporary Disability Assistance (OTDA) to provide services to those populations. Over the last ten years, a shift in refugee resettlement has occurred and more than 90% of refugees are now being settled outside of New York City. The greatest numbers of refugees have come from Myanmar (formerly Burma), followed by Bhutan and Iraq. CDC issued recommendations for testing and follow-up of refugees. DOH formally adopted these recommendations and issued new guidelines to perform lead testing on all refugee children, birth to 16 years of age, and all pregnant women coming into the United States. The guidelines are posted on the DOH’s website.</p>

NEW YORK STATE ADVISORY COUNCIL ON LEAD POISONING PREVENTION
NYS DEPARTMENT OF HEALTH
APRIL 27, 2011
ALBANY, NEW YORK
EMPIRE STATE PLAZA, MEETING ROOM 7

Advisory Council discussion took place on several items including:

- **Lead Testing of Refugee Children and Pregnant Women.**

- Ms. Nagin pointed out that refugees have a definition that most people don't know. There are a lot of immigrants that come into the State, including New York City, that are not necessarily characterized as formerly refugees. Mr. Keenan asked Ms. Nagin if she was referring to the 'asylee' population(that is, individuals seeking 'asylum' that are unable to return to 'home' country due to fear of persecution), the entrant population which is also given the same benefit status as refugees, but does not come in overseas in the same manner as refugees. The ODTA (BRIA) website includes definitions of the statuses for Cuban/Haitian entrant and asylee American-Asians who also get that status.
- Dr. Facelle commented should there be a discussion on generalizing some of these recommendations to cover other recent arrivals to the county, i.e., young immigrant children. She suggested promulgating more guidance to medical providers and reinforcing so not only children with official refugee status, but these broader immigrant groups who are not coming through recognized channels might also be able to be more effectively screened. Dr. Greenberg voiced support for this recommendation.
- Dr. Manjunath inquired if the 3 to 6 months follow-up blood lead tests are being tracked because sometimes children, after getting their initial physical at the refugee health center tend to establish care elsewhere. Dr. de Long responded that we actually enhanced LeadWeb and added a field that can capture refugee status, and are working with local health departments in counties where children are settled to track both the initial & follow-up tests.
- Dr. Manjunath said another thing to consider is collaboration between CDC and INS, as part of the initial immigration status medical evaluation, to get lead screening to be included. Mention was made that a workgroup between CDC, the Association for State and Territorial Health Officials and the Office of Refugee Resettlement has been convened to revise the domestic and international screening guidelines for lead screening as well as for many other conditions, such as HIV.

- **Childhood Lead Poisoning Primary Prevention Program.** Mr. McLellan asked if there is a standardized set of procedures for evaluations, hazards control, and clearance that all pilot programs are using. Mr. Cambridge explained there are 15 different local health departments and NYC involved. It's standardized, with some flexibility, recognizing the strengths of each program. Each year our report shows the commonalities and how all programs handle the core elements. Mr. McLellan inquired as to consistency for counties that weren't involved in the pilot program and decide to pursue funding. A recommendation was made for standardized procedures (minimum requirements). Mr. Cambridge stated LHDs are EPA

NEW YORK STATE ADVISORY COUNCIL ON LEAD POISONING PREVENTION
NYS DEPARTMENT OF HEALTH
APRIL 27, 2011
ALBANY, NEW YORK
EMPIRE STATE PLAZA, MEETING ROOM 7

