Testimony

of

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Good morning Speaker Johnson, Chairs Levine, Cornegy, and Constantinides, and members of the committees on Health, Housing and Buildings, and Environmental Protection. I am Dr. Oxiris Barbot, Acting Commissioner for the New York City Department of Health and Mental Hygiene. I am joined today by Corinne Schiff, Deputy Commissioner for Environmental Health, Housing Preservation and Development Commissioner Maria Torres-Springer and Deputy Commissioner Ann-Marie Santiago, as well as colleagues from the New York City Housing Authority, Departments of Buildings, Parks and Recreation, Environmental Protection, Education, Design and Construction and the Administration for Children Services. I want to thank the Council and specifically you, Speaker Johnson, who as the former Health Committee Chair understands the importance of this topic. I appreciate the opportunity to testify today on the package of legislation intended to prevent and reduce elevated blood lead levels in children.

This Administration is deeply committed to the safety and well-being of our children. I am a pediatrician by training and as Acting Health Commissioner, I also have the honor of being the City's doctor. At this, my first hearing before you in this role, I want to reiterate my commitment to the health of all New Yorkers and advancing health equity in our communities.

We have long been at the vanguard of efforts nationally to reduce elevated blood lead levels (EBLLs) in children, beginning in 1960 when the New York City Board of Health made us the first jurisdiction in the country to prohibit the use of lead paint in residential settings – 18 years before it was banned by the federal government in 1978.

The City Council has also been a leader in its local laws, especially the Childhood Lead Poisoning Prevention Act, known as Local Law 1 of 2004. Because of the City's multifaceted approach to preventing EBLLs in children, there has been a nearly 90 percent decline since 2005 in the number of children under age six with a blood lead level at or above 5 micrograms per deciliter (mcg/dL). In 2017, there were 33,000 fewer children with EBLLs than in 2005. This decrease is a testament to the Council's passage of a strong local law that helps prevent childhood exposure to lead based paint and the dedicated work of the city agencies represented here today.

Despite this progress, we recognize that it is deeply concerning for any parent to receive news that their child has an EBLL. When I was a practicing pediatrician in Washington, DC, many of my patients had elevated lead levels. So I know, as a doctor, there is no safe level of lead and that we must continue to work relentlessly to further reduce the number of children with EBLLs.

Now is the time to finish the mission, and reduce the cases of kids with EBLLs to zero. The City took an important step on July 1st of this year, when the Mayor announced that the Health Department would conduct home investigations for all children under 18 years of age with blood lead levels of 5 mcg/dL and above. The Speaker's bill would codify this change, and the Health Department plans to bring this update before the Board of Health. The new policy sets a single threshold for Health Department home investigations, and expands by thousands the number of annual home investigations for children with EBLLs.

To go the last mile we will need new strategies. Let me start with our approach to testing children for blood lead levels, which is critical to early intervention in cases of lead exposure.

Currently, 80% of children citywide are tested at least once before age three. That's a rate any other city or state would envy. But it is not good enough.

Our goal is a Vision Zero approach, and so we are implementing new tools to drive the testing rate up. I can announce today that we're launching a $1.5-million citywide public awareness campaign to encourage parents and caregivers to get their children tested before age 3, especially in neighborhoods where we see lower rates of testing and higher rates of EBLLs. We are grateful for Council Member Dromm's leadership on this issue and support his related legislation. We look forward to continuing to discuss opportunities to collaborate on this work with the Council.

We can also announce a new 3-year, $1-millon initiative to reach the 20 percent of kids who haven't been tested by their third birthday. On an ongoing monthly basis, the Health Department will match birth records to its blood lead database to determine which children – up to age 3 – have ***not yet*** gotten their blood tested for lead, as required by law. We'll reach out to these families individually to remind them of the need to get tested and connect them to care. We estimate this effort could boost New York City's testing rate to over 90% over the next few years.

Before discussing the bills under consideration today, I want to put the legislation into context by providing some background about how EBLLs occur, and by describing the City's current multipronged approach to preventing and responding to EBLLs.

Lead paint remains the most common source of lead exposure for New York City children. The mechanism for lead exposure is typically ingestion, so it is very young children – especially those under the age of three – who are most at risk. These children explore the world by putting just about anything into their mouths. Peeling or chipped lead paint and lead dust can easily end up on a crawling toddler's hands and on their toys and then into their mouths. And because young children are at a critical stage of physical development and absorb lead at higher rates than older children and adults, nutritional deficits and developmentally appropriate hand-to-mouth activity can put them at risk.

It is also important to understand how EBLLs are treated in children. Except at very high levels rarely seen in New York City today, the body naturally excretes lead over time on its own. Typically, the only "treatment" is to remove the ongoing source of lead exposure so that the body can do its work.

