

New York State Department of Health
Advisory Council on Lead Poisoning Prevention
Report for 2025

Kathy Hochul
Governor

James V. McDonald M.D., M.P.H.
Commissioner of Health

NEW YORK STATE ADVISORY COUNCIL ON LEAD POISONING PREVENTION¹

State Agency Designee Members

Gary Ginsberg, Ph.D.

Council Chair

Director

Center for Environmental Health

NYS Department of Health

Department of Environmental Conservation

Pamela S. Hadad Hurst

Special Assistant to the Commissioner

Executive Office

NYS Department of Environmental Conservation

Division of Housing and Community Renewal

Crystal Loffler

President, Office of Community Renewal

NYS Division of Housing and Community Renewal

Office of Children and Family Services

Alana Streifert

Children and Family Services Specialist, Division of Child Care Services

NYS Office of Children and Family Services

Department of Labor

Amy Phillips

Director of Health and Safety, Worker Protection Division

NYS Department of Labor

Office of Temporary and Disability Assistance

Phillip Plessas

Temporary Assistant Specialist, Bureau of Refugee Services

NYS Office of Temporary and Disability Assistance

Department of State

John Addario

Director of Building Standards and Codes, Division of Code Enforcement

NYS Department of State

¹ Members as of November 2025; See meeting summaries for membership specific to each meeting period.

Public Members

Matthew Chachere, J.D.

Environmental Group

Staff Attorney

Northern Manhattan Improvement Corporation

Oceanna Fair, L.P.N.

Community Group

Chair

Families for Lead Freedom Now

Anna M. Falicov, J.D., M.P.H.

Undesignated (At Large Public Position)

Deputy Executive Director

Home Headquarters Inc.

Amy Gildemeister, Ph.D.

Undesignated (At Large Public Position)

Associate Director of Nutrition Policy and Partnership

Division of Nutrition, NYS Department of Health

Nathan Graber, M.D., M.P.H.,

Undesignated (At Large Public Position)

Pediatric Medical Director

Division of Medical and Dental Directors, Office of Health Insurance Programs

NYS Department of Health

Tiesha Jones

Parent Advocate

Bronx County, New York

Debra Lewis, L.M.S.W.

Child Health Advocate

Director of Lead Poisoning Prevention and Healthy Homes Initiatives,

Onondaga County Health Department

Public Members (continued)

Morri Markowitz, M.D.

Hospital

Director, Lead Poisoning Prevention and Treatment Program
Montefiore Medical Hospital

Thomas Muscarella

Local Government

Senior Public Health Sanitarian
Erie County Department of Health

Lorenz Neuwirth, Ph.D.

Educator

Professor, Department of Psychology and SUNY Neuroscience Research Institute
SUNY Old Westbury

John Shannon

Labor Union

Lauren Zajac, M.D., M.P.H., F.A.A.P.

Professional Medical Organization

Pediatrician and Associate Professor of Environmental Medicine
Mount Sinai Hospital

INTRODUCTION

Lead exposure continues to be a major public health issue impacting young children in New York State (NYS). Over the last two decades, the percentage of children under three years of age with elevated blood lead levels has steadily declined. There is no safe amount of lead exposure for children. Lead can harm a child's growth, behavior, and ability to learn. Children are exposed to lead in dust, air, water, and soil, as well as products in and around homes. The most common source of exposure is from lead-based paint and associated dust in older homes built before 1978. Children under the age of 6 are more likely to be exposed to lead compared to other age groups due to hand-to-mouth behavior and time spent on, or in proximity to, the floor. NYS Public Health Law requires that healthcare providers perform a blood lead test for all children at age 1 and again at age 2. Providers should continue to assess children up to age 6 for risk of high lead exposure. For more information on childhood lead poisoning and testing regulations, refer to the NYS Department of Health (DOH) Childhood Lead Poisoning Prevention webpage: <https://www.health.ny.gov/environmental/lead/>

The NYS Advisory Council on Lead Poisoning Prevention meets to provide guidance to NYSDOH on the development and implementation of plans, policies, and services for the prevention and elimination of childhood lead poisoning. This includes the identification and management of children with lead poisoning, and strategies to detect and reduce lead hazards in the environment. The council was established by NYS Public Health Law, Title 10 of Article 13, and is charged with reporting to the Governor and the Legislature regarding the progress made in the elimination of lead poisoning.

In 2025, the Advisory Council on Lead Poisoning Prevention convened twice. The first meeting occurred on January 8, 2025, and the second meeting occurred on October 24, 2025. Webcast recordings and materials from past council meetings, can be found at this link on the NYSDOH webpage: https://www.health.ny.gov/environmental/lead/advisory_council/

Topics and programs discussed at both 2025 meetings included, but were not limited to, NYSDOH's Lead in School Drinking Water Program, Lead Rental Registry Program, and Childhood Lead Poisoning Primary Prevention Program.

A workgroup of the Council was established after the January Council meeting to further discuss the draft NYS Rental Registry regulations and to provide input to the concepts and requirements of this new DOH program. The workgroup was chaired by one of the Council members, Dr. Nathan Graeber. The workgroup held two remote meetings, the first on February 6, 2025 and the second on February 13, 2025. Workgroup comments and feedback on the proposed regulations were considered by the NYS DOH in its proposed revised

rulemaking. This package has been posted in the State Register for a 45-day public comment period beginning December 10, 2025.

For detailed information on the topics discussed at the advisory council meetings, refer to the meeting minutes and/or the archived webcast.

For detailed statistics on childhood lead poisoning in NYS, refer to NYSDOH's Lead Data and Statistics webpage: <https://www.health.ny.gov/statistics/environmental/lead/index.htm>

LIST OF APPENDICES

January 8, 2025 Meeting Agenda

January 8, 2025 Presentations

- NYS Lead Poisoning Prevention Program Updates

- NYS Lead Rental Registry

- Lead in Applesauce

- Lead in Drinking Water

- Lead in School Drinking Water

January 8, 2025 Meeting Summary

October 24, 2025 Meeting Agenda

October 24, 2025 Presentations

- NYS Lead Poisoning Prevention Program Updates

- NYS Provider Report Card Project

- NYS Lead Rental Registry

- HCR Leading in Lead Prevention Pilot Program

- Subpart 67-2 and Subpart 67-5 Revised Rulemaking Updates

- Lead in School Drinking Water

- Special Topic: EPA Certification and RRP Training

October 24, 2025 Meeting Summary

New York State Advisory Council on Lead Poisoning Prevention
New York State Department of Health
ESP Meeting Room 1, Concourse Level Albany, New York
Erie County Health Department, 503 Kensington Ave., Buffalo, NY 14214
Wednesday, January 8th, 2025
AGENDA

9:45 a.m. – 10:00 a.m.	Registration
10:00 a.m. – 10:15 a.m.	Welcome • Dr. Gary Ginsberg - Director <i>NYSDOH Center for Environmental Health</i>
10:15 a.m. – 10:45 a.m.	Council Business • Dr. Kathleen Bush – Director, Strategic Operations <i>NYSDOH Center for Environmental Health</i>
10:45 a.m. – 11:15 a.m.	NYS Lead Poisoning Prevention Program Updates • Megan Hughes – Section Chief, Housing Hygiene Section <i>NYSDOH Center for Environmental Health</i>
11:15 a.m. – 11:45 a.m.	NYS Rental Registry • Dr. Tia Marks – Research Scientist, Housing Hygiene Section <i>NYSDOH Center for Environmental Health</i>
11:45 a.m. – 12:00 p.m.	Lead in Applesauce David Nicholas – Section Chief, Outbreak Investigation & Research Section <i>NYSDOH Center for Environmental Health</i>
12:00 p.m. – 12:45 p.m.	BREAK
12:45 p.m. – 1:45 p.m.	Lead in Drinking Water • Kristine Wheeler, Director, Bureau of Water Supply Protection <i>NYSDOH Center for Environmental Health</i>
1:45 p.m. – 2:15 p.m.	Lead in School Drinking Water • Christina Bridge – School Environmental Health Program <i>NYSDOH Center for Environmental Health</i>
2:15 p.m. – 2:45 p.m.	Public Comment
2:45 p.m. – 3:00 p.m.	Closing Remarks • Dr. Gary Ginsberg - Director <i>NYSDOH Center for Environmental Health</i>



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of Health**

Updates: Childhood Lead Poisoning Prevention Program

**MEGAN HUGHES, MPH
SECTION CHIEF: HOUSING HYGIENE SECTION**

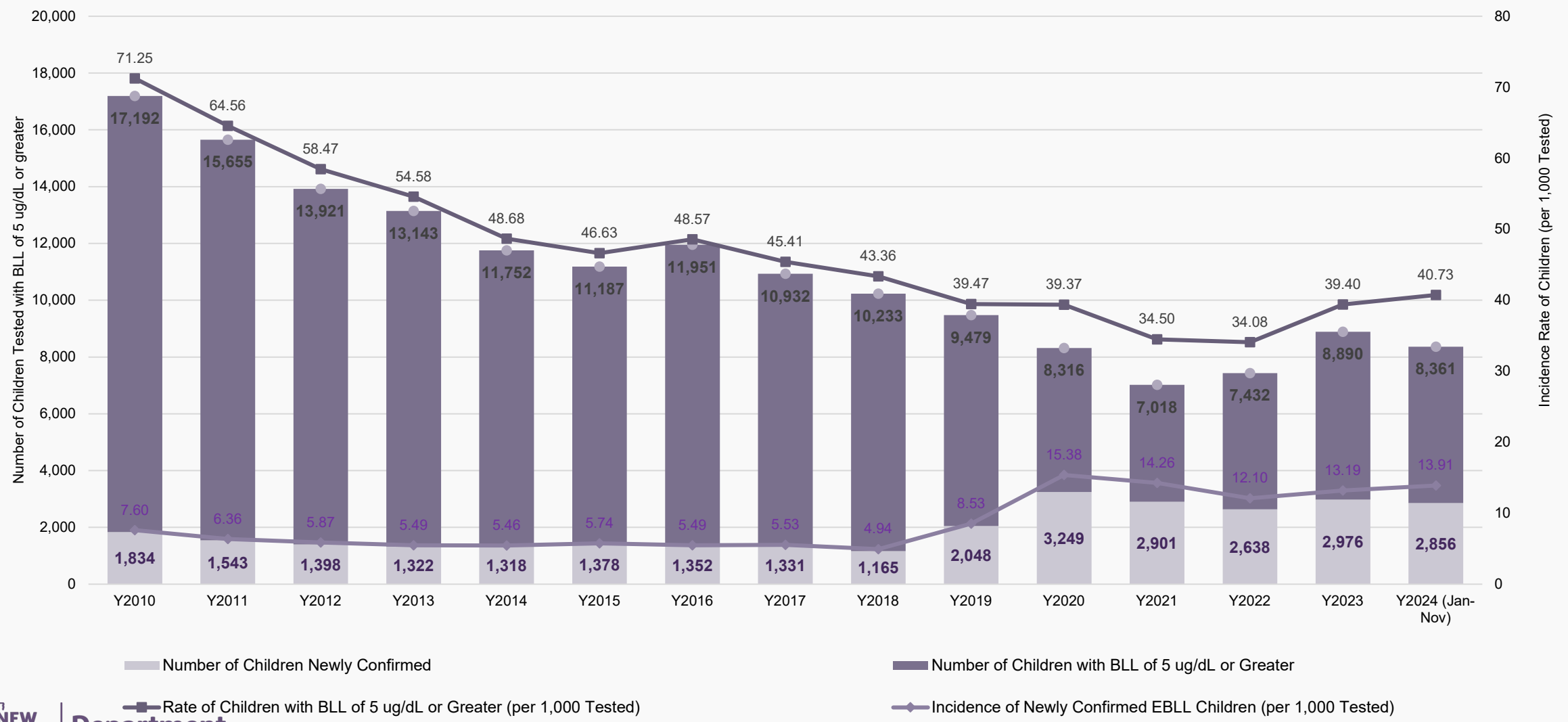
January 8, 2025 | NYS Lead Poisoning Advisory Council Meeting | Empire State Plaza, Albany