	<p>certified; a requirement for anyone who's going to be assessing lead hazards. If a code enforcement official is doing it, it could be a visual inspection. If there is ever a question it would have to be followed up with the EPA certified person to determine if it's truly a hazard. So, there are the procedures and the program itself that drives the standardization. Mr. McLellan still recommends that some standardization might be in order or at least an investigation of it might be in order. Mr. Cambridge asked to table the discussion on standardization for the next council meeting; however, reinforced information is shared with other counties as far as what's been successful and not desirable.</p>
<p>Changes to Federal Funding</p> <p>Mary Jean Brown, R.N., Sc.D., Chief, Healthy Homes and Lead Poisoning Prevention Branch, Centers for Disease Control and Prevention</p>	<p>Dr. de Long provided an overview of historic and current CDC Lead Poisoning Prevention cooperative agreement funding for New York State, and the recent changes in parameters of funding for states associated with CDC's transition to a broader healthy homes initiative, including a reduction in the maximum funding level to \$600,000 annually (which represents nearly a 50% decrease from NYS' current funding level). Dr. Mary Jean Brown joined the meeting via conference call to provide an overview from CDC.</p> <ul style="list-style-type: none"> • Dr. Mary Jean Brown talked about changes in federal funding and the shift in elimination of lead poisoning from current focused activities to a more global healthy homes approach. Dr. Brown discussed the Funding Opportunity Announcement that was released in early 2011 in which programs could apply for up to \$600,000. CDC recognized there are states that may never have had a significant lead problem to qualify for funding. As CDC was directed by Congress to provide funding for healthy homes, it made sense for CDC to limit the amount of monies that went to larger programs, how the money is to be spread out geographically, and the need to fund programs that have the capacity to do the work. The number of children in need of case management traditionally has been delivered to children with high blood lead levels and there are fewer of these children every year. • Dr. Brown also noted that the President's FY12 budget, proposes further combining the Healthy Home and Lead Poisoning Prevention Program with the National Asthma Control program to form the new "Healthy Homes and Community Environments Program" and to further reduce combined funding by 50%. If this happens that cut is going to get passed along to our funded programs. CDC has specifically discontinued funding to large city programs to absorb the reduction. • Dr. Brown noted that there is also a new <i>Green and Healthy Housing</i> initiative coming out as a way for private foundations to get into this game and provide another funding stream for healthy homes activities and for lead poisoning prevention too.

NEW YORK STATE ADVISORY COUNCIL ON LEAD POISONING PREVENTION
NYS DEPARTMENT OF HEALTH
APRIL 27, 2011
ALBANY, NEW YORK
EMPIRE STATE PLAZA, MEETING ROOM 7

	<p>Advisory Council discussions that took place:</p> <ul style="list-style-type: none"> ➤ Dr. Birkhead inquired about the healthy homes approach and asked if congress actually directed CDC to do that. Dr. Brown noted that they actually changed the name of the appropriation line to healthy homes and lead poisoning prevention. ➤ Dr. de Long asked Dr. Brown to provide further information about the Green and Healthy Housing initiative. Dr. Brown noted that the Green and Healthy Housing initiative is actually the brainchild of a woman in Baltimore named, Ruth Ann Norton. The Department of Energy (DOE) received some stimulus funding. Ruth Ann and others brought to the attention of DOE that the last time people started doing energy efficiency in housing in the 1970s people got sick. So the first push for DOE was “do no harm.” Fourteen cities received some funding from the Council on Foundations and Support trying to get people excited about this issue of green and healthy housing within their communities. Some communities have been really successful and there is a certain competition to get a healthy housing designation. ➤ Ms. Nagin expressed concern about getting rid of “big city funding.” She asked for a better understanding on how this actually works and if the CDC was open to hearing and recognizing the need to try to reserve some kind of resources and monitoring rather than just eliminating this funding and pushing it through the state. Dr. Brown explained that every award sent out depends on availability of funds. By September and/or October, CDC should have some idea if this is actually going to take place. We’d have to figure out something that’s fair, and welcome in-depth discussion about how to approach that if there is an enormous cut in our funding. ➤ Mr. Chachere asked to identify the decision makers or players. Dr. Brown explained budgets were put together in October or November of 2010 for FY12 federal budget. The Department of Health and Human Services CDC Director puts together the CDC budget that goes to Office of Management Budget and to the Secretary of Human Services (may stop at Deputy Assistant Secretary), and then goes to the White House for incorporation into the President’s budget. Introduced to Congress (similar process in the Senate) and the Senate and House come together and tries to negotiate a budget before October 1st.
<p>Lead Testing Improvement Strategies</p> <p>Susan Slade, R.N., M.C.H.E.S.,</p>	<p>Information was co-presented by Ms. Slade and Ms. Minch on DOH multipronged efforts to increase lead testing rates in collaboration with local health departments (LHDs), Regional Lead Resource Centers (RLRCs) and other internal and external partners through public and professional education, use of portable lead testing devices and linking of New York State Immunization Information System (NYSIIS), the state’s immunization registry.</p> <ul style="list-style-type: none"> • Ms. Slade described the long and short term goals for lead testing of children. The long term goal is the implementation of Public Health Law that 100% of children in NYS are tested at one and two. The short term 2010 objectives are 75%