The City's robust approach to protecting children from EBLLs is two-fold: first, prevent lead exposure and second, when a child has an EBLL, respond quickly and comprehensively. Prevention is the focus of Local Law 1 and what sets the City apart from other jurisdictions. Because paint is the primary source of exposure for children in New York City, Local Law 1 requires owners of buildings built before 1960 to survey their tenants in order to identify apartments with children under 6 years of age, and requires owners to then perform annual paint inspections in these apartments to identify and remediate peeling, chipped or cracked paint. This approach protects all children by removing environmental risks, without reference to any particular child's blood lead level. And because conditions can change over the year, Local Law

1 allows tenants with a child under age six to alert landlords or call 311 if the apartment's paint is not intact, and the paint must be restored to an intact condition. Commissioner Torres-Springer will provide you with more information on these preventative measures in her testimony.

Second, when a child does present with an EBLL, the City responds quickly with a detailed and thoughtful intervention to ensure the safety of that child. The response begins when the Health Department receives notification of a child with an EBLL via a daily electronic download from New York State. Our team immediately contacts the family to set up a home investigation, which includes a detailed interview and inspection. The inspectors – who are highly trained and EPA-certified - are often the first contact the family makes after they learn about their child's EBLL, and they work closely with the family during that first meeting. The investigation begins with a comprehensive interview with the family and the child, in order to better understand the child's risk factors for lead exposure. They then inspect the apartment for lead paint hazards, using a piece of equipment called an X-ray Fluorescence – or XRF – device. If the device detects lead in the paint, the Health Department issues the property owner a Commissioner's Order to Abate, and we will follow up to ensure compliance. The inspectors also take additional environmental samples based on the interview with the family and visit supplemental addresses where the child spends 5 or more hours per week.

Our focus – regardless of whether the child lives in public or private housing – is always on that child and we work with the family and the provider to monitor the child's blood lead level to ensure it declines.

Currently, the Health Department is legally required to conduct a home investigation when the child has a blood lead level of 15 mcg/dL or above. The Department has historically gone beyond this mandate and has conducted these inspections for children under age six with a blood lead level at or above 10mcg/dL, and for those under 16 months of age at a blood lead level of 8mcg/dL or above. Again, with the City's July 1st announcement, all children under the age of 18, with a blood lead level of 5mcg/dL will now receive a home investigation.

We've made great progress, and we are ready and eager to continue to drive down the number of children with EBLLs. The bills under review today propose important updates to Local Law 1 and to the City's overall strategy to protect these children. As we move forward, it is important to use evidence-based strategies that maximize the health benefits to children.

Introduction 865, the centerpiece of the legislative package, would change the blood lead level at which the Health Department is mandated to conduct a home investigation, lowering that threshold from the current 15 mcg/dL to 5 mcg/dL. As I noted earlier, the Administration supports this proposal and as of July 1, this significant change is already underway.

The Administration also supports the proposed action levels for soil and water in Introduction 865, and we want to talk to the Council further about the proposed thresholds for lead-based paint and lead-contaminated dust.

The Administration supports Introduction 881, which addresses outreach and education. The Health Department already conducts the activities required under this bill and we are happy to

have this work codified, while ensuring flexibility to maintain the most evidence-based best practices. The Administration supports the reporting requirements set out in Introduction 918 and other bills, though we do request that these mandates be consolidated into a single report due annually on September 30, which is the Health Department's current reporting deadline for Local Law 1. And the Administration supports Introduction 709, which requires the creation of an online lead service line map.

Introduction 877 requires all agencies that provide services for or relating to children to make reasonable efforts to determine whether a child has had a blood lead test, and, if the child has not been tested, to determine the reason and provide a referral for testing. The Administration supports the intent of this bill and would like to work with Council to identify the best approach for increasing the number of children tested each year.

The City uses a variety of strategies to promote blood lead testing, including a requirement that parents show proof of a blood lead test for entry into child care and school. The Department also sends guidance to over 30,000 health care providers annually reminding them of the testing requirements, conducts outreach and education for families, and collaborates with Medicaid Managed Care programs to identify children due for testing and alert their health care providers about the need for testing. We are eager to work with Council on additional mechanisms to reach providers, parents, and caregivers to further increase blood lead testing.

The Administration also supports the intention of Introduction 874 to strengthen tools to enforce safe work requirements. Construction and renovation work done improperly can create a risk of lead exposure for children, and we look forward to discussing this bill further with the Council. We recognize unsafe work practices as a source of possible lead exposure in the home, and have ongoing media campaigns in neighborhoods where we believe unsafe practices are going underreported—most recently on Staten Island.

Introductions 464A, 864, and 904 address the Health Department's investigations in response to reports of EBLLs both in children under age 18 and in pregnant women. The proposals include requirements to inspect all units with a child under age 6 in buildings where the Health Department has identified a lead paint hazard, to conduct water samples, and to inspect specific locations where the child is likely to spend time. In addition, the proposals would require the testing of bare soil from all areas accessible to children or adults.