NYS BLOOD LEAD TESTING DATA

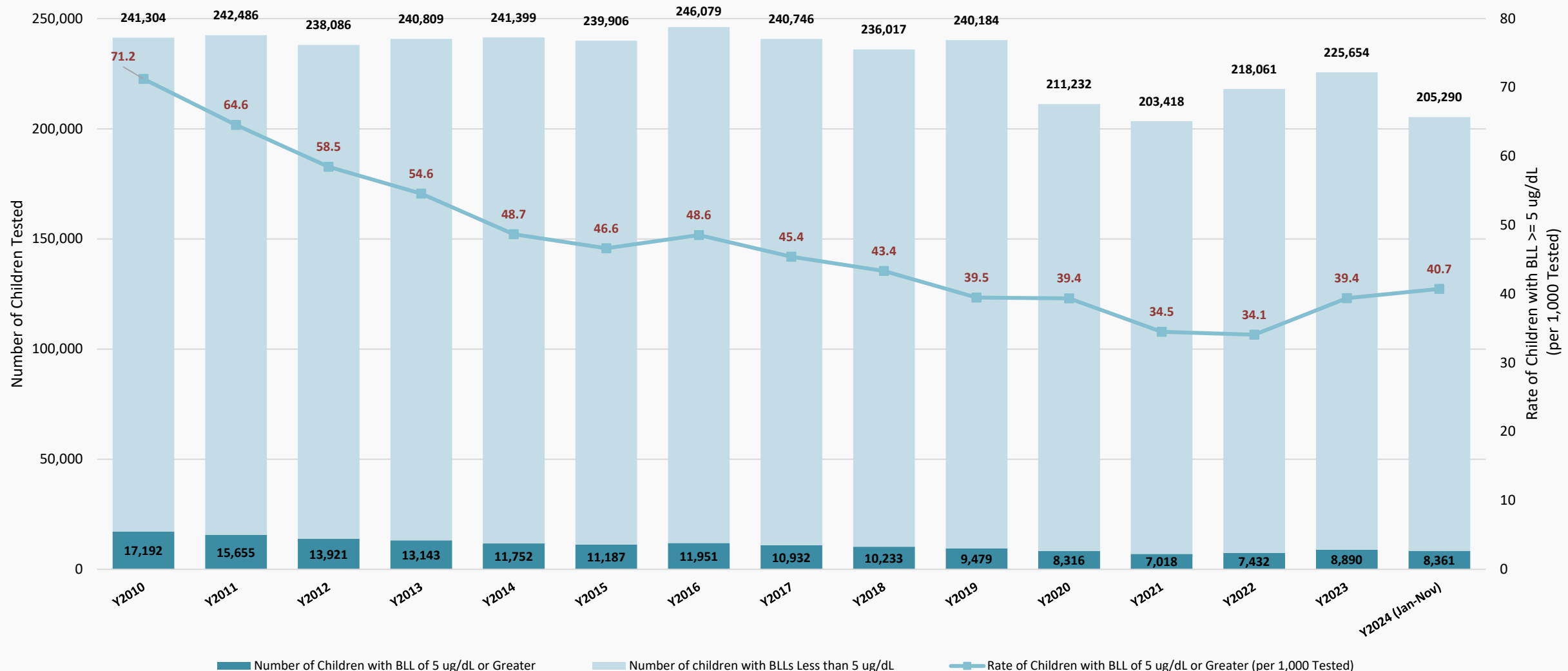


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of Health

NUMBER AND RATE OF CHILDREN UNDER 18 YEARS OLD WITH BLL ≥ 5 UG/DL BY YEAR AND NEW CONFIRMED STATUS



CHILDREN UNDER 18 YEARS OLD WITH BLOOD LEAD TESTING, AND RATE OF CHILDREN WITH BLL $\geq$ 5 UG/DL



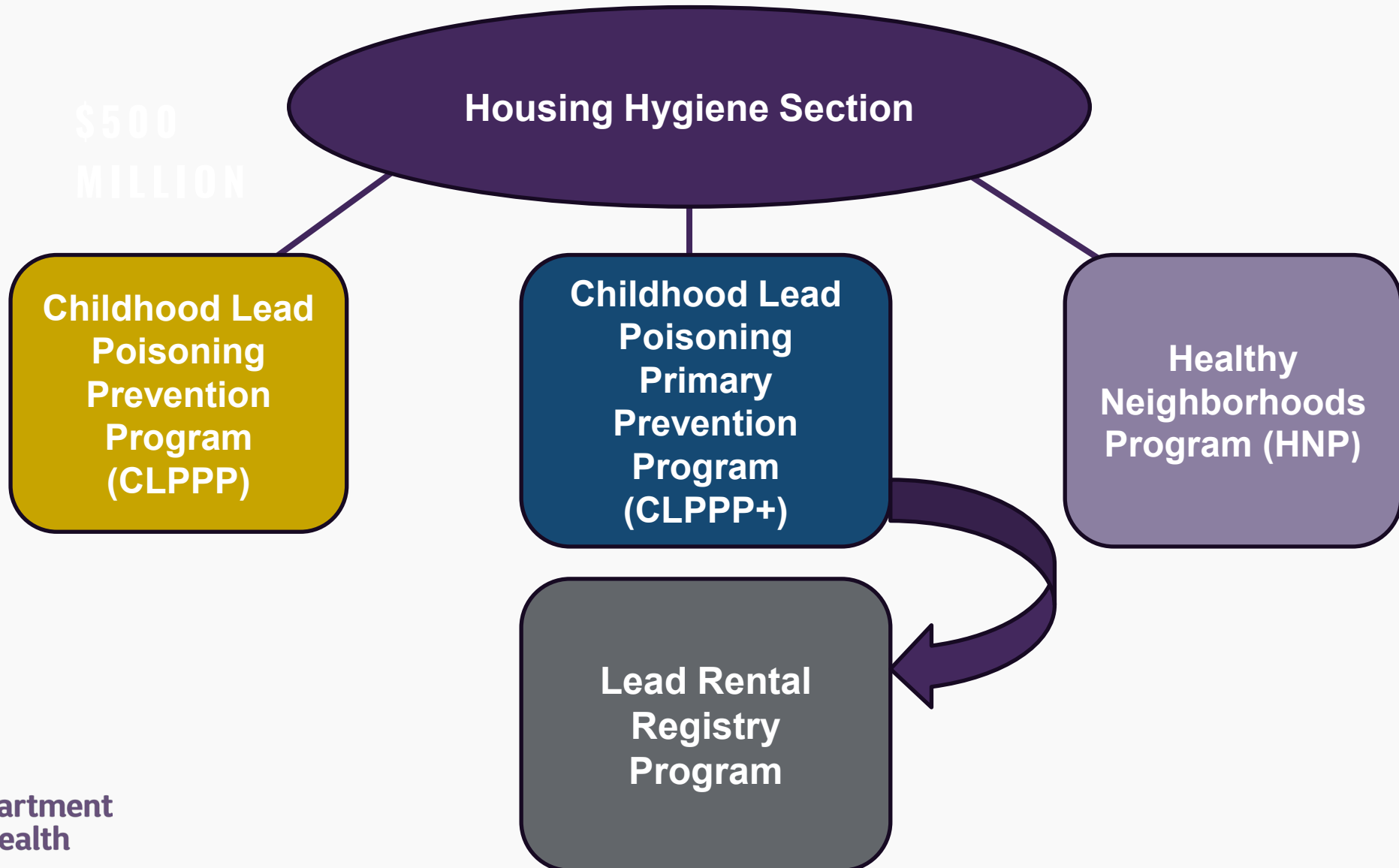
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HOUSING HYGIENE SECTION PROGRAM UPDATES

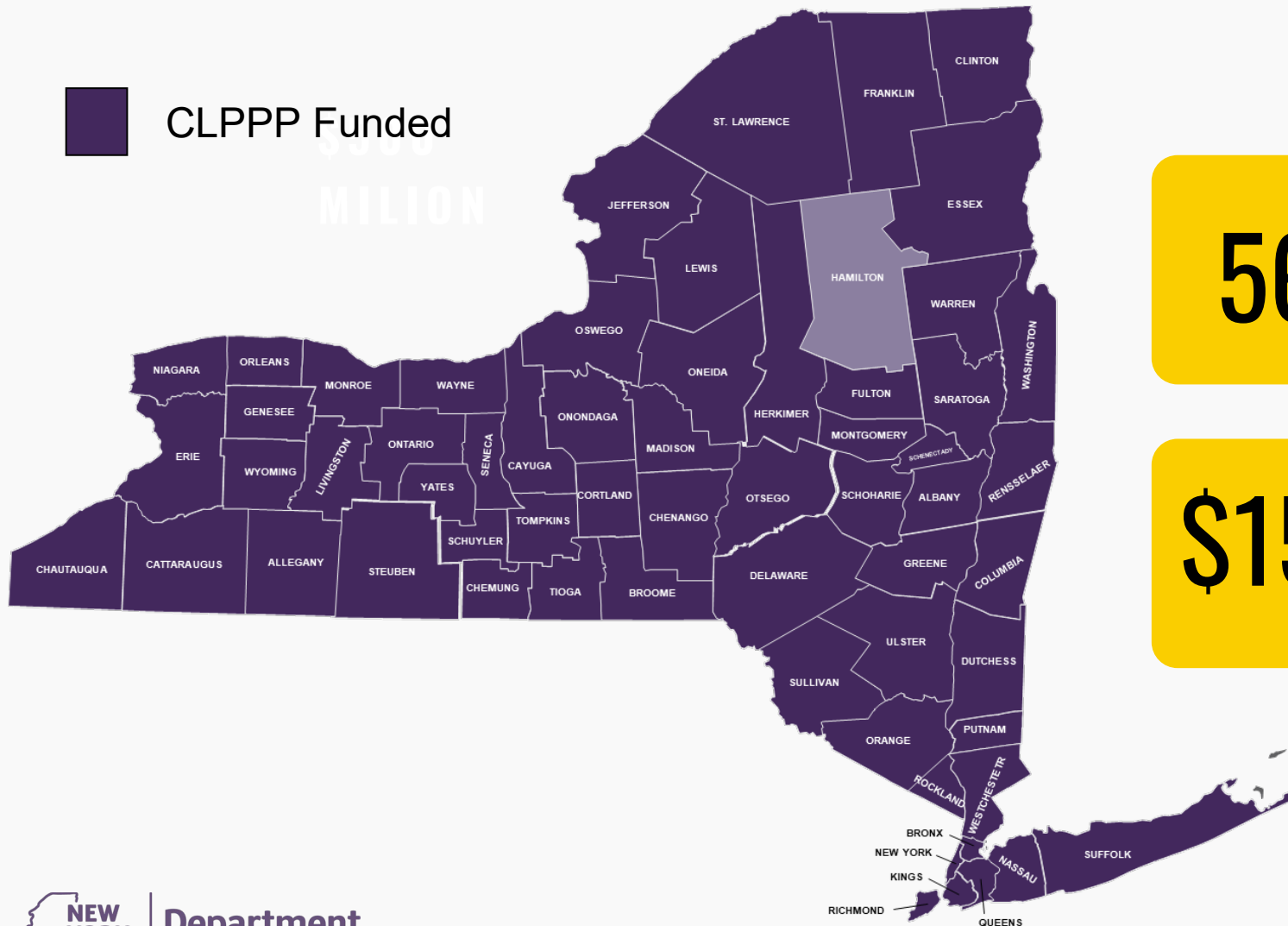


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PROGRAM STRUCTURE



CLPPP



56 Grantees

\$15,802,700 Annual Funding*



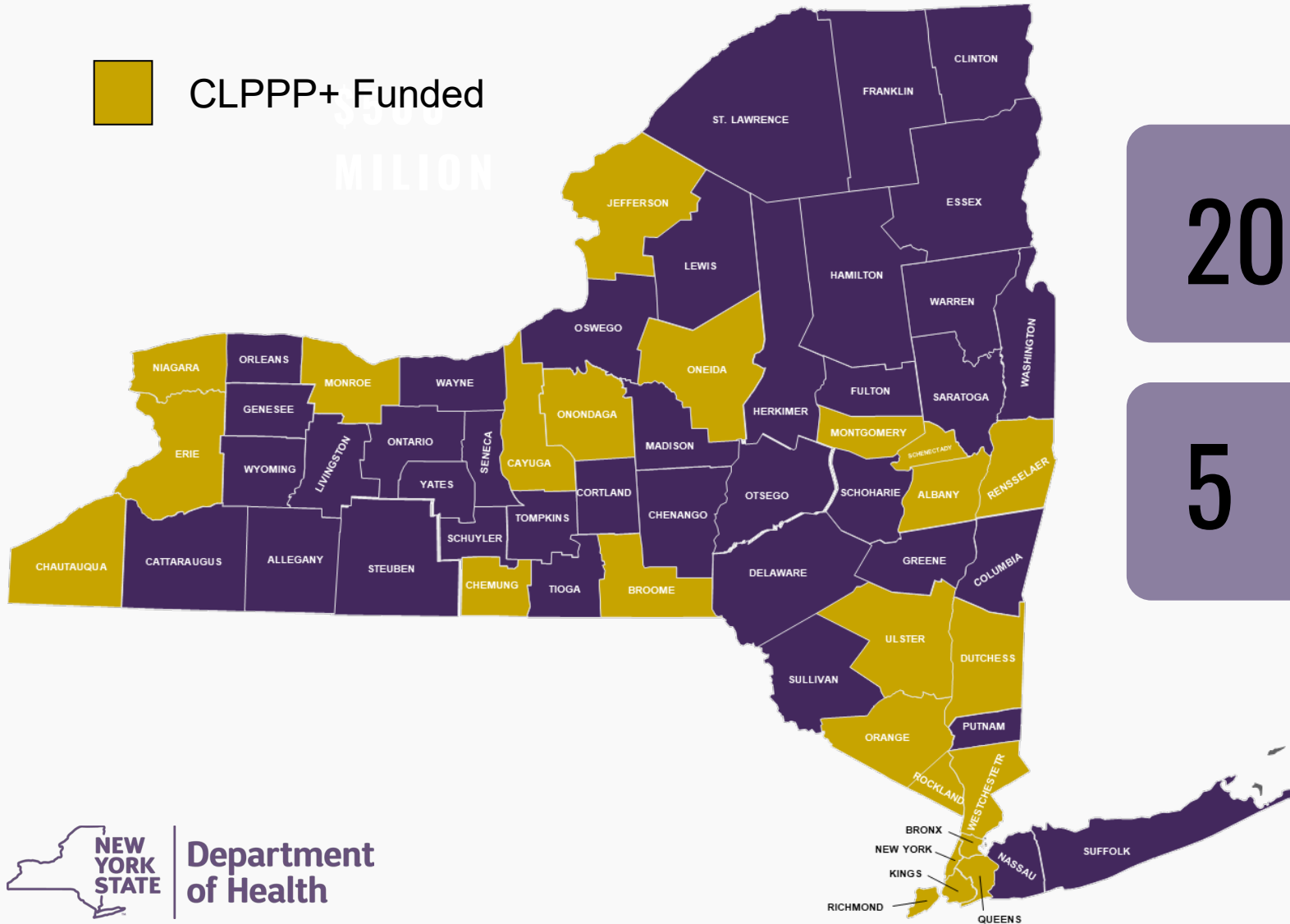
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**Combined CLPPP/CLPPP+*

CLPPP

- Local Health Department (LHD) Guidance Document
- Laboratory quality improvement projects
- Impacts of the COVID19 pandemic and Magellan Diagnostics LeadCare II test kit recall
- CEH Medical Director:
 - Regional roles- Public Health Nurses
 - Provider Report Cards
 - Provider compliance with screening regulations

CLPPP+



20

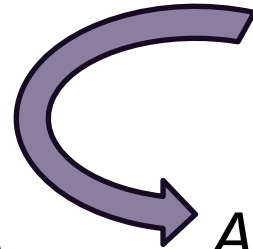
Grantees

5

New counties for current funding cycle

CLPPP+

- Current Focus:
 - Resolving historic/languishing cases
 - Capacity building (inspectors/workforce)
 - Community partnerships and coalitions
 - Building political will



All of these activities are also important in laying a foundation for the Rental Registry Program

- Addressing long-standing enforcement concerns
 - Wide variation between counties in available enforcement mechanisms
 - Reinforcing that enforcement of hazard remediation is required as a grant deliverable
 - Working with NYSDOH legal to develop guidance
- Currently planning for in-person meeting with LHD grantees in spring 2025

- Collaboration with other CEH Bureaus to develop an updated playground safety webpage.

CLPPP+

 An official website of New York State. [Here's how you know](#) ▼

Department of Health Individuals/Families Providers/Professionals Health Facilities Health Data About Us Search

You are Here: [Home Page](#) > [Injury Prevention in New York State](#) > Playground Safety

Playground Safety

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[Parents & Families](#) **Playground Maintenance for Facility Owners**

Playgrounds are great places for children to be physically active, spend time outdoors, and socialize with others. Follow these safety tips to help your child practice playground safety and protect them from injuries.

Playground Safety Tips

- Watch your child to make sure they are using playground equipment safely.
- Make sure children use age-appropriate equipment. Children younger than 2 should not climb higher than 2.5 feet and children ages 2 to 5 should not climb higher than 5 feet.
- Children should use slides, swings, and other playground equipment independently, not on the lap of an adult.
- Check that equipment is sturdy and in good physical shape. Look for signs of rust, chipped paint, and cracked, broken or sharp surfaces.
- Avoid playground equipment where your child's head or body could get stuck. A child's head can be trapped in openings 3.5 to 9 inches wide.
- Remove any drawstrings from clothes and make sure your child is not wearing necklaces, scarves, or a helmet while playing. Do not attach things like jump ropes, clotheslines, or pet leashes to playground equipment. Children can get strangled if tangled with these items.
- Check for [ticks](#) after playing in tall grass and wear long-sleeved shirts and long pants with socks tucked in to repel ticks.
- Apply sunscreen to your child regularly and provide them with lots of water to stay safe in the sun.
- On hot days, bring water to the playground, consider shorter periods of outdoor play and spend at least a few hours in air conditioning afterwards to avoid heat stroke.

CLPPP+



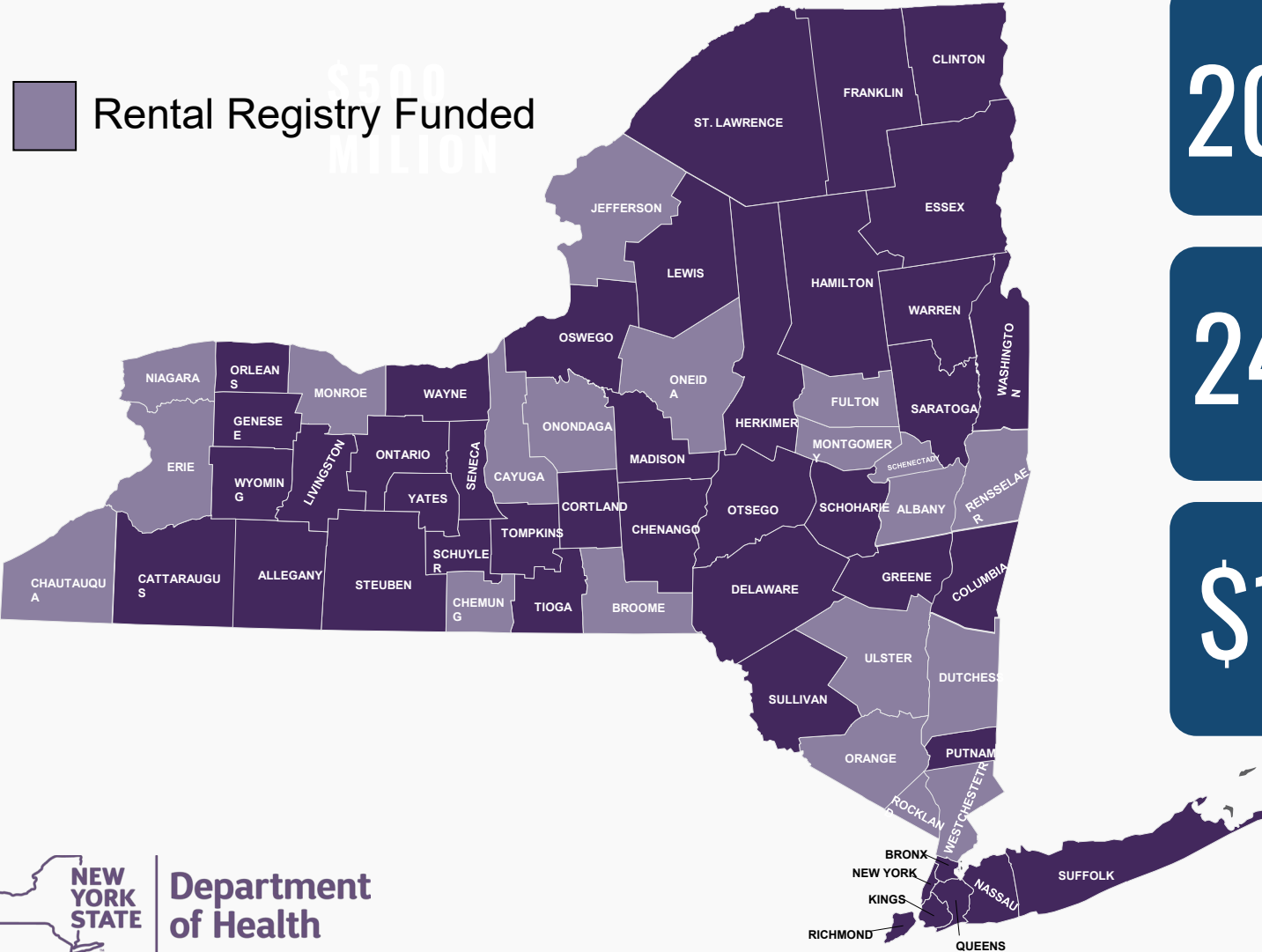
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Reduce Risks of Lead Poisoning

Lead is extremely dangerous to children and adults. It is highly toxic to young children and can cause life-long health effects on brain development and ability to learn. Most often, children get lead poisoned from swallowing or breathing in dust from peeling and chipping [lead paint](#) in older homes, but lead can also be found in soils and other playground surfaces.