NEW YORK STATE ADVISORY COUNCIL ON LEAD POISONING PREVENTION
NYS DEPARTMENT OF HEALTH
APRIL 27, 2011
ALBANY, NEW YORK
EMPIRE STATE PLAZA, MEETING ROOM 7

and Nancy Minch, R.N., Bureau of Maternal and Child Health

of one year olds will be tested for lead and 67% of two year olds will be tested. The objectives for 2014 are 80% of one and 80% two year olds will be tested; and 60% of children will have two tests by age three. Ms. Slade also updated the Council on some recent educational activities this year, which included:

- Collaboration with HANYS to develop a fall 2010 edition of a newsletter focused on New York State Lead Poisoning Prevention efforts, i.e., lead poisoning testing requirements for children, EPA certification requirements, healthy neighborhood programs and coalition groups who really increased lead testing and lead poisoning prevention in the community.
 - Posting of timely health alert information to providers and local health departments, i.e., calabash chalk clay alert.
 - Finalization of professional pregnancy guidelines and their submission through the executive approval process.
 - Development of updated health care provider reference cards with revised risk-assessment questions, developed in collaboration with Regional Lead Resource Centers.
 - Development of a questions and answers document, in conjunction with Wadsworth Laboratories and Division of Nutrition, about the use of portable lead care testing devices. This document is posted on the Department's web site.
 - Completion of a comprehensive guidance document that can assist all types of laboratories understand the requirements for lead testing and reporting. This document is currently under development.
- Ms. Slade discussed the linkage of the NYSIIS and LeadWeb systems as a mechanism that supports improvements in lead testing rates. The Lead Poisoning Prevention Program (LPPP) has been able to build on the success of NYSIIS through the high acceptance among health care providers and high utilization on the immunization side. The LPPP has support from LHDs and health plans that are looking forward to the capability of assessing lead testing practices of providers and to target education and quality improvement activities to specific providers. A daily data exchange between LeadWeb and NYSIIS provides the opportunity for the physicians to view their patients, determine whether each patient had a lead test, and print the report of the test. On a monthly basis, about 400 of these reports are being printed by providers for their own use. The LPPP is in the process of developing prompts and important reminders for the providers about lead testing requirements and risk assessment.
 - Ms. Minch provided an overview of how adding prompts to NYSIIS application will help to increase blood lead testing rates and improve follow-up services. She defined prompts as brief messages placed on a frequently used screen without the user having to do anything. The LPPP developed a series of desired provider messages regarding risk assessment, testing children at ages one and two years, and reminders regarding follow up. The reminders prompt providers when a child is due or overdue for a one or two-year old lead test, and when a confirmatory, retest, or follow up test is required. A retest is required a sample has clotted or its amount is insufficient for testing. We also wanted to provide easy access to contact

NEW YORK STATE ADVISORY COUNCIL ON LEAD POISONING PREVENTION
NYS DEPARTMENT OF HEALTH
APRIL 27, 2011
ALBANY, NEW YORK
EMPIRE STATE PLAZA, MEETING ROOM 7

information and provide the ability to see the child's complete blood lead testing history.

- In January 2011, the LPPP, working with a vendor, started developing business rules for the technical implementation of the prompt messages. All users who managed patient, immunization or lead screens will be able to view child-specific passive prompts because there is no confidential information displayed about the child's lead test results. Ms. Minch also discussed active lead prompts that are available to providers, and state and LHDs, when they actively look at a child's record and lead test history. Lead educational forms and links to resources will also be available in NYSIIS for all providers to use.
- Currently, NYSIIS has links to immunization information locally and national links. Lead educational forms and links to resources will also be available in NYSIIS for all providers to use. These will include links to Department of Health LPPP home page, local LPPPs, Regional Lead Resource Centers, and other state and national resources for lead poisoning prevention. The LPPP is working towards release of prompts in September 2011.