The Health Department agrees that a comprehensive investigation is critical to identifying and reducing lead exposure for children and pregnant women with EBLLs. We currently conduct a robust interview and investigation to identify and eliminate all potential sources of lead exposure. There is no one-size-fits-all approach; instead, our investigators take a nuanced approach tailored to the specific family and its circumstances. The Health Department looks forward to working with the Council to set out evidence-based requirements most likely to identify and eliminate lead exposure for children and pregnant women.

Introductions 873, 891 and 919 address abatement of lead paint on turnover of apartments both in multiple dwellings and in private dwellings that are not owner-occupied. The Administration would like to work with the Council to craft requirements that reduce lead exposure risks while

not also creating unintended consequences such as contributing to the housing unaffordability crisis.

Introduction 920 concerns lead paint in child care facilities and in schools. The Administrative Code and the Health Code already prohibit child care centers from having lead hazards. Because it is young children who are most at risk of EBLLs, it is appropriate to focus on these settings. Lead paint does not pose the same risk to older children, because they are less likely to ingest lead-based paint. We would like to work with Council to ensure that the scope of this bill covers the right settings to protect children's health.

This package of legislation also addresses the Council's concerns about lead in soil. Introductions 420A, 422A, 907 and 916 address testing and remediation of soil that is wholly or partially bare and accessible. The requirements would apply in parks, in multiple dwellings, private dwellings, public and non-public schools and in child care programs.

The Health Department's home investigation includes an assessment of soil exposure, as well as environmental sampling and remediation where indicated. However, soil is not a significant source of lead exposure for children in New York City. In an analysis of 219 children who had a blood lead level at or above 15 mcg/dL in 2017, there was only one child identified after our extensive interview and home investigation with an exposure to lead from soil. And it is important to note that this one child also had exposure to a lead based paint hazard as well. We are concerned that the bills encompass activity that is disproportionate to the risk for children, and may detract resources and capacity from evidence-based efforts. We also worry that these proposed mandates may have unintended consequences, such as reducing New Yorkers' access to green spaces. There are important public health and mental health benefits to having access to outdoor space, including backyards with patches of greenery. We look forward to working together to address the low risk posed by lead-contaminated soil.

Next, several bills—Introductions 3A, 91A, 868, 871, 892 and 902—address testing and remediation of drinking water in parks, multiple and private dwellings, public and non-public schools and child care programs.

New York City's water is of the highest quality, and is the best beverage for our health. The Department of Environmental Protection's water quality monitoring program is far more extensive than required by federal law and demonstrates that New York City's drinking water is of the highest quality and meets all state and federal drinking water standards. The City's water already arrives virtually lead-free from upstate reservoirs and is tested more than 600,000 times a year at different places across the City for various contaminants, including lead. It is also treated with corrosion control measures, decreasing the chance of lead leaching from aging building plumbing systems.

Because of these protections in our water system and existing State law and Health Code provisions related to testing of water in schools and child care settings, lead in water does not present a meaningful risk to New Yorkers, and we do not consider water a significant source of exposure for children. In the same analysis of 219 children I just mentioned, only one child lived

in a home where a water sample with detectable lead 15ppb or higher was found. And again, that child also had an exposure to lead-based paint.

There are some circumstances where that risk can be higher; for example, in a particular building, the faucets or other fixtures could have lead content or a building may have a lead service line. A simple solution is to run the water for 30 seconds in the morning to flush out stagnant water. If New Yorkers are concerned about their water, they can request a free testing kit from DEP via 311. The Administration looks forward to working with the Council to address any lead-in-water concerns appropriately so that New Yorkers can continue to have confidence in our water and make it their drink of choice. I cannot stress enough - water remains the best beverage for good health.

The Administration is reviewing the recently included legislation - Introductions 1063 and Intro 1117. Introduction 1063 requires notice when contaminants are found in soil during a city development project. The Administration supports transparency for New Yorkers and wants to make sure that notification of the public is used appropriately to ensure appropriate response. Intro 1117 would require City agencies to provide information to parents about DEP's free home water testing kits. The City supports increasing awareness about the home test kits, and we look forward to working with Council on this bill.

Finally, I have spent my entire career, as a pediatrician and public health practitioner, promoting the health and wellbeing of children. I can assure you that the safety of our children is my top priority. Our strong laws and policies designed to prevent and respond to elevated blood lead levels have made the City a national leader on this issue. I look forward to working with City Council and my colleagues to ensure that we remain at the forefront of efforts to protect our youngest New Yorkers.

Thank you for the opportunity to testify on this package of legislation. I would be happy to address your questions after Commissioner Torres-Springer's testimony.