- Choose play areas that are well maintained and provide good cover with materials like grass, landscape fabric or mulch. A well-maintained grass cover provides an excellent barrier that prevents dust and dirt from getting on clothing and hands, and from being swallowed.
- Avoid playground equipment with rust or peeling paint.
- Supervise your child to reduce their hand-to-mouth contact with soil and peeling paint and keep nonfood items out of their mouths.

RENTAL REGISTRY PROGRAM



20 Grantee Counties

24 Communities of Concern

\$15.8M Annual Funding

RENTAL REGISTRY

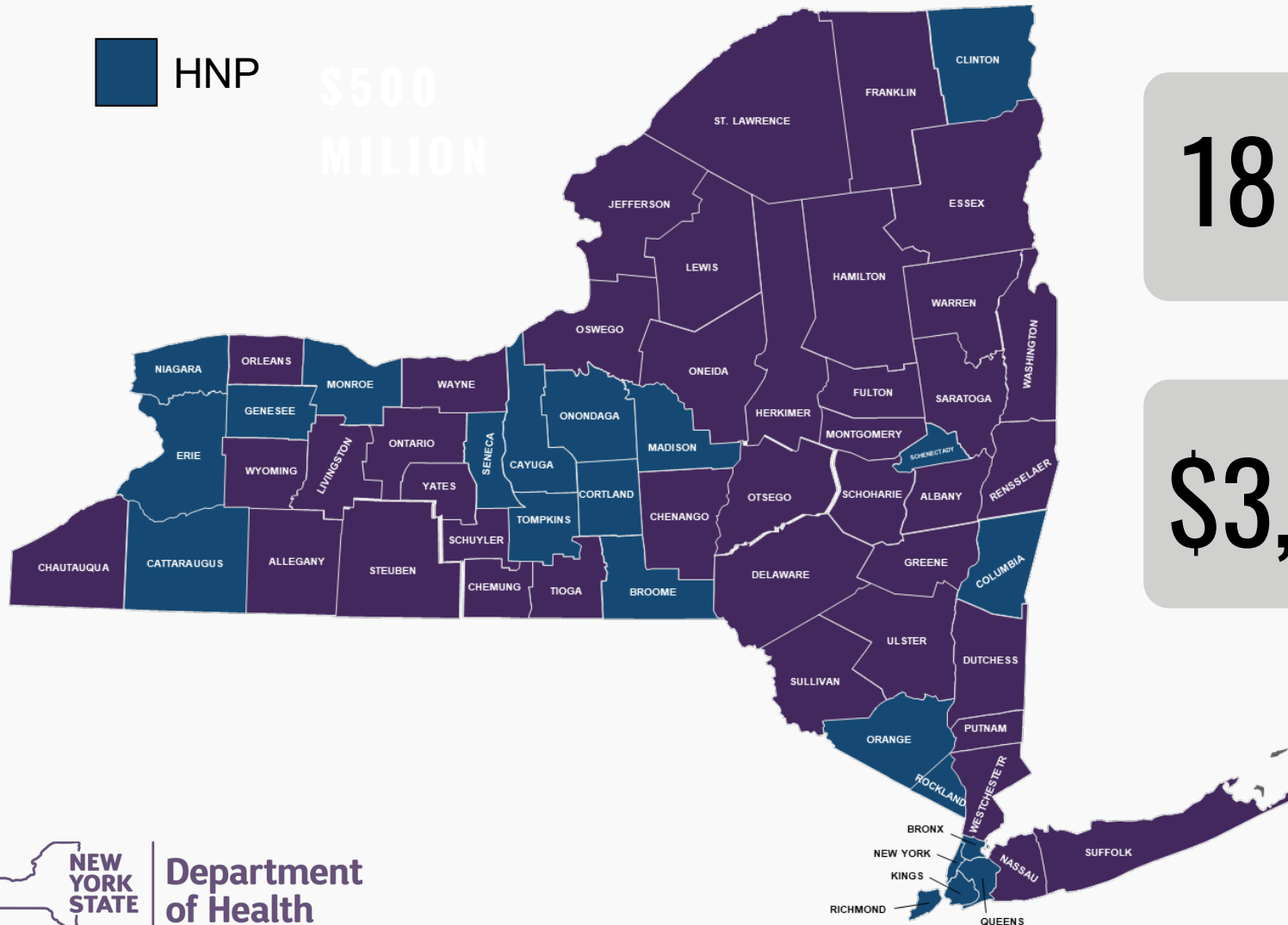
- Preparing for implementation of the Rental Registry Program.
- In-depth updates-next presentation
- Working diligently to ensure successful implementation across a variety of communities:
 - Already existing registries
 - Varying interest among municipal code enforcement
 - Unique challenges for partial service counties

RENTAL REGISTRY

- Working very closely with HCR as they distribute direct remediation funds.
 - First round of funding- contracted with county health departments and encouraged partnership with local housing non-profits
 - Second round of funding- currently published NOFA. Allowing local housing nonprofits to apply directly.
 - Designed program to ensure that funds were easy to expend and would work hand in hand with HUD funding where available.



HNP



18 Grantees

\$3,920,053 Annual
Funding



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of Health

HNP

- New staff
- Implementation and program data
- Website and publication updates
- New collaborations:
 - BOHIP- Firearm safety messaging
 - BWSP- Private well repair

ADDITIONAL QUESTIONS:

megan.hughes@health.ny.gov





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NYS RENTAL REGISTRY PROGRAM

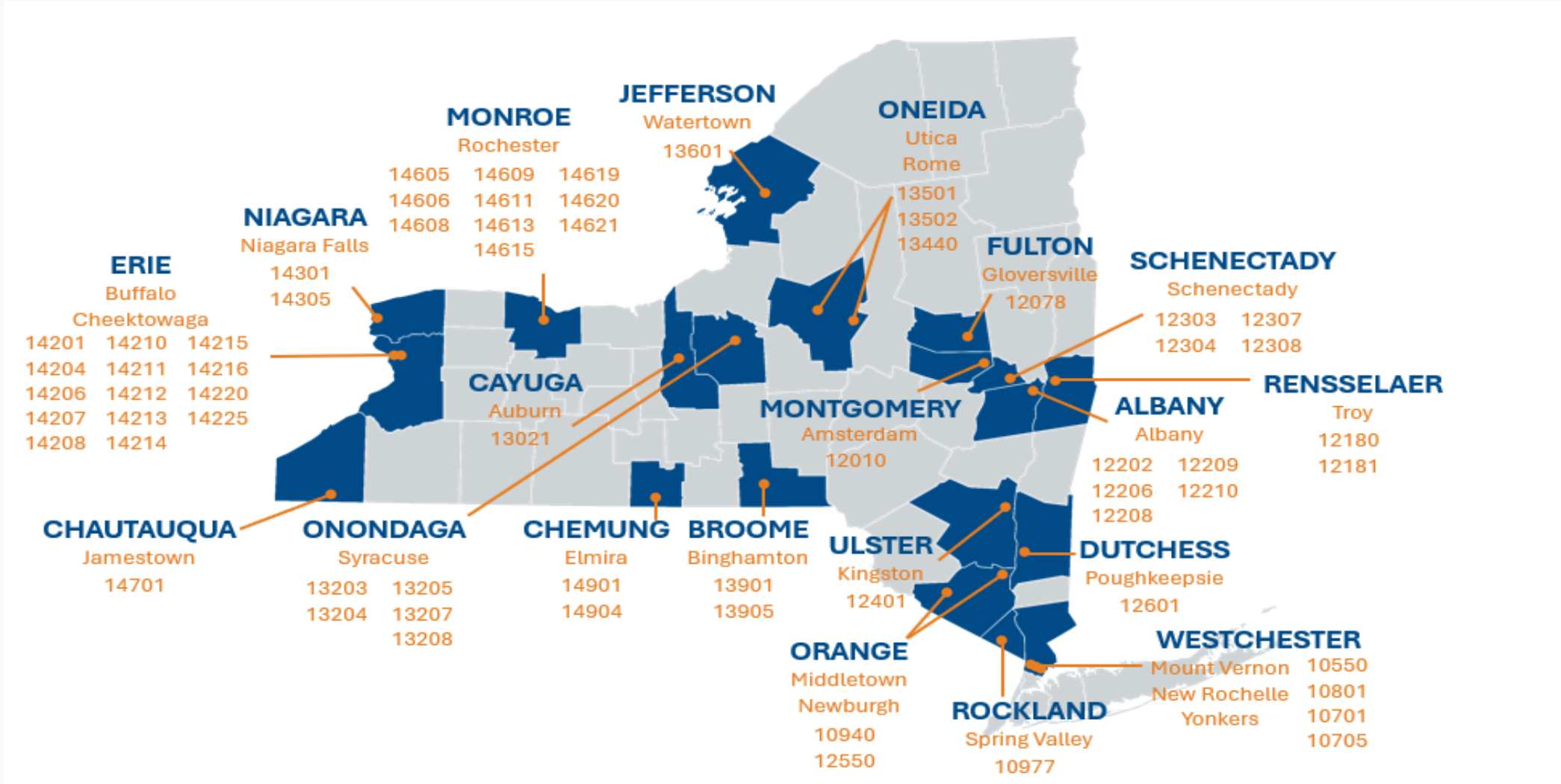
**TIA MARKS, PHD, MPH
RESEARCH SCIENTIST**

1/8/2025 | NYS Lead Advisory Council Meeting | NYS Empire State Plaza Concourse

OVERVIEW

- **Overview of PHL 1377**
- **Overview of Title X – 67-5**
- **Program Progress**
- **Contract Updates**
- **Local Health Department Training Initiatives**
- **Challenges**

NEW YORK STATE COMMUNITIES OF CONCERN



Department of Health

PHL 1377

- Public Health Law §1377 requires that all property owners of homes built **prior to 1980** with **two or more units register** their property through a rental registry and have a **lead safety inspection** conducted
- All rental properties will have to acquire a **lead safety certificate**, based on **visual inspections** for deteriorated paint and **dust wipe** sampling, if no hazards are identified
- Hazards identified through visual inspection will require **remediation and re-inspection**
- Remediation must be conducted by individuals with **appropriate EPA certifications**



NY CODES, RULES AND REGULATIONS PART 67-5

67-5.1 Purpose

67-5.2 Definitions

67-5.3 Applicability

67-5.4 Rental Registry Registration Requirements

67-5.5 Lead Hazard Inspections & Dust Wipe Sampling Requirements

67-5.6 Lead Safety Certification Requirements

67-5.7 Notice and Demand & Remediation of Hazards

67-5.8 Protection for Tenants

67-5.9 Enforcement

- Released for public comment 12/24/2024



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LEAD HAZARD INSPECTIONS

- Owners must provide all contact information and notify the registry of any changes
- Registrations are non-transferable to new owners and new owners must register within thirty days of ownership
- Lead hazard inspections include visual assessment of paint in each unit, common spaces, and exterior areas

FRICION SURFACES AND DUST WIPE SAMPLES

- In cases with more than one failed round of clearance dust wipe sampling, all painted friction surfaces that are found to be rubbing or binding will be cited as a lead hazard
- The lead hazard(s) shall be abated prior to further dust wipe sampling

NOTICE AND DEMAND

REMEDICATION OF HAZARDS

- No person shall commence lead paint remediation prior to receipt of a written notice and demand or equivalent
- Remediation activities may include:
 - Abatement
 - Replacement
 - Removal
 - Enclosure
 - Encapsulation
 - Paint film stabilization
- Due to its recognized propensity to degrade, the Department does not regard encapsulation as a form of permanent abatement warranting exemption of a unit from the inspection requirements of the registry



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LEAD SAFETY CERTIFICATIONS

- The lead safety certification will be awarded once an inspector attests that at the time of inspection, the rental unit was free of conditions conducive to lead poisoning and was free of lead dust hazards
- Surface-by-surface XRF inspections can be conducted to exempt properties that have fully abated from further inspection



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PROTECTION FOR TENANTS

- Owners must notify tenants that their unit is subject to rental registry requirements and provide them with education on lead safety
- If hazards are identified, all other units shall be assumed to likely contain lead-based paint hazards, and all other tenants shall be notified
- If the unit becomes vacant, it shall not be reoccupied until a lead safety certificate is issued



LHD CONTRACTS

- All full-service counties have begun the contract process
- Partial service counties- Jefferson, Fulton, and Montgomery are working diligently to design programs that will best fit their needs
- 8 Counties are using a hybrid approach with third party inspections, LHD inspections, and collaboration with code enforcement
- 4 counties are using collaborations with code enforcement to conduct inspections
- 3 Counties plan to have the LHD conduct inspections
- 2 Counties plan to have third party entities conduct all inspections with audits by the LHD



TRAINING INITIATIVES

To encourage capacity building, many LHDs have devoted funds and time to supporting:

- EPA lead risk assessor trainings
- Incentives for contractors
- Funding for EPA lead safe work practices, lead abatement contractor, and RRP training

*Almost all counties have funding set aside for county, municipal, and community training in lead safe work practices dedicating roughly **\$600,000** to increasing workforce capacity*



Tentative Timeline for Implementation

Based on an April 1, 2024 LHD contract year start....

Phase 1
2023-2024

Engage
Stakeholders



Create 67-5
Regulatory
Package



Procure Rental
Registry
Software

Hire NYSDOH
Staff



Phase 2
2024-2025

Launch LHD
Contracts



Build
Partnerships



Conduct Training
and Outreach

Phase 3
2025-2026

Implement
Registry

Monitor and
Evaluate

Continue to
Engage
Stakeholders

CHALLENGES

- Variation in political will between county and municipal governments
- Population size and urban or rural status can affect capacity of LHDs
- Some LHDs have current rental registration programs, while others must build this program from the ground up
- Partial Service Counties need additional support given the current lack of environmental health services provided by these LHDs



NEXT STEPS

- Continue meeting regularly with LHDs to review regulations and ensure program support
 - *Regulation review webinar planned for late January 2025
- Collaborations with HCR to continue to provide support for landlord remediation
- Further discussions with DOS to discuss partnerships that can be mutually beneficial
- Plan to meet with New York Conference of Mayors and Municipal Officials
- Proceed in complementing LHD work by creating partnerships with non-profit organizations and community action groups



PUBLIC COMMENT

- Part 67-5 is now available for public comment:
<https://dos.ny.gov/December-24-2024vol-xlvi-issue-52>
- Questions or comments should be submitted to:
Katherine Ceroalo
NYSDOH Bureau of Program Counsel
Regulatory Affairs Unit
Corning Tower, Empire State Plaza, rm. 2438
regsqa@health.ny.gov
- Public comment period ends 2/22/25
- Substance of proposed rule:
<https://regs.health.ny.gov/regulations/proposed-rule-making>



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ADDITIONAL QUESTIONS? CONTACT:

rental.registry@health.ny.gov



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THANK YOU!