Advisory Council Discussion that took place:

- Ms. Jacques asked if there is a place for physician comments. It was affirmed that within NYSIIS there is a general comment section and a comment section specific to the lead test.
- Dr. Manjunath commented about the challenges posed by a busy office work flow to going to a site and looking for prompts. He indicated anything that could automatically come to the physician system would be easier rather going to the site and looking for the prompts, especially since not all practices have the staff to do this. Dr. Birkhead explained the Department is working on developing an electronic two-way exchange that NYSIIS can feed in and every practice would have an integrated electronic child health record. However, it is probably another couple of years before data could be fed directly.
- Dr. Greenberg noted that to have physicians utilize the system more requires that they have confidence in the system. She indicated she's heard a fair amount of dissatisfaction because the interfaces between their ability for immunization and what comes up in NYSIIS is not always accurate. She explained providers are not getting all the information by the system about immunizations they provided and this creates a lack of confidence in the system. Dr. Birkhead responded he would ask someone from the Immunization Program to give her a call. There are ongoing quality improvement issues in terms of getting records to properly match when they come in from different roots. If there's a specific practice that is having a specific problem, we need to know about that.
- Dr. Manjunath reported on having had major issues with the interface and having to re upload 2-3 years of data and not getting data back. He also asked if these prompts and reports could be generated for WIC certification to try and get more testing done. Dr. Birkhead answered WIC medical forms include a space for lead test results and the WIC

NEW YORK STATE ADVISORY COUNCIL ON LEAD POISONING PREVENTION
NYS DEPARTMENT OF HEALTH
APRIL 27, 2011
ALBANY, NEW YORK
EMPIRE STATE PLAZA, MEETING ROOM 7

	<p>data system has a field for lead too. They may actually have prompts built in to the WIC system, but the data currently doesn't feed back and forth between the two systems. Dr. de Long explained the WIC providers have access to lead information in NYSIIS.</p>
<p>Medicaid Redesign</p> <p>Guthrie Birkhead, M.D., M.P.H., Office of Public Health</p>	<p>Dr. Birkhead described a major effort of this administration is to reform the Medicaid program.</p> <ul style="list-style-type: none"> • A Medicaid Reform Taskforce was formed in February 2011, and part of the process was to seek comments and suggestions from the public. Another round of Medicaid reform taskforce ideas are scheduled to be completed by November 2011 that will feed into next year's budget process. Dr. Birkhead explained he was bringing the concept of Medicaid redesign to the Council to generate ideas that result in savings within the Medicaid program or an improved quality of care within the Medicaid program. The department is collecting these ideas to put forward to the Medicaid redesign team, which is an external committee that receives and discuss these reports. The website can be accessed for more information but basically it's looking for a general title (theme), description, and any impact on cost savings. A discussion was held with Jason Helgerson, the Medicaid Director, about whether some of the activities/services provided to lead poisoned kids enrolled in Medicaid could be covered under the Medicaid program as medically necessary services. Any input on that idea is welcomed. <p>Advisory Council Discussion that took place:</p> <ul style="list-style-type: none"> ➤ Dr. Facelle stated many of the functions performed for the community, i.e. maternal child home visiting to high risk families with young children, are not reimbursable. She asked if there was a way to link Medicaid reimbursement to the types of services performed by public health departments and to allow them to bill Medicaid directly. Dr. Facelle explained that currently a contract with a certified agency is needed in order to bill Medicaid. Dr. Birkhead replied the concept of allowing licensed home agencies to bill Medicaid directly could be checked into and discussed. ➤ Dr. Hunter reinforced getting information out to health professional schools and getting students involved in the issues before they graduate. Dr. Birkhead noted that there will be a series of regional meetings around the State in the next couple of months hitting places that were not hit in the first round of meetings and they will be open to the public. We'll get the dates and location. ➤ Ms. Nagin mentioned Rhode Island has provided Medicaid reimbursement for window replacements for lead poisoned children. She also suggested integrated pest management, asthmatic child or family member, refer them to a program for Medicaid reimbursement. Maine and New Jersey had taxed the paint industry to support public health. ➤ Dr. Franko cited the healthy homes concept as a way to garner Medicaid reimbursement. CDC has already set the