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INVESTIGATION OF LEAD IN APPLESAUCE POUCHES

DAVID NICHOLAS, MPH

**CHIEF EPIDEMIOLOGIST, OUTBREAK INVESTIGATION AND RESEARCH
BUREAU OF COMMUNITY ENVIRONMENTAL HEALTH AND FOOD PROTECTION**

January 8, 2025 | New York State Advisory Council on Lead Poisoning Prevention
Empire State Plaza, Albany, New York

Background and Initial Steps

- October 17, 2023: North Carolina Department of Health and Human Services alerted U.S. Food and Drug Administration (FDA)
 - Four children with lead exposure potentially linked to consumption of cinnamon applesauce pouches
 - Blood lead levels $\geq 5 \mu\text{g/dL}$ identified through routine testing
 - Investigators identified a single brand of cinnamon applesauce as a potential shared source of exposure
 - Lab testing of products found lead concentrations 1.9-3 ppm (19 to 30 times higher than FDA's proposed action level)
- October 28, 2023: FDA issued public health alert
- October 30, 2023: Firm issued a voluntary recall
 - November 9, 2023: Firm expanded the recall to include two other brands produced by same manufacturer



CDC Health Alert Network Advisory: 11/13/2023

High Blood Lead Levels in Children
Consuming Recalled Cinnamon Applesauce
Pouches

[Print](#)



Distributed via the CDC Health Alert Network
November 13, 2023, 2:00 PM ET
CDCHAN-00500

Distribution:

- Clinician Outreach and Communication Activity (COCA) listserv of ~64,000 self-subscribers and 100 organizations
- Public health officials at state, local, tribal, and territorial levels
- CDC's Emergency Preparedness & Response website
- Epi-X Network, ~6,000 public health professionals
- ~9,500 media and professional partners
- ~79,000 HAN self-subscribers

CDC National Call for Cases - 11/21/2023

Within 3 months of consuming a recalled product after November 2022:
(date when product became available to retail consumers)

Suspect case:

Blood lead level (BLL) ≥ 3.5 $\mu\text{g}/\text{dL}$ through capillary or unspecified testing (not yet confirmed through venous blood testing)

Probable case:

Venous BLL ≥ 3.5 $\mu\text{g}/\text{dL}$, but

- Did not have a follow-up assessment to rule out other potential sources of lead exposure, **or**
- Did have a follow-up assessment completed, but the results indicated another source of lead exposure

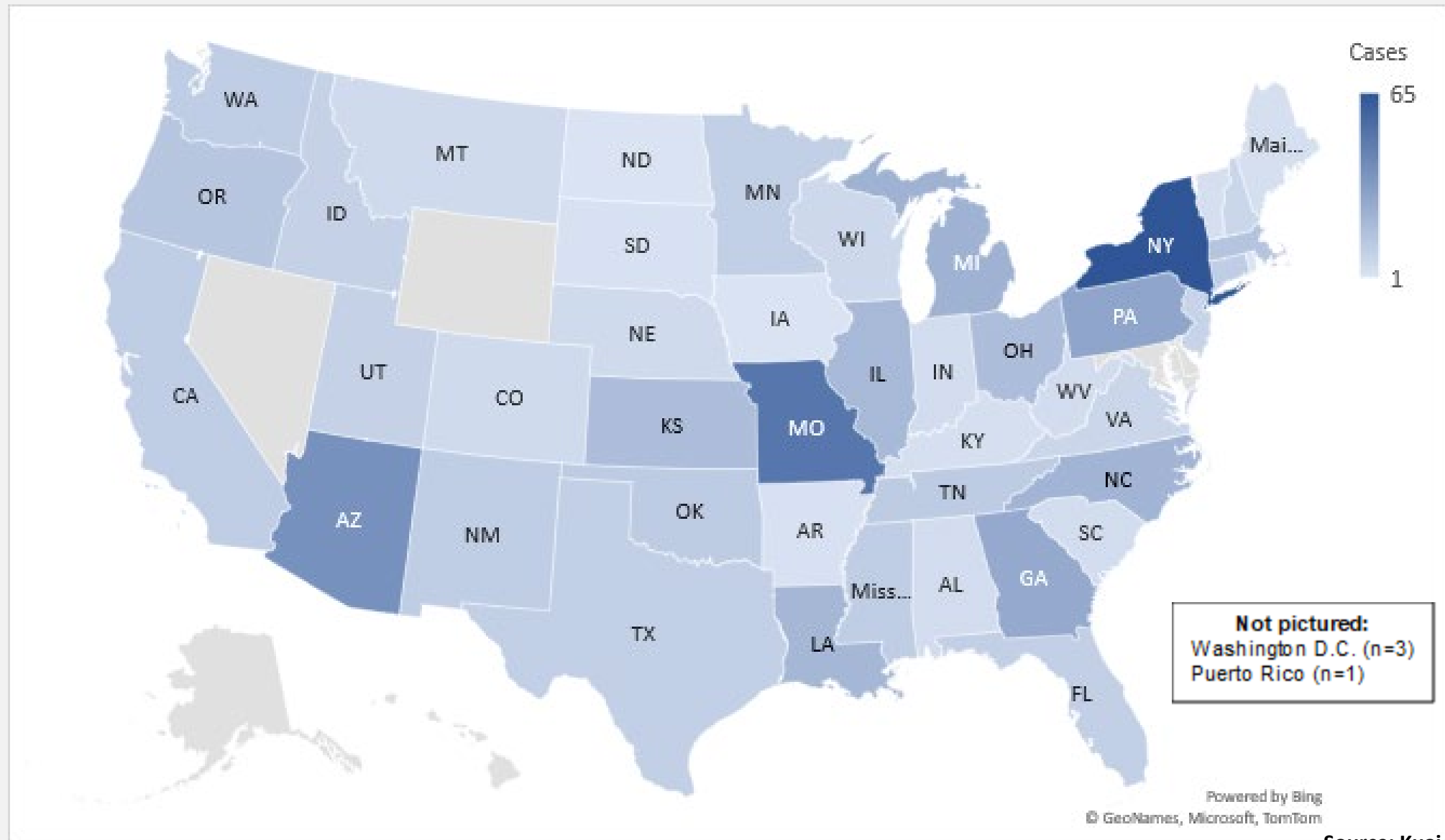
Confirmed case:

Venous BLL ≥ 3.5 $\mu\text{g}/\text{dL}$, and follow-up assessment ruled out other sources as the likely cause of lead exposure

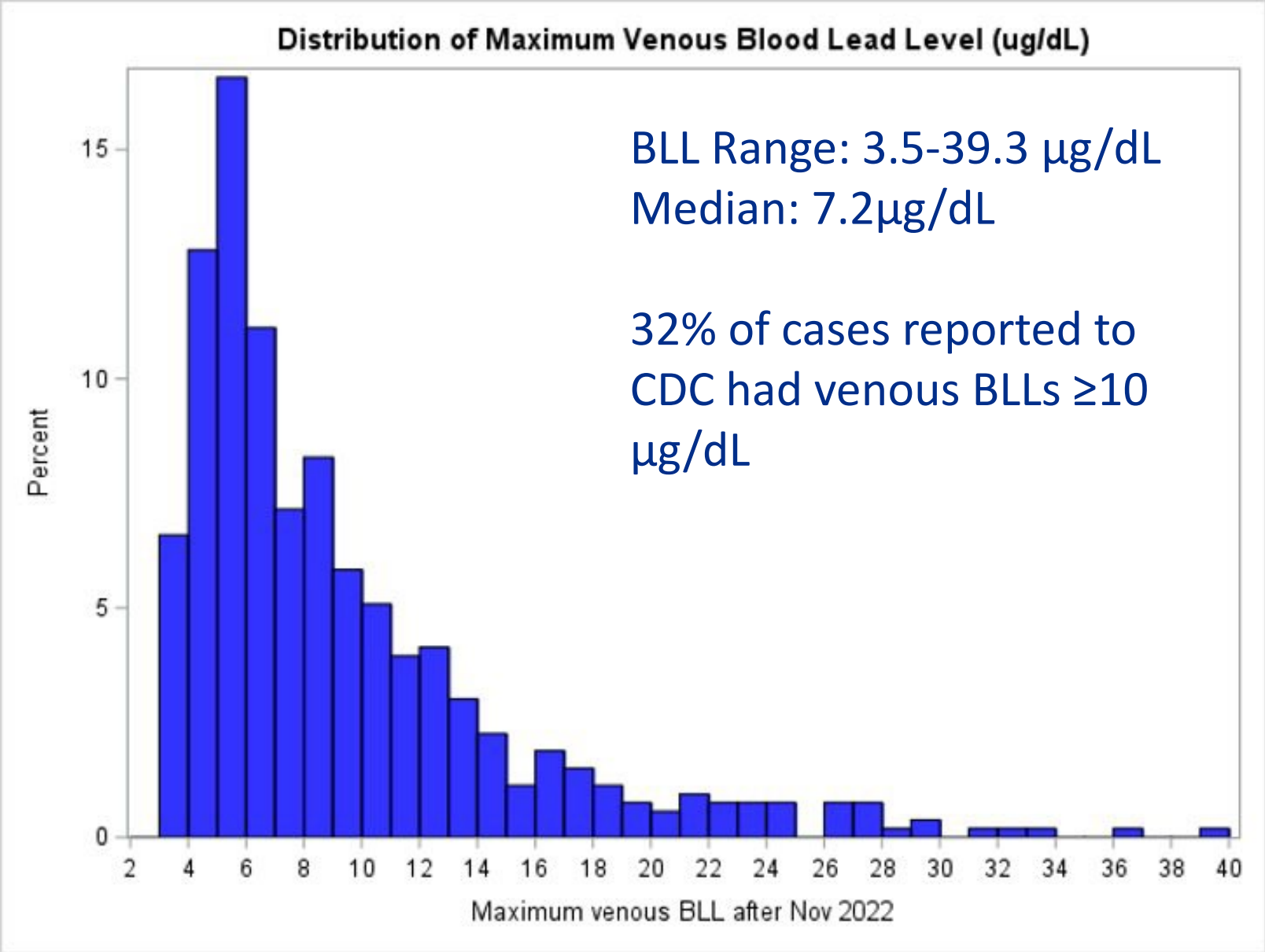
CDC National Call for Cases: 11/21/2023 – 4/12/2024

- **44 states, Washington D.C., and Puerto Rico submitted case data:** AL, AR, AZ, CA, CO, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV
- **566 total cases**
 - Suspect: 35 (6.2%)
 - Probable: 401 (70.8%)
 - Confirmed: 130 (23.0%)
- **Maximum within-person venous blood lead level:**
3.5–39.3 $\mu\text{g}/\text{dL}$ (median 7.2 $\mu\text{g}/\text{dL}$)

Cases Reported by State



Maximum Venous Blood Lead Levels (BLL)



Source: Kuai and Yeh, CDC 2024

Symptoms Reported Among Cases

Among 405 of 566 persons with cases who had documented symptom data

Any symptoms	81 (20.0%)
Any GI symptoms	55 (13.6%)
Abdominal pain	17 (4.2%)
Constipation	15 (3.7%)
Vomiting/nausea	16 (4.0%)
Diarrhea	10 (2.5%)
Other GI symptoms	21 (5.2%)

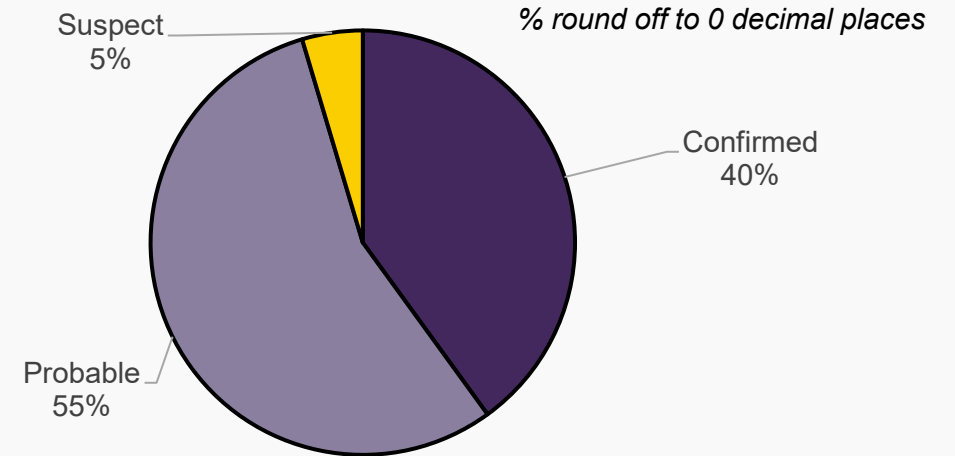
Any developmental / behavioral symptoms	35 (8.6%)
Altered mood or behavior	23 (5.7%)
Developmental symptoms	18 (4.4%)
Lethargy / fatigue	17 (4.2%)
Headaches	10 (2.5%)
Other	22 (5.4%)

Most individuals with cases were asymptomatic (324, 80%)

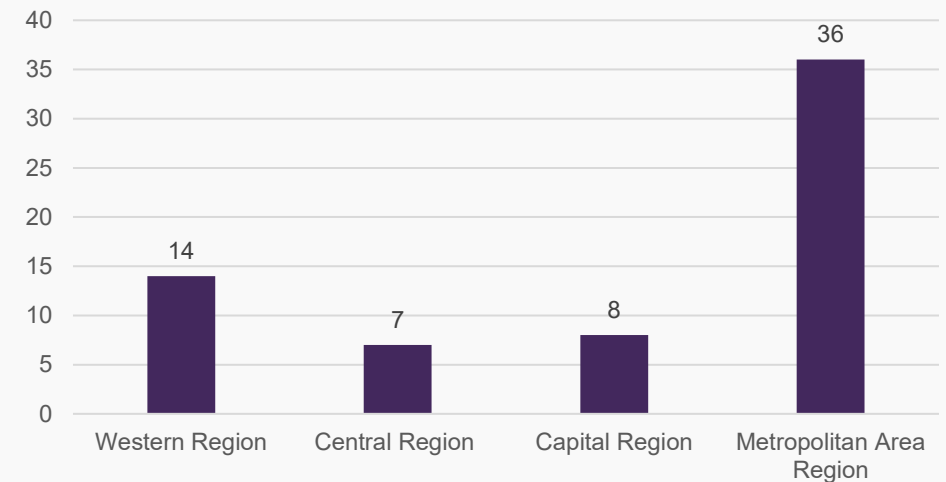
NEW YORK STATE

- 65 NY Cases
 - 26 confirmed
 - 36 probable
 - 3 suspect
- Majority of cases in the MARO region
- Maximum within-person venous blood lead level:
4 – 22.2 $\mu\text{g}/\text{dL}$ (median 7.2 $\mu\text{g}/\text{dL}$)

New York Cases



NYS Cases by Region





- COCA Now Advisory published by CDC on January 5, 2024
- Targeted communication sent to physicians and other clinicians
- Included guidance on assessing for adverse effects of chromium in addition to lead exposure
- One-page fact sheet for lay audience in English and Spanish also published

January 5, 2024

Update on High Blood Lead Levels in Children Consuming Recalled Cinnamon Applesauce Pouches and Potential Chromium Exposure

Lead Exposure

The Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), as well as state and local officials are investigating a link between blood lead levels (BLLs) ≥ 3.5 $\mu\text{g}/\text{dL}$ and children consuming certain apple purée and applesauce products containing cinnamon. WanaBana, Schnucks, and Weis brands have voluntarily recalled certain lots of the following products that were tested and found to contain high levels of lead:

- WanaBana brand apple cinnamon fruit purée pouches
- Schnucks brand cinnamon-flavored applesauce pouches
- Weis brand cinnamon applesauce pouches

CDC's National Center for Environmental Health (NCEH) and FDA's Coordinated Outbreak Response & Evaluation (CORE) Network continue investigations to identify individuals across the United States who may have consumed these products with high levels of lead. Updates about the investigation can be found on the FDA's website, [Investigation of Elevated Lead Levels: Cinnamon Applesauce Pouches \(November 2023\)](#), | FDA. More details about case identification are available on CDC's website, [Lead Poisoning Outbreak Linked to Cinnamon Applesauce Pouches](#). Additional information for clinicians can be found in the CDC Health Advisory published November 13, 2023, [Health Alert Network \(HAN\) - 00500 | High Blood Lead Levels in Children Consuming Recalled Cinnamon Applesauce Pouches](#).

Limitations

- Cases were likely underreported
 - Required testing within 3 months of consuming the product
 - Younger children were more likely to be tested than older children, adolescents, and adults
 - Some retailers did not remove the product from their shelves, so ongoing exposure was possible
- Limited information on symptoms and consumption patterns
- Chromium exposure doses and valence forms were unknown, due to lab method limitations and potential conversion of chromium (VI) to chromium (III)
- Uncertainty in some cases whether there were potential sources of lead exposure other than cinnamon applesauce
- Differences among states:
 - Some states had more resources to conduct more thorough investigations
 - States have different childhood blood lead screening guidelines (e.g. universal vs. targeted)

Summary and Future Considerations

- Consumption of lead chromate-contaminated applesauce pouches resulted in at least several hundred cases of lead exposure in children nationwide
- 32% of cases reported to CDC had venous BLLs $\geq 10 \mu\text{g/dL}$
- Long-term health effects of eating food contaminated with lead chromate are not well understood
- Increased product testing, with an emphasis on foods intended for young children, may help identify and remove contaminated products
- Secondary prevention with BLL testing and follow-up care as needed remains an essential tool for identifying children exposed to lead and sources of lead exposure

ACKNOWLEDGMENTS

Staff From:

- New York State Department of Health
- New York State Department of Agriculture and Markets
- Local Health Departments
- United States Food and Drug Administration
- Centers for Disease Control and Prevention
 - David Kuai, MD (North American Congress of Clinical Toxicology, 2024)
 - Michael Yeh, MD, MS (North American Congress of Clinical Toxicology, 2024)
 - Alyssa Troeschel, PhD

THANK YOU!

ANY QUESTIONS?



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The findings and conclusions provided by CDC authors in this report are those of the authors and do not necessarily represent the official position of the Centers of Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.



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Lead and Copper Rule Regulatory Amendments

**KRISTINE WHEELER, PE
DIRECTOR, BUREAU OF WATER SUPPLY PROTECTION**

January 8, 2025 | New York State Advisory Council on Lead Poisoning Prevention

DISCLAIMER

This presentation is an overview of the lead and copper rule and does not represent a complete summary of regulatory requirements. It should be used for information purposes only.

LEAD AND COPPER RULE HISTORY



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Lead and Copper Rule (LCR) 1991	• Replaced existing lead standard of 50 ppb measured at entry point. • Established 15 ppb action level for lead and 1.3 ppm action level for copper. • Established a maximum contaminant level goal (MCLG) of zero for lead in drinking water. • Established a treatment technique to reduce corrosion of lead and copper within the distribution system. • Established lead service line replacement requirements. • Require public education of lead action level exceedances.
Minor Revisions (MR) 2000, 2004	• Addressed legal challenges to the 1991 rule. • Streamlined and reduced monitoring and reporting burden. • Clarified optimized corrosion control treatment requirements. • Allowed flexibility to public education delivery methods • 2004 revisions added mistakenly omitted text from the original rule.
Short Term Revisions (STR) 2007	• Enhanced implementation in monitoring, corrosion control treatment, consumer awareness and lead service line replacement. • Enhanced public education requirements to ensure consumers receive meaningful, timely and useful information.
Revisions (LCRR) 2021	• Required service line inventories. • Enacted a trigger level of 10 ppb for lead and retains 15 ppb action level. • Incorporated requirements for testing schools and childcare facilities. • Enhanced public notification for consumers with lead service lines, galvanized service lines requiring replacement and service line material unknown unknown. • Requires 24-hour public notification when there is a lead action level exceedance.
Improvements (LCRI) 2024	• Effective in 2027. • Lowers action level from 15 ppb to 10 ppb and eliminates trigger level. • Significantly changes tap sampling requirements.

LEAD AND COPPER RULE PRIMER

- The Lead and Copper Rule (LCR) is a federal regulation that limits lead concentration at consumer's tap, establishes performance standards for treatment to minimize pipe corrosion, and requires public water systems (PWS) to provide education to the public about lead.
- The LCR was adopted in 1991 and has been revised five times, most recently in 2024.
- The LCR is a treatment technique (TT) rule. There is no maximum contaminant level (MCL) for lead or copper.
 - A TT is an enforceable procedure or level of technological performance which public water systems must follow to ensure control of a contaminant.
 - EPA establishes a TT rule when there is no reliable method that is economically and technically feasible to measure a contaminant at concentrations to indicate there is not a public health concern. The Safe Drinking Water Act requires that EPA establish rules that are economically and technically feasible.

LEAD AND COPPER RULE PRIMER

- New York State will enforce the provisions of 10 NYCRR Subpart 5-1, Sections 5-1.40-5-1.48 until the federal rule compliance date in 2027.
- However, several provisions of the 2021 rule (LCRR) were retained and are in effect. These provisions fall under federal enforcement authority.
 - Initial service line inventory.
 - Service line material notification.
 - Tier 1 public notification of a lead action level exceedance.
- Public water systems will transition directly from the LCR to the 2024 revisions, also known as the Lead and Copper Rule Improvements (LCRI), with the exception of the 3 items retained from the 2021 rule.

LEAD AND COPPER RULE PRIMER

- There are 9 main components of LCR and 5 subsequent amendments:
 - Materials evaluation and inventory.
 - Sample pool identification.
 - Consumer tap sampling.
 - 90th percentile determination.
 - Consumer notification and public education.
 - Corrosion control treatment steps.
 - Lead service line replacement.
 - Monitoring in schools and childcare facilities
 - Compliance and enforcement

LEAD AND COPPER RULE PRIMER

- The LCRI, which has a compliance date of 2027, expands on the previous rules by:
 - Locating legacy lead pipes.
 - Requiring lead service line replacement within 10 years.
 - Modifying tap sampling requirements.
 - Lowering the action level from 15 ppb to 10 ppb.
 - Requiring filters under the following conditions:
 - Service line replacement.
 - Lead connector replacement.
 - When water systems have multiple action level exceedances.
 - Following meter replacement or water main replacement at service connections with lead service lines, galvanized service lines requiring replacement or lead status unknown.
 - Following disturbances that could dislodge pipe scale at service connections with lead service lines, galvanized service lines requiring replacement or lead status unknown.
 - Improving communication.



New York State Lead Service Line Inventory

Q Albany, New York, United States X



MATERIALS INVENTORY & EVALUATION



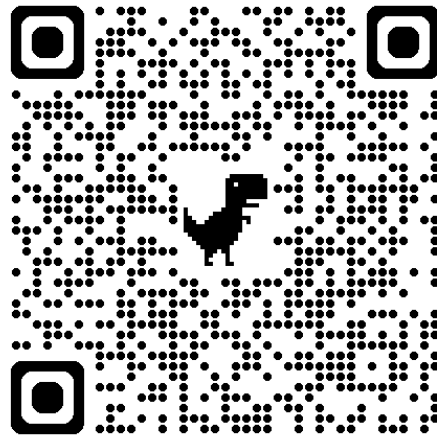
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MATERIALS EVALUATION & INVENTORY

- The 1991 LCR required each public water system complete a materials evaluation.
 - Public water systems were required to review plumbing codes, building permits, distribution system maps, meter installation records, etc. to inform which locations are eligible to be consumer tap sampling sites.
 - Sampling locations need to be evaluated on an ongoing basis to ensure there were enough sites to maintain an eligible sampling pool.
- The 2021 LCR Revisions required public water systems to prepare an inventory that includes all service lines, regardless of ownership, and submit the inventory to the primacy agency. The inventory must be:
 - Publicly accessible.
 - Available online for water systems serving over 50,000 people.

MATERIALS EVALUATION & INVENTORY

- The NYS Lead Right to Know Act (Public Health Law 1114-B) strengthens federal requirements by:
 - Authorizing the New York State Department of Health (NYS DOH) to require public water systems utilize a specific inventory format.
 - Requiring NYS DOH to post inventories, inventory summaries and service line inventory maps on its public website.
- Inventories were due on October 16, 2024. Inventories and summaries that meet the formatting and quality requirements have been posted on health.data.ny.gov and are available to the public.



SAMPLING POOL IDENTIFICATION



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SAMPLING POOL IDENTIFICATION - CURRENT

- Until 2027, all consumer tap sample sites must be categorized as Tier 1, Tier 2 or Tier 3. Tiered sampling sites must be exhausted in numerical order.

Tier 1 ^{1,2}	Tier 2 ²	Tier 3
Single family structures that contain copper pipes with lead solder installed after 1982.	Buildings, including multiple-family residences, that contain copper pipes with lead solder installed after 1982.	Representative sites that contain plumbing materials commonly found throughout the water system’s distribution system.
Single family structures with premise plumbing made of lead and/or served by a lead service line.	Buildings, including multiple-family residences, with premise plumbing made of lead and/or served by a lead service line.	
1 A Multiple-family residence may be a Tier 1 site where at least 20 percent of the structures served by the water system are multiple-family residences once single-family residences are exhausted. 2 Any water system whose distribution system contains lead service lines shall draw 50 percent of the samples it collects during each monitoring period from sites that contain lead pipes, or copper pipes with lead solder, and 50% of the samples from sites served by a lead service line.		



SAMPLING POOL IDENTIFICATION-2027

- In 2027, all consumer tap sample sites must be categorized as Tier 1, 2, 3, 4 or Tier 5.

Tier 1 ²	Tier 2 ^{1,2}	Tier 3	Tier 4	Tier 5
Single family structures with premise plumbing made of lead and/or served by a lead service line.	Buildings, including multiple-family residences, with premise plumbing made of lead and/or served by a lead service line.	Single family structures served by a lead connector. Single family structures served by a galvanized service line or containing galvanized premise plumbing identified as ever having been downstream of a lead service line.	Single family structures that contain copper premise plumbing with lead solder installed before the effective date of the State's lead ban on June 19, 1986.	Sites that are representative of sites throughout the distribution system. A representative site is a site in which the plumbing materials used at that site would be commonly found at other sites served by the water system.

1 For water systems where Tier 2 sites comprise at least 20 percent of the residential structures served by the community water system, Tier 2 sites may be sampled even when Tier 1 sites are available.

2 A water system serving sites with premise plumbing made of lead and/or that are served by a lead service line must collect all samples for monitoring under this section from sites with premise plumbing made of lead and/or served by a lead service line.

SAMPLING POOL IDENTIFICATION-2027

- Water systems must submit a site sample plan to the State that identify sampling locations that meet the tiering criteria. These sites are most likely to contain lead.
- Each water system must identify a pool of tap sampling sites that will allow the water system to collect the minimum number of samples.
- Sampling sites cannot include sites with installed treatment devices designed to remove inorganic contaminants unless the devices are used at all taps.
- Sampling sites are considered available unless a customer refuses to participate in sampling or a system has made at least two outreach attempts at a site and has not received a response.
- Tiered sample sites must be exhausted in numerical order, meaning a water system must have sampled or determined a site is inaccessible for all Tier 1 locations before moving onto subsequent tiers.

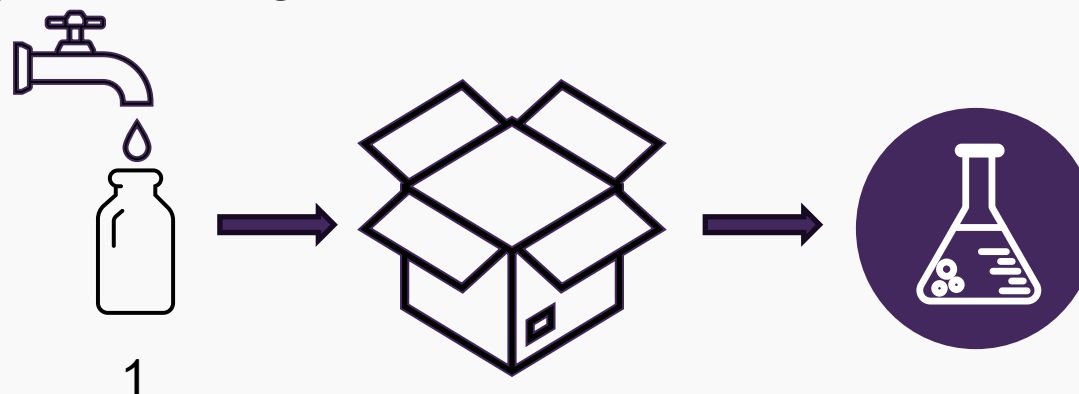
CONSUMER TAP SAMPLING



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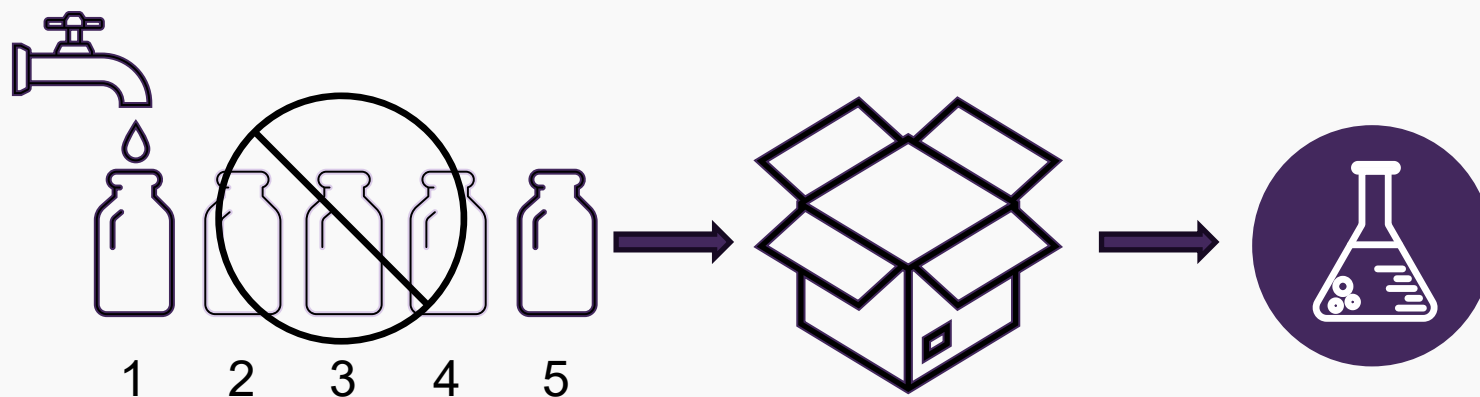
CONSUMER TAP SAMPLING - CURRENT

- Until 2027, all tap samples collected must be 1 liter and have stood motionless in the plumbing system and/or service line of each sampling site for at least 6 hours. Samples must be collected from an interior kitchen or bathroom sink cold-water tap.
- If a system allows members of the public to sample, the system cannot challenge the accuracy of the sampling results based on alleged sample errors on analyzed.
- A water system shall collect each first draw sample from the same sampling site from which it collected a previous sample. If the water system cannot gain entry to a sampling site, the system may collect the follow-up tap sample from another sampling site within its sampling pool if the new site meets the same tiering criteria and is within reasonable proximity of the original site.



CONSUMER TAP SAMPLING - 2027

- In 2027, all tap samples collected from a Tier 1 or Tier 2 sample site must include an additional fifth-liter sample collected at the same time as the first liter sample. The sample collected must be 1 liter in volume and have stood motionless in the plumbing system and/or service line of each sampling site for at least 6 hours.
- Samples from residential housing must be collected from an interior kitchen or bathroom sink cold-water tap.
- If a system allows members of the public to sample, the system cannot challenge the accuracy of the sampling results based on alleged sample errors.



CONSUMER TAP SAMPLING - 2027

- Systems must prioritize sampling at the same sites that were sampled in the previous tap sampling period. If a site no longer qualifies or if the water system cannot gain access to the sampling site, the system must collect a tap sample from another site in its sample plan that meets the original tiering criteria. Systems must report any change in sites from the previous tap sampling period and include an explanation of why the sampling sites have changed.

90TH PERCENTILE DETERMINATION



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90TH PERCENTILE DETERMINATION - CURRENT

- The lead action level is determined based on the 90th percentile of all sample results from the water system's sampling pool.
- The NYS DOH has developed a template to assist with the calculation.
- To calculate the 90th percentile:
 - Put the results in order from lowest to highest with 1 being the lowest value.
 - Multiply the total number of samples by 0.9 ($20 \times 0.9 = 18$).
 - The 90th percentile is the number that corresponds to the total number of samples multiplied by 0.9.
 - If the 90th percentile is greater than 0.015 ppm (15 ppb), the water system has an action level exceedance.

90TH PERCENTILE DETERMINATION - 2027

- The process to calculate the 90th percentile will remain the same at Tier 3, 4 and 5 sample sites.
- For Tier 1 or Tier 2 sites, select the highest of the first liter or fifth liter result.
- To calculate the 90th percentile:
 - Put the results in order from lowest to highest with 1 being the lowest value.
 - Multiply the total number of samples by 0.9 ($20 \times 0.9 = 18$).
 - The 90th percentile is the number that corresponds to the total number of samples multiplied by 0.9.
 - If the 90th percentile is greater than 0.015 ppm (15 ppb), the water system has an action level exceedance.

CONSUMER NOTIFICATION & PUBLIC EDUCATION



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CONSUMER NOTIFICATION & PUBLIC ED

- The content and language used in consumer notification and public education documents is prescriptive and incorporated into the federal regulations.
- Public notification is required annually for customers with a lead service line, galvanized service line requiring replacement or service line status unknown.
- Consumer notice of lead tap water monitoring results is currently required within 30 days. In 2027, results must be provided as soon as practicable but no later than three business days after the water system learns of the tap monitoring results.
- Beginning in 2027, all community water systems must provide information to local and State health agencies about Distribution System and Site Assessment activities.

CONSUMER NOTIFICATION & PUBLIC ED

- Beginning in 2027, water systems that cause disturbance to a lead, galvanized requiring replacement, or lead status unknown service line must provide customers and the persons served by the water system at the service connection with information about the potential for elevated lead levels in drinking water as a result of the disturbance.
- Public education is required when a public water system exceeds the lead action level. Public education is in addition to the 24-hour Tier 1 notice and requires water systems to deliver written materials as well as select educational activities from a menu of options listed in the regulation within 60 days of the action level exceedance. In 2027 there are additional delivery requirements.
- A water system that exceeds the lead action level is required to make public notice within 24 hours of learning of the action level exceedance. This requirement went into effect on October 16, 2024.