NEW YORK STATE ADVISORY COUNCIL ON LEAD POISONING PREVENTION
NYS DEPARTMENT OF HEALTH
APRIL 27, 2011
ALBANY, NEW YORK
EMPIRE STATE PLAZA, MEETING ROOM 7

	<p>Healthy Homes initiative as the way to go and this helps substantiate it as the model for the Department to use. In some states, environmental home visits for asthma have already been established for Medicaid reimbursement. So now this has been established for asthma, it may be easier to roll lead in to get Medicaid reimbursement.</p> <ul style="list-style-type: none"> ➤ Ms. Bullwinkle from Oneida County Health Department, attending the Council meeting as a member of the public, was invited to discuss her recent opportunity to give testimony to the Medicaid redesign team. She described three specific ideas: <ul style="list-style-type: none"> ○ One of the things proposed was to change the formula that doesn't allow billing Medicaid for certified agencies but does allow it for licensed home care agencies (LHCA). While counties were looking at this for maternal and child health, she had noted that there's a potential for lead program activities as well. In Oneida County there are Medicaid visits that we cannot bill for, and we have to pick up that cost. However a number of counties because of the formula changes would open as a LHCA and they could fund their maternal and child health. Potentially a lot of home care nurses with public health skills who know the resources in the community could be repurposed to lead if those nurses could bill those visits under Medicaid. ○ Another window of opportunity is weatherization. Unfortunately for many outside of NYC or large cities, the savings to investment ratio (SIR) formula does not pay for window replacements in buildings with less than four units. If the saving to investment formula could be changed, it would permit us to replace those windows, and could be a very good opportunity to protect children's health. ○ Another area potentially relatively easy to change is to modify language in the managed care boilerplate that would allow a child with an elevated blood lead levels (BLLs) not to have to go to that managed care company (it would be pre-approved). This can save a tremendous amount of time and allow LHDs to do their work and get reimbursed. ➤ Ms. Nagin suggested including both the nursing and the environmental intervention/risk assessment for children with lower BLLs for Medicaid reimbursement. She also suggested the same kind of service be considered for reimbursement for pregnant women. ➤ Dr. de Long asked those present who were sending in a Medicaid Redesign proposal to please send the LPPP a copy and we can help review or comment on it. A template for proposals and information on the Web site link were provided.
<p>Advisory Council members provided the following</p>	<p>Advisory Council Discussion:</p> <ul style="list-style-type: none"> ➤ Mr. Chachere inquired about Dr. Landrigan's resignation and the process to become a council member. Dr. Birkhead responded the Council members are appointed by the Governor and the two currently vacant seats are hospital and real estate. Dr. Birkhead requested CVs for any potential candidates be sent to Rachel de Long.

NEW YORK STATE ADVISORY COUNCIL ON LEAD POISONING PREVENTION
NYS DEPARTMENT OF HEALTH
APRIL 27, 2011
ALBANY, NEW YORK
EMPIRE STATE PLAZA, MEETING ROOM 7

updates on lead-related activities	<ul style="list-style-type: none"> ➤ Mr. Chachere brought up the topic of Renovation, Repair and Painting (RRP) Rule. He stated New York should consider taking on administering the RRP program as many other states have done as this state has the largest number of old housing stock containing lead based paint in the country. He explained we can reduce the number of children lead poisoned by having strong, safe work practices that are enforced and reduce Medicaid costs. ➤ Ms. Binder reported that their agency is now New York Homes and Community Renewal and has a new commissioner. She also commented the Advisory Council webpage was outdated as the most recent posted council report was 2005. ➤ Mr. Andrews noted that the Energy Law has now changed, which has changed the Energy Code. He said the new Energy Code will require the replacement of a window will require the window to meet current standards. These windows will not contain lead, thus the new code will be helpful for lead poisoning prevention. ➤ Ms. Nagin commented that while the costs associated with window replacement may be high, the impact of changing those windows in terms of health impact for children, is very significant.
Public Comment	There were no public comments.
Adjournment	Meeting was adjourned at 2:35 PM.