CORROSION CONTROL TREATMENT STEPS



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CORROSION CONTROL TREATMENT STEPS

- Corrosion control is treatment that reduces the corrosivity of water and/or reduces metals release from piping. Corrosion control treatment can be accomplished by:
 - pH adjustment using chemicals such as soda ash or sodium hydroxide.
 - Adding a corrosion inhibitor such as orthophosphate or sodium silicate.
- The corrosion control treatment steps in the existing rule must be followed any time a public water system exceeds the lead action level.
- Corrosion control treatment steps include:
 - Step 1/2: Initiate pipe loop, corrosion control treatment study or treatment recommendation.
 - Step 3: Complete study.
 - Step 4: State approval.
 - Step 5: Install treatment.
 - Step 6: Follow-up monitoring.
 - Step 7: State designates optimal water quality parameters.



CORROSION CONTROL TREATMENT STEPS

- The public water system must follow the specific process within the timelines established by the regulations.
- A public water system that has exceeded the action level and is undergoing corrosion control treatment steps must continue to provide public education.
- Once corrosion control treatment is installed, public water systems are required to monitor for the following water quality parameters:
 - pH
 - Alkalinity
 - Orthophosphate/Silicate
 - Any other parameter, such as conductivity or hardness, determined by the State to evaluate the effectiveness in treatment.
- Any results that are outside of the range of values designated by the State is considered a treatment technique violation.

LEAD SERVICE LINE REPLACEMENT



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LEAD SERVICE LINE REPLACEMENT

- Current lead service line replacement rates remain in effect until 2027.
- Any public water system that has a lead service line, galvanized service line requiring replacement or service line material unknown must submit a service line replacement plan by November 1, 2027.
- All service lines within the water system's control must be replaced within 10 years, at a cumulative annual replacement rate of 10%.

MONITORING IN SCHOOLS & CHILDCARE FACILITIES



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MONITORING IN SCHOOLS & CHILDCARE

- The provisions of Subpart 67-4: Lead Testing in School Drinking Water will remain in place.
- By November 1, 2027, public water suppliers must make a list of the schools and licensed childcare facilities they serve and submit the list to the State.
- All CWS must conduct annual public education for the schools and childcare facilities on the list.
- All CWSs must sample in all the elementary schools and licensed childcare facilities they serve within the first five-year testing cycle and sample secondary schools on request. Thereafter, CWSs must sample the schools and childcare facilities they serve on request.
- Sampling waivers for alternative State and local sampling programs that meet specific conditions.

SUMMARY



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SUMMARY

- The Lead and Copper Rule regulates how water systems address lead in drinking water.
- The rule was first promulgated in 1991 and has been amended most recently in 2024.
- The rule requires that public water systems take many actions, including inventorying lead service lines, conducting tap sampling and providing public education when a lead action level is exceeded.
- Corrosion control treatment is used to reduce levels of lead at the tap and must be properly monitored and maintained to be effective.
- Beginning in 2027, public water systems are required to remove all lead service lines within 10 years.



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LEAD TESTING IN SCHOOL DRINKING WATER

10 NYCRR SUBPART 67-4

PROGRAM REVIEW AND REMEDIATION REIMBURSEMENT

CHRISTINA BRIDGE, MHS
PUBLIC HEALTH SPECIALIST (ENVIRONMENT) 1

JANUARY 8TH, 2025 | LEAD ADVISORY COUNCIL MEETING

AGENDA

- Public Health Law Revisions
- Sampling Requirements
- Reporting Requirements
- Remediation Reimbursement
- Summary of Testing as of 12/31/2024

SUMMARY OF PUBLIC HEALTH LAW REVISIONS

Revisions to Public Health Law 1110 went into effect in December 2022 and include:

Monitoring

- Action Level lowered from 15 ppb to **5 ppb**
- Compliance monitoring will be every **3 years** (previously every 5 years)
- “**Lead-free**” buildings no longer exempt from testing requirements



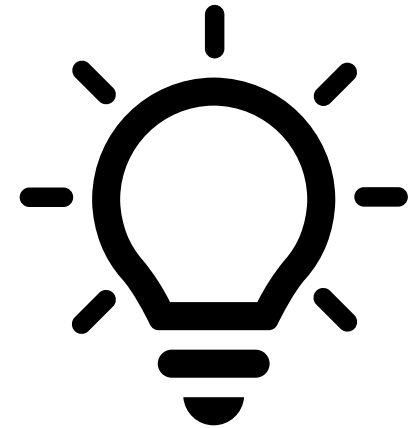
Response

- All water provided to school staff/students in response to an outlet being taken out of service must be **free** of charge

Reporting

- Schools must now include copies of **lab reports** of the lead testing results on their websites

SCHOOL LEAD IN DRINKING WATER SAMPLING



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Compliance Period 2023-2025

Schools must complete *initial first-draw* sampling for the
2023-2025 Compliance Period between:

January 1, 2023 – December 31, 2025



SAMPLING LOCATIONS

"Applicable" outlets requiring sampling may be located anywhere on school property if the outlet may be used for drinking or cooking (including food preparation)



"Applicable" outlets may include:

- Bubblers/drinking fountains
- Classroom sinks
- Kitchen sinks
- Kitchen kettle filler outlets
- Ice machines
- Hose bibs/outdoor outlets
- Family and consumer science sinks
- Teacher's lounge sink
- Nurse's office sink
- Athletic field outlets
- Any other sink known to be or potentially used for consumption

FIRST-DRAW SAMPLES

Any sample collected for compliance under Subpart 67-4 must be a “first-draw” sample

First-draw sample:

- A water sample collected from a cold water outlet before any water is used from that outlet
- Water must be motionless in pipes for a minimum of 8 - 18 hours before sample collection
 - This timeframe represents water that would be consumed during normal operating conditions on any school day



Recommended sampling times:

- While school is in session; not during or immediately after weekends, vacations, or flushing practices
- Following normal operation of school (e.g., Tuesday – Saturday mornings)

SCHOOL LEAD IN DRINKING WATER REPORTING



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LEAD ACTION LEVEL



The action level for lead in school drinking water is **5 micrograms per liter** ($\mu\text{g/L}$) or parts per billion (ppb)



- Lead test results ≤ 5 ppb do *not* exceed the lead action level, and therefore do not require further testing or remediation until the next compliance cycle
- Lead test results > 5 ppb (i.e., 5.1 ppb, or greater) *exceed* the lead action level, and will require the outlet to be taken out of service and a remedial action plan to be implemented

LEAD IN SCHOOL DRINKING WATER REPORTING

•Within 1 day

- ✓ Report all exceedances over 5 parts per billion to the local health department
- ✓ Take any outlet above 5ppb out of service, including posting signage

•Within 10 days

- ✓ Report all exceedances to all staff, parents, and guardians in writing
- ✓ Report test results on NYS Health Electronic Response Data System (HERDS) survey on the Health Commerce System (HCS)

•Within 6 weeks

- ✓ Post copies of lab reports of test results on the school's website. This should remain posted on the school's website for the duration of the compliance period
- ✓ Post on the school website remedial action plans taken to address outlets where lead exceeded the action level

SCHOOL LEAD IN DRINKING WATER REMEDATION



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REMEDIATION OPTIONS

- Permanent removal of an outlet
- Outlet replacement with “lead-free” plumbing materials
- Pipe replacement with “lead-free” plumbing materials
- Replace other sources of lead (lead solder joints, brass plumbing components, etc) with ‘lead-free’ materials
- Point of Use (POU) Filters*
- Engineering controls
- Signage
- Supervision
- Education
- Flushing (systematic flushing program)

POST-REMEDICATION TESTING

- Follow-up samples collected after an outlet has been remediated must also be “first-draw” samples
 - Schools should follow the same sampling protocol as initial sampling
- Schools may choose to perform additional sampling (i.e., 30-second flush, etc.) to determine the contribution of lead from plumbing to guide remediation decisions
- Post-remediation test results need to be reported:
 - In the DOH’s HERDS application on HCS
 - On the school’s website within the same reporting timeframes/requirements as specified for the initial sampling

SCHOOL LEAD IN DRINKING WATER REMEDICATION REIMBURSEMENT



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ELIGIBLE EXPENSES UNDER DOH REIMBURSEMENT PROCESS

1. Post remediation sampling
2. “Do Not Drink” or equivalent signage for outlets taken out of service
3. Permanent removal of an outlet
4. Installation of individual outlet water filtration systems
5. Installation of taps
6. Installation and replacement of fountains/bubblers
7. Outlets remediated using other methods
 - i. Replacing cold water piping, additional filtration systems, etc

NYSED REQUIRED PERMITS

Some projects that can be provided reimbursement through the DOH reimbursement process **must receive a permit** from NYSED's Office of Facilities Planning prior to the work being bid, completed, and submitted to DOH for reimbursement approval.

Projects requiring a permit include but are not limited to:

- Supply piping replacement projects other than described previously
- Any remediation work which impacts suspect or known hazardous materials

BUILDING AID AND REIMBURSEMENT

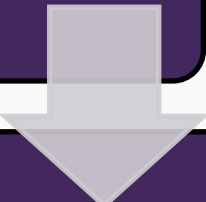
Projects that are funded under State Building Aid cannot also be reimbursed through the DOH remediation program

Projects that would be funded by State Building Aid include but are not limited to:

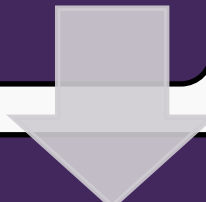
- Any building project over \$10,000
 - Large-scale remodeling, replumbing, etc
- Any other remediation work, not previously listed, which impacts suspect or known hazardous materials

REIMBURSEMENT PROCESS: DOH REVIEW

DOH will review all reimbursement requests and information submitted in HERDS from each individual school building



DOH will contact school representatives of any buildings that do not have appropriate permits, exceed reasonable costs, and/or when clarification is needed

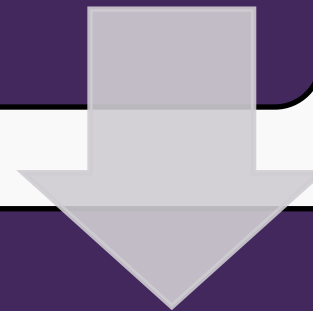


Reimbursement requests from each school district will be aggregated and sent to SED for review and payment



REIMBURSEMENT PROCESS: SED PAYMENT

School districts and BOCES reimbursement requests will be reviewed, to confirm the completion of Form FB for each district



Reimbursement will be distributed to the school districts or BOCES on an annual basis



SUMMARY OF TESTING

Summary of School Lead in Drinking Water results as of 12/31/2024



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COMPLETION STATUS REPORT: 12/31/24

Upstate Schools (outside NYC)

- 3,115 total schools in HERDS
 - 7 schools 'Incomplete'
 - 765 schools 'Submitted'
 - 2,337 schools 'Not Started'

NYC Schools

- 1,596 total schools in NYCDOE
 - 1,113 schools 'Submitted'



LEAD RESULTS: 12/31/24

Upstate (Outside NYC)

- Number of outlets sampled: 31,748
 - Number of outlets above 5ppb: 3,189
 - Percentage of outlets above 5ppb: 10.04%

NYC

- Number of outlets sampled: 76,073
 - Number of outlets above 5ppb: 1,798
 - Percentage of outlets above 5ppb: 2.36%

QUESTIONS?



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THANK YOU

ADDITIONAL QUESTIONS?

CONTACT:

lead.in.school.drinking.water@health.ny.gov



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Meeting Summary for the New York State Lead Advisory Council

Wednesday, January 8, 2025

In attendance:

Albany Empire State Plaza –

- Gary Ginsberg, Ph.D., Director, Center for Environmental Health (CEH), NYS Department of Health (DOH) (Council Chair, Commissioner Designee)
- John Addario, Director of Building Standards and Codes, NYS Department of State (Secretary of State Designee)
- Amy Gildemeister, Ph.D., Associate Director of Nutrition Policy and Partnership, Division of Nutrition, NYSDOH (Undesignated, Ad Hoc)
- Matthew J. Chachere, Staff Attorney, Northern Manhattan Improvement Corporation (Environmental Group)
- Nathan Graber, MD, MPH, Pediatric Medical Director, Division of Medical and Dental Directors, Office of Health Insurance Programs, NYSDOH (Undesignated, Ad Hoc)
- Morri Markowitz, MD, Director, Lead Poisoning Prevention and Treatment Program, Montefiore Medical Center (Hospital)
- Pamela Hadad Hurst, Special Assistant to the Commissioner, Executive Office, NYS Department of Environmental Conservation (Commissioner Designee)
- Alana Streifert, NYS Office of Children and Family Services (Commissioner Designee)
- John Benson, NYS Office of Children and Family Services (Commissioner Designee)
- Michael Weber, NYS Homes and Community Renewal (Commissioner Designee)
- Amy Phillips, NYS Department of Labor (Commissioner Designee)
- Tiesha Jones (Parent Advocate)
- Debra Lewis, Director for Lead Poisoning Prevention and Healthy Homes Initiatives, Onondaga County Health Department (Child Health Advocate)
- Phillip Plessas, Bureau of Refugee Services, NYS Office of Temporary and Disability Assistance
- Katie Bush, Ph.D., Director of Strategic Operations, CEH, NYSDOH
- Tia Marks, Ph.D., Research Scientist, Bureau of Community Environmental Health and Food Protection (BCEHFP), CEH, NYSDOH
- Megan Hughes, Section Chief, Housing Hygiene, BCEHFP, CEH, NYSDOH
- Eric Wiegert, BCEHFP Bureau Director, CEH, NYSDOH
- Christine Westerman, Director, Division of Environmental Health Protection, CEH, NYSDOH
- William Sacks, Associate Attorney, Division of Legal Affairs, NYSDOH
- David Nicholas, Section Chief, Outbreak Investigation & Research Section, CEH, NYSDOH
- Kristine Wheeler, Director, Bureau of Water Supply Protection, CEH, NYSDOH
- Christina Bridge, School Environmental Health Program, CEH, NYSDOH

Remote / Listening In –

- Lorenz Neuwirth, Ph.D. (Educator)
- Lauren Zajac (Professional Medical Organization)

Meeting Summary – Lead Advisory Council 1/8/25

Agenda Topic	Notes	Follow-up Items
Welcome [00:00 – 39:40]	Dr. Ginsberg called the meeting to order at 10 AM and shared opening remarks. Council members and other attendees introduced themselves. Dr. Ginsberg acknowledged email communications amongst council members in the days prior to the meeting, which addressed councilmember participation and draft regulations on the Lead Rental Registry (LRR). Dr. Ginsberg referenced the need to put forth regulations on LRR, which was discussed at the council’s previous meeting on November 8, 2023, and with other stakeholders, including local health departments (LHDs). Regulatory package was announced publicly on December 24, 2024. The package remains in the public comment period through February 22, 2025. Dr. Ginsberg reminded and encouraged councilmembers to submit comments on the LRR regulations during the public comment period, after which DOH will review and address all comments received. Dr. Ginsberg acknowledged the request for bylaw changes to address the frequency of council meetings and the ability to participate virtually. Dr. Ginsberg acknowledged that while the council cannot meet to conduct official business virtually, he raised the option that the council could meet virtually in an unofficial capacity. A councilmember (MC) asked for clarification on the difference between an “official” and “unofficial” meeting of the council; expressed frustration with not being able to participate remotely and overall underutilization of the council; shared comments on the LRR, including frustration that only 30-minutes was dedicated on the agenda for LRR presentation and discussion. MC also stated that they were only given four days’ notice in advance of the meeting – other councilmembers confirmed that notification was sent out earlier. A second councilmember redirected the conversation back to the issue of utilization of the council. Dr. Ginsberg acknowledged that council feedback from the previous meeting was taken into consideration as the regulation was being developed. A third councilmember (MM) requested that the council be utilized more productively and offered that the council meet more frequently virtually unless there was a vote requiring in-person attendance to establish a quorum. Regarding the latter, Dr. Ginsberg requested William Sacks to provide input on how to incorporate this request in compliance with Open Meetings Law (OML). William Sacks provided information on OML, and the statutory authority of the council. Statute requires the council to develop a state plan (agency function within OML). Convening in-person annually maintains the council’s compliance with OML to allow public participation. Council meetings must be conducted in accordance with quorum rules and minute-taking under the OML. MM inquired about the process to amend OML. William Sacks provided information on this process, citing that this was an unlikely outcome given the	Establish working group(s) within the council to further refine draft regulations. Clarify meeting frequency. DOH to request an amendment to OML to allow for virtual participation.

Meeting Summary – Lead Advisory Council 1/8/25

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	legislature’s reaction to emergency executive orders issued during the COVID-19 pandemic. William Sacks offered that making a change to the enabling statute for this council would be more realistic solution, but that this would limit what the council would do. Nathan Graber motioned for the establishment of a workgroup; seconded by Matthew Chachere. Motion passed unanimously. Matthew Chachere motioned to request that DOH request amendments to OML to allow virtual council meetings; seconded by Morri Markowitz. Motion passed unanimously.	
Council Business [39:40 – 1:09:00]	Upon reviewing notes from the council’s last meeting, MC notes that minutes seemed incomplete. NG proposed edits to two quotes attributed to him, along with other council members. Pam Hurst motioned to approve the minutes; seconded by John Benson. Motion passed. Matthew Chachere did not approve. Council membership – three external, non-governmental seats remain empty (real estate; local housing authority; industry). All state agency seats are filled. MM raised the point that empty council chairs will be hard to fill, given the ethics code/financial conflicts of interest, and that they have never been filled in his time on the chair. DOH clarified that the seats are written in statute, and the council will continue to try to fill those seats. MC raised that the council website (membership page) was not up to date. Kathleen Bush introduced the videoconferencing resolution, which would permit virtual participation in the event of an extenuating circumstance in compliance with OML. MM shared a comment on the use of extenuating vs. extraordinary, with a preference for using extenuating. DL requested clarification on who determines what is an acceptable extenuating circumstance. DOH confirmed that the governing agency would be the body to review and determine an acceptable extenuating circumstance. Vote on resolution was tabled for later in the meeting.	Update Advisory Council Webpage(s). DOH will review appointments and will put forth re-appointment packages as necessary.
NYS Lead Poisoning Prevention Program Updates [1:10:00 – 1:35:30]	Megan Hughes delivered presentation. Comments (C) and questions (Q) received throughout presentation included: <i>Q1: What percentage of children tested had a blood lead level (BLL) > 5 µg/dL; and what would you estimate that percentage is for all children (including those not tested)?</i> <i>A1: Approximately four percent of children tested had a BLL > 5 µg/dL.</i> <i>C2: In previous meetings, we’ve discussed going from 5 µg/dL to CDC’s updated blood lead reference value of 3.5 µg/dL. Given these numbers and financial barriers, it seems that we are not ready to lower our action level.</i> <i>A2: We hope that by going upstream and being more preventive through our housing program, we can prevent children’s BLLs from going up, especially in our communities of greatest concern.</i> <i>C3: New York City has been using 3.5 µg/dL for several years.</i> <i>Q4: Has CLPPP funding remained static, or increased with inflation?</i>	Workgroup to address budgetary needs. DOH to report out on remediation funds at future council meetings. DOH to make available the enforcement guidelines and the issues that LHDs have been experiencing.

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	A4: Figure on slide is for the current funding cycle which began in 2021. That funding amount will remain consistent through the funding cycle. C5: One of the core functions of this council is to make recommendations on the budget. Should we be asking for more money? This should be on our agenda to ask for more money. A5: This could be something the workgroup could take up. C6: Regarding budgetary needs, council members who are LHD employees should advise as to what is happening on the ground. Q7: Why was a middle agency necessary to distribute funding? A7: Division of Housing and Community Renewal (HCR) had an existing process for distributing money for remediation, which is why they were identified as the most appropriate agency to distribute funding. C9: NYC’s Housing Preservation Department has money available to homeowners and landlords to mitigate lead-related issues, but money does not get spent as the application and eligibility criteria are too onerous. A9: DOH was aware of those challenges and had conversations with several counties to learn about their challenges with spending HUD funding and worked with HCR to avoid those barriers. Q10: Can DOH report out on this program and how the money is being utilized? A10: Yes, DOH can report out on this at upcoming meetings. Q11: Can we receive a copy of the enforcement guidelines and the issues that LHDs have been bringing forth? A11: Yes, DOH can make that available. Q12: What percent of kids are being tested? A12: We aim to determine this via our new survey which went out to providers to ask about their testing rates. Survey was sent to 800 health care providers – aiming to measure the effect of COVID and Magellan recall on testing rates. C13: Provider’s EMR typically does not sync with data in NYSIS. Not every practice manages their caseload in NYSIS on an active basis – they may never open NYSIS to update their cases if they don’t participate in vaccines for children. Guidance should be given to providers to clean their data in NYSIS so that the provider report cards are accurate.	DOH to report out on testing rates at future meetings.
NYS Rental Registry [1:36:00 – 2:40:00]	Tia Marks delivered presentation. Comments (C) and questions (Q) received throughout presentation included: Q1: What is the timeframe for implementation of these regulations? How much time will an owner have to register? A1: Based on the proposed rulemaking, the owner will have 90 days after implementation of the regulations to register their properties. LHDs will have the option to implement a tier-based system for conducting inspections. All inspections must be completed within three years.	Revisit definitions to ensure the inclusion of a definition of lead-based paint. Define if and when an XRF test is required and add details on the

Agenda Topic	Notes	Follow-up Items
	<i>Q2: What are the criteria for the tier system?</i> <i>A2: They are currently being developed.</i> <i>Q3: Why is abatement on the list of remediation activities? It should be its own category, and other methods should be listed as means of abatement.</i> <i>A3: It's on this list because we define remediation as any activity that will satisfy the RRP requirements after a lead hazard is identified.</i> <i>C4: Fundamental problem of these regulations is the combination of two parts: 67-5 and 67-2, which covers remediations being ordered by the health department after a child is identified with lead poisoning, "secondary prevention". Health department is attempting to "dumb down" regulations to remove the requirement for abatement, which would implicate EPA regulations on lead paint activities. These regulations will allow landlords negligent enough to allow tenants to live with lead poisoning to take interim measures, rather than pursue abatement. Recommend the development of a subpart for 67-5 to deal with the rental registry and leave 67-2 untouched. Proposed regulations do not clearly outline who is responsible for what actions under different circumstances.</i> <i>A4: There is a misconception regarding the use of the word abatement in the NYS Sanitary Code – it does not refer to the federal definition of abatement. NYS has never required full abatement. Pre-RRP, NYS have allowed lead-safe work practices; after RRP, NYS allowed certified contractors to fix the hazards (which is not abatement).</i> <i>C5: It has been brought up in past meetings what the definition of abatement means. We should be pursuing abatement, rather than interim measures. Landlords should not be the ones undertaking these actions, as they are not third-party.</i> <i>A5: Per our notice and demand, we have always allowed a variety of remediation measures.</i> <i>C6: Those remediation actions had to be done by people who had the legal qualifications to conduct those actions, implicating the EPA guidelines, which have specific determinations for abatement. If abatement is not done by these individuals, what purpose do the EPA guidelines serve?</i> <i>A6: Our intention was to make this less confusing – we are not walking back the requirements of what must take place when a lead hazard is identified.</i> <i>Q7: What you're saying is, that NYS was never in compliance with the federal law?</i> <i>A7: We have required them to follow RRP.</i> <i>C8: RRP doesn't even require dust testing.</i> <i>A8: The RRP requires dust wipes samples as well, which are lab-analyzed.</i> <i>C9: What about the definition of lead paint in the proposed regulations? The current definition in the regulations is "ancient" – 1.6 mg. NYC uses 0.5 mg. An entire section of XRF results seems to have been removed.</i> <i>A9: To identify a lead hazard, an XRF confirmation is not necessary because of the assumption that lead-based paint is present. Intent was to remove the</i>	technical considerations of XRF testing such as levels of detection. Revisit definitions to clarify and avoid conflation of "lead hazard" and "condition conducive to lead poisoning". DOH will revisit the definition of third-party inspectors to add more specific language. DOH will incorporate specific language to be included on certificates. DOH will add more detail to section regarding exemptions (67-5.5 M2). DOH will convene a workgroup consisting of the following volunteers: • Debra Lewis • Amy Gildemeister • Matthew Chachere • Morri Markowitz • Alana Streifert • Tiesha Jones • Lorenz Neuwirth

Agenda Topic	Notes	Follow-up Items
	substrate correction component, as XRF technology has changed over time. DOH will go back and ensure the inclusion of a definition of lead-based paint. C10: Two issues with definitions: 1) if XRF is included, need to define instrumentation capabilities and outline when an XRF is needed; 2) what is the standard for lead based paint? 0.5 mg is a technical amount, not clinically based. Comment on specific slide in presentation – need to be clear on the difference between replacement, abatement, removal. A10: Formatting was wrong in the slides, making it appear as if abatement was on the same list of actions as removal, replacement, and enclosure, when they were meant to be sub-bullets/categories of abatement. C11: When LHDs are charged with confirming presence of lead-based paint via XRF confirmation and asked to provide information back to property owner to remedy the situation, it is difficult to ask that same party to implement less-protective standards as a remedy. Preference would be to do XRF testing for every lead-based paint hazard in the home and require a higher standard for remediation. This would require more funding, staff, and regulations to support those actions. How can we set up a system where we are talking to property owners about both lead investigations, and rental registry certification? Are we going to apply two different standards for home visits? That is what is implied by part 5. It is hard to imagine how we are going to implement this. C12: I do not agree with the comment regarding what is the stricter standard. I think the presumption of lead paint is stronger than an XRF reading – there is a detection limit for XRF machines, and it is safer to assume the presence of lead paint. Poisoning can still occur under detectable limits. If XRF is the standard, property owners could benefit by having levels of lead below detection and avoid financing remediation. C13: XRF is not used alone – there are other methods (i.e., dust sampling) to determine the source of lead in a property when a child is identified with elevated blood lead levels. A11-13: DOH has noted the need to better the definitions surrounding XRF usage, detectable levels, and limitations. Q14: What information will tenants receive regarding Lead Safety Certifications? A14: Materials will specify that the property was free of conditions conducive to lead poisoning and was free of lead dust hazards at the time of inspection. C15: Vagueness throughout regulations, for example, assessment of soil – what are the criteria for assessment? What levels are we looking for? Multiple places throughout regulations where it states “matters or actions taken should be acceptable to the department” – those criteria should be defined. Is the “health department” the LHD, NYSDOH, or a regional/district office? Q16: What is the language that will be included in the certification? A16: Language is currently under draft. In addition to the certificate, DOH is working with outreach and education unit to develop supporting materials for	

Agenda Topic	Notes	Follow-up Items
	<i>tenants and landlords. We understand the need for the certificate to be clear and not misleading.</i> <i>Q17: Will the certificate include language that is typically included on a correction notice? The language on the certificate is impactful.</i> <i>C18: While developing certificate, consider potential issues of fraudulence (i.e., OSHA/asbestos).</i> <i>A17-18: These points are all taken. The audit requirement should prevent issues of fraudulence.</i> <i>C19: There is an issue of landlords being included in the definition of a third-party inspector.</i> <i>A19: That was required as part of Public Health Law section 1377, which states the owner may conduct their own inspection. The owner has the option to hire an EPA-certified inspector. If the owner conducts their own inspection, this will trigger the LHD to come in to do a 10% spot check.</i> <i>C20: Issue with exempting properties that have been fully abated from further inspection.</i> <i>Q21: For a building with multiple units – will a separate certification for the building common areas be issued?</i> <i>C22: Inspection reports should be made available to tenants.</i>	
Lead in Applesauce [2:41:24 – 3:02:08]	David Nicholas delivered presentation. Comments (C) and questions (Q) received throughout presentation included: <i>Q1: How did lead get into the applesauce? How many kids in NYS were identified via routine testing, versus because their parent(s)/pediatricians were concerned and ordered the testing? What type of messaging was put out to parents and providers?</i> <i>A1: Contaminated cinnamon product was traced back to a facility in Ecuador. DOH put a health alert out to providers through Health Commerce System. There was also heavy media coverage. CDC sent DOH case information but did not capture whether the child was being tested as a precaution or routinely; anecdotally, early cases were caught through routine testing, and following heavy media coverage, more parents took their children for testing.</i> <i>C2: Lead chromate: the chromate is hexavalent, and hexavalent chromium is a carcinogen. We rarely encounter ingestible lead as elemental lead. Typically, it comes in a pair. We should consider what else may have been present along with that lead.</i>	
Lead in Drinking Water [00:00 – 38:40]	Kristine Wheeler delivered presentation. Comments (C) and questions (Q) received throughout presentation included: <i>Q1: Presentation slides indicate there was no method for determining a relationship with health outcomes, but isn't it possible to measure lead down to 1 part per billion (ppb) by ICPMS?</i> <i>A1: That is correct, but it is not feasible to have a public water system monitor every single tap and every single plumbing system in every home in the U.S.</i>	

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Agenda Topic	Notes	Follow-up Items
	<i>Q2: The 90% rule leaves too many homes exposed to drinking water containing lead above the EPA-threshold, which is based on economic feasibility not health protection. Why is it not 99.99%?</i> <i>A2: Believe it goes back to feasibility.</i> <i>Q3: Does the state have to follow the federal rule, or can the state be stricter?</i> <i>A3: The state can be stricter. This would create some issues – we are currently able to leverage federal resources by following the federal rule, whereas if NYS had a different set of rules, NYS would not be able to do that.</i> <i>Q4: Do health departments use the same threshold as EPA for evaluation of lead sources in a home of a child with elevated lead?</i> <i>A4: The current USEPA Action Level is 15ppb, which is consistent with the threshold NYSDOH and LHDs use when responding to elevated blood lead levels.</i> <i>Q5: What happens when the water service line fails under that threshold, and is left to the homeowner to address? Has the state decided on funding packages to support homeowners with upgrades to their plumbing?</i> <i>A5: The homeowner is notified of the action level exceedance, and there will be additional actions the water suppliers have to take (according to the 2027 rule). Funding is currently only available to water suppliers – not aware of funding available directly to homeowners.</i>	
Lead in School Drinking Water [39:20 – 1:02:20]	Christina Bridge delivered presentation. Comments (C) and questions (Q) received throughout presentation included: <i>Q1: Do the school districts have consequences for not meeting deadlines?</i> <i>A1: Unsure, as enforcement is not something DOH has been responsible for.</i> <i>C2: It would be helpful for local agencies enforcing these regulations to clearly understand what the consequences for failing to meet program deadlines are.</i> <i>Q3: What was the standard of 5 ppb chosen?</i> <i>A3: The regulations changed in 2022 based on a study done by the League of Conservation Voters after sampling in the 2016 compliance period. The study showed the economic feasibility of 5 ppb.</i> <i>Q4: How many kids have been poisoned by lead in school drinking water?</i> <i>A4: We do not have data on that.</i> <i>C5: We have so much information on lead paint and its health effects, and we don't spend nearly as much money on eliminating it as we do spend on addressing lead in drinking water, which we don't have much clinical information on.</i> <i>C6: In our area, we had an exceedance, and we did a root cause analysis. There were reports that a few schools had exceedances within those buildings. Out of an abundance of caution, the health department worked with the schools to conduct blood lead testing for students. Of the 400 pre-K students tested, four had elevated capillary test results confirmed by venipuncture, and</i>	

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	<i>investigations found lead paint hazards in the homes. They are not being affected by the water.</i>	
Public Comment [1:03:00 – 1:15:40]	Comments from Dr. Neuwirth shared via email were read aloud by Matthew Chachere. A councilmember raised the question of how we can solicit public comment from remote participants in future meetings.	NYSDOH will explore options for receiving public comment from virtual attendees at future council meetings.
Closing Remarks	Videoconferencing resolution was revisited. A motion was made by Amy Gildemeister to adopt the resolution; seconded by Nathan Graber. Passed with one abstention (MC). A councilmember remarked that it would be worth inviting the Attorney General’s office to engage with the council. Morri Markowitz motioned to adjourn the meeting; seconded by Alana Streifert.	NYSDOH will look into having the AG’s office interface with the council.

New York State Advisory Council on Lead Poisoning Prevention
New York State Department of Health
ESP Meeting Room 6, Concourse Level Albany, NY 12242
Erie County Department of Health, 503 Kensington Ave., Buffalo, NY 14214
Friday, October 24th, 2025 | 10am – 3:30pm
AGENDA

9:45 am – 10:00 am	Registration
10:00 am – 10:10 am	Welcome Dr. Gary Ginsberg – Director <i>NYSDOH Center for Environmental Health</i>
10:10 am – 10:20 am	Council Business Dr. Kathleen Bush – Director, Strategic Operations <i>NYSDOH Center for Environmental Health</i>
10:20 am – 10:50 am	NYS Lead Poisoning Prevention Program Updates Megan Hughes – Section Chief, Housing Hygiene Section <i>NYSDOH Center for Environmental Health</i>
10:50 am – 11:50 am	NYS Lead Rental Registry Megan Hughes – Section Chief, Housing Hygiene Section <i>NYSDOH Center for Environmental Health</i> Stacey Thayer, Program Director, Leading in Lead Prevention Pilot Program <i>NYS Homes and Community Renewal</i>
11:50 am – 12:00 pm	Council Discussion
12:00 pm – 1:00 pm	LUNCH BREAK
1:00 pm – 1:30 pm	NYS Lead Rental Registry Working Session <i>Review of Draft Outreach Materials and Templates</i> Megan Hughes – Section Chief, Housing Hygiene Section <i>NYSDOH Center for Environmental Health</i>
1:30 pm – 2:00 pm	Lead in School Drinking Water Christina Bridge – School Environmental Health Program <i>NYSDOH Center for Environmental Health</i>
2:00 pm – 2:30 pm	Special Topic: EPA Certification and RRP Training Tom Muscarella, Associate Public Health Sanitarian <i>Erie County Public Health</i>
2:30 pm – 3:00 pm	Public Comment
3:00 pm – 3:15 pm	Council Discussion
3:15 pm – 3:30 pm	Closing Remarks Dr. Gary Ginsberg - Director <i>NYSDOH Center for Environmental Health</i>



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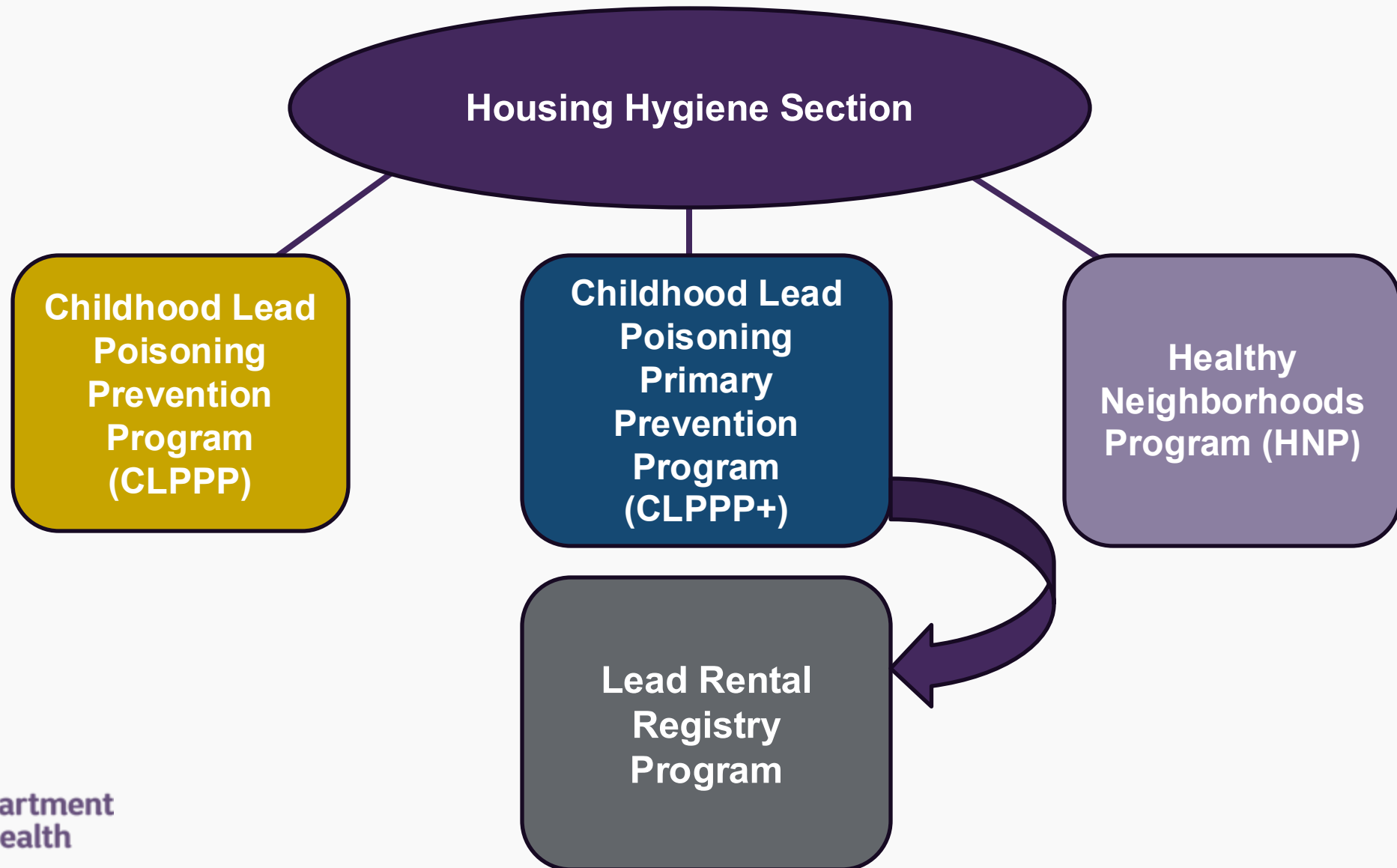
UPDATES: CHILDHOOD LEAD POISONING PREVENTION PROGRAM

MEGAN HUGHES, MPH
SECTION CHIEF: HOUSING HYGIENE SECTION

OCTOBER 24, 2025 | NEW YORK STATE LEAD POISONING ADVISORY COUNCIL MEETING
EMPIRE STATE PLAZA, ALBANY

HOUSING HYGIENE SECTION PROGRAM UPDATES

PROGRAM STRUCTURE



HOUSING HYGIENE OVERVIEW

Staff

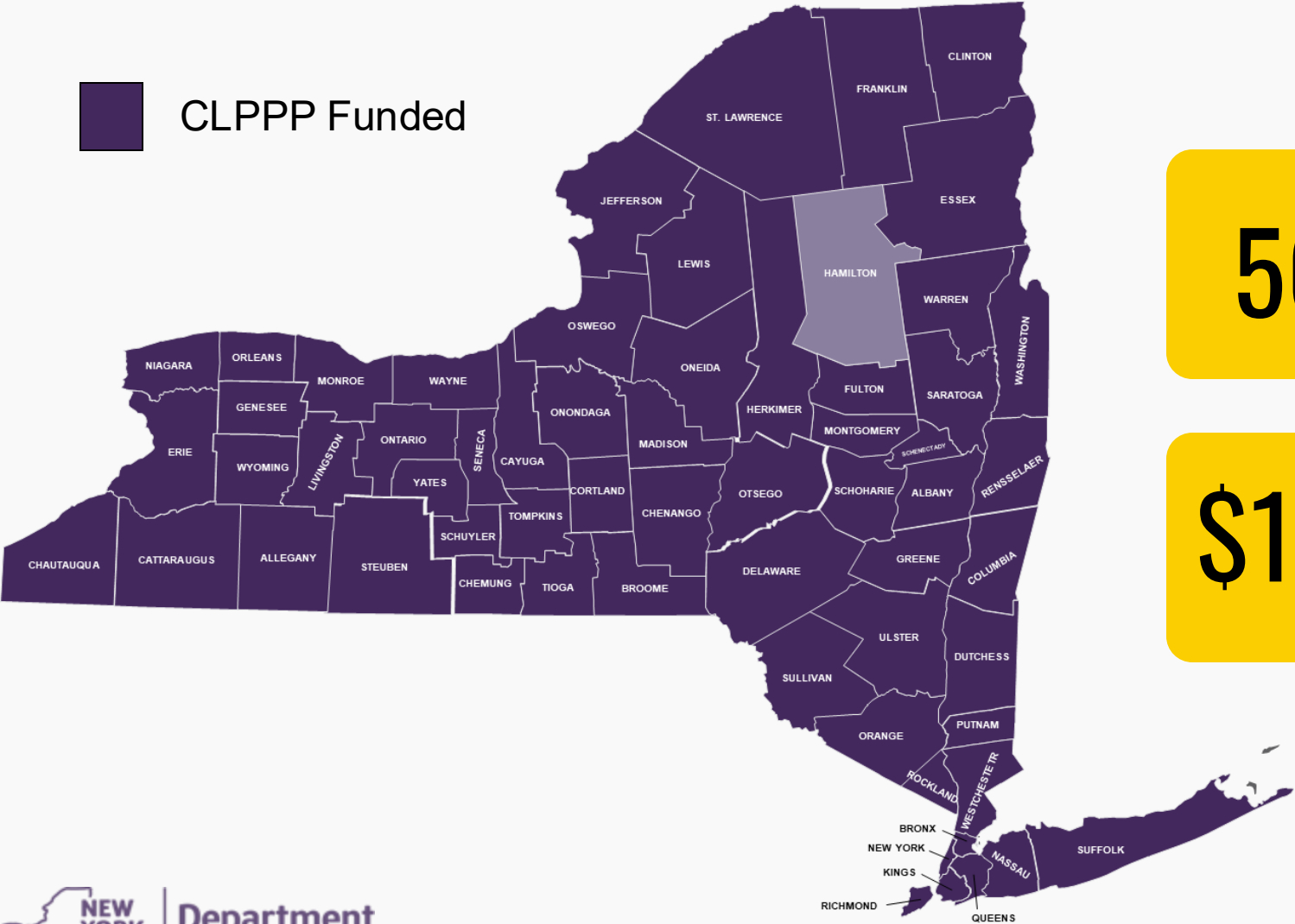
- Megan Hughes, MPH, Section Chief
- Lisa Wu, Research Scientist 3
- Lucretia LaLonde, Public Health Program Nurse
- Kate Sorensen, Public Health Program Nurse
- Angelica DeCianni, Project Coordinator
- Tia Marks, Research Scientist 2
- Elizabeth Wilson, Public Health Specialist 2
- Michelle Rathke, Senior Health Program Coordinator
- Allison Pijanowski, Public Health Specialist 1
- Jaime Welch, Public Health Specialist 1

Programs

- Childhood Lead Poisoning Prevention Program (CLPPP)
- Childhood Lead Poisoning Primary Prevention Program (CLPPP+)
- NEW: Lead Rental Registry
- Healthy Neighborhoods Program (HNP)

CLPPP

 CLPPP Funded



56 Grantees

\$15,802,700 Annual Funding*



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*Combined CLPPP/CLPPP+

CLPPP UPDATES

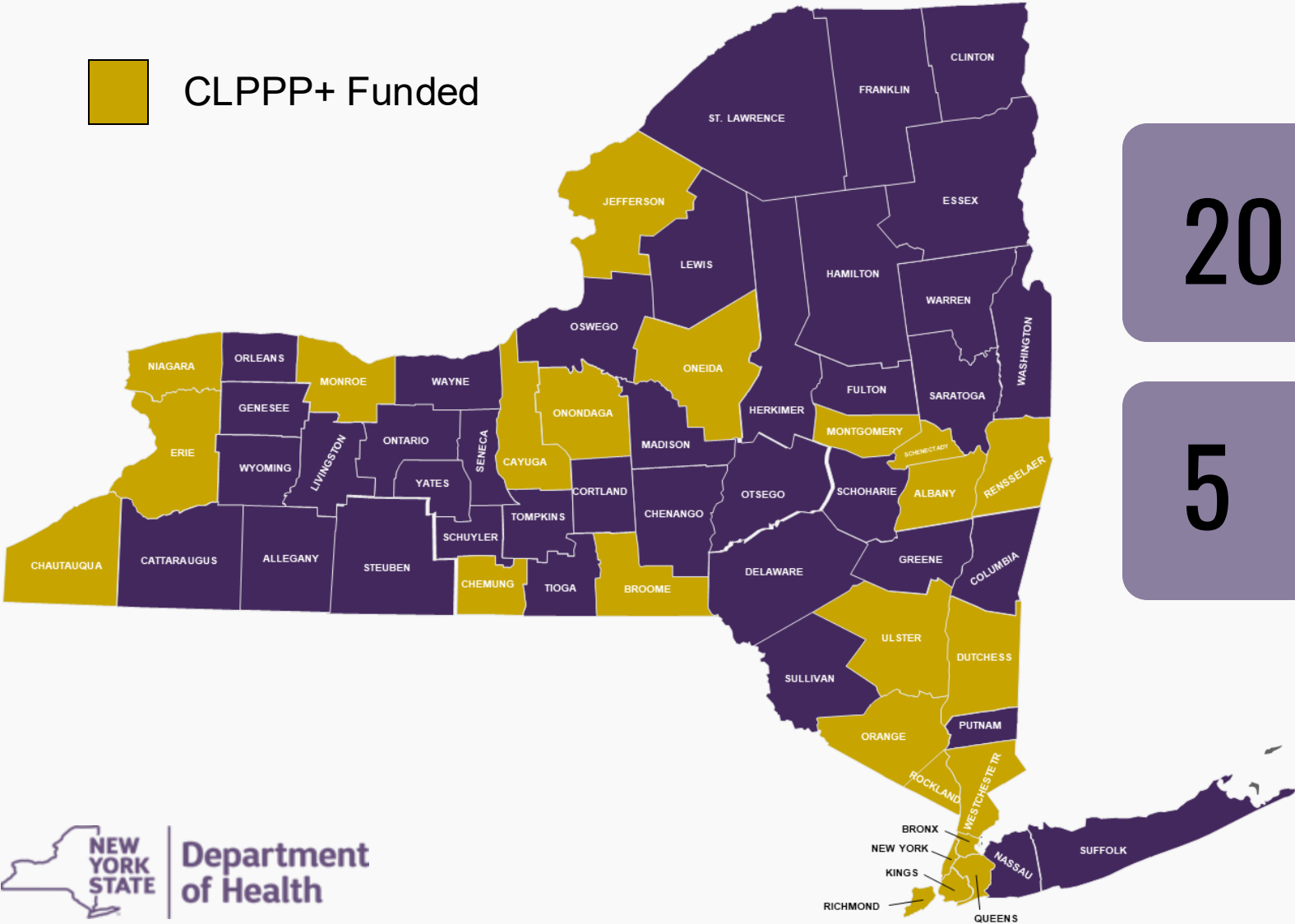
- Laboratory Quality Improvement
 - Roughly 770 laboratories enrolled to report blood lead levels to DOH.
 - DOH CLPPP staff and students performed data quality and reporting review.
 - Contacted noncompliant laboratories and required them to prepare corrective action plans.
- Vital Statistics Partnership
 - DOH CLPPP can now access birth records in partnership with Vital Records.
 - Can be used to identify children eligible for age-appropriate lead screening.

Technical Assistance through the Program Inbox

- Roughly 250 emails per week received (October 2024-March 2025).
- At least half of incoming messages require triage or follow up from team lead, often involving conference with colleagues, or in-depth case reviews.
- Efforts to provide quality and timely responses require dedication of nearly one full-time employee.

CLPPP+

 CLPPP+ Funded



20 Grantees

5 New counties for current funding cycle

CLPPP+

- Current Focus:
 - Case close-out
 - Staff capacity building (inspectors/workforce)
 - Community partnerships and coalitions
 - Building external support

All of these activities are also important in laying a foundation for the Rental Registry Program

- Enforcement:
 - Enforcement varies by county
 - Required as a grant deliverable
 - Guidance being developed
 - Webinar for counties/county attorneys May 2025
- Hosted an in-person annual meeting June 2025

ADDITIONAL QUESTIONS:

megan.hughes@health.ny.gov





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PROVIDER REPORT CARD PROJECT

CHILDHOOD LEAD POISONING PREVENTION PROGRAM (CLPPP)

PATRICIA SCHNABEL RUPPERT, DO, MPH, CPE, DAFM, FAAFP

OCTOBER 24, 2025 | NEW YORK STATE ADVISORY COUNCIL ON LEAD POISONING PREVENTION
EMPIRE STATE PLAZA

AGENDA

- **Public Health Law**
- **NYSIIS Data**
 - Aggregate Clinical Performance Reports
 - Provider Report Cards
- **Letters**
- **Tracking and Feedback**
- **Evaluation**

PUBLIC HEALTH LAW

67-1.2 - Lead screening and follow-up of children by health care providers

(a) Lead screening and follow-up of children by primary health care providers.

(3) Primary health care providers shall screen or refer **each child** for blood lead screening, **at or around one and two years of age**, preferably as part of routine well child care.

New York State and Medicaid require health care providers (HCPs) to test all children for lead with a blood lead test at age 1 year and again at age 2 year.

NYSIIS DATA: AGGREGATE CLINICAL PERFORMANCE REPORTS

Purpose: To identify a health care provider organization's blood lead testing rates and compliance with NYCRR 67-1.2.

- Select test type (one-year-old, two-year-old, etc.) and timeframe.
- For this project, only considered HCPs with 10 or more children in the # met criteria.
- Identified all HCPs testing 30% or lower for one-year-olds, two-year-olds, or both.

NYSIIS/DATA- AGGREGATE CLINICAL PERFORMANCE REPORTS

organization

NYSDOH - Lead Poisoning Prevention Program (LPPP) • user Angelica DeCianni • role NYSIIS System Manager

Aggregate Clinical Performance Report

Select a Report

☒ One Year Old Test *

☐ Two Year Old Test *

☐ Two Years of Age with One Test by Age Two

☐ Three Years of Age with One Test +

☐ Three Years of Age with Two Tests at Any Time +

☐ Three Years of Age with One Test at or around Ages One and Two

☐ Timely Venous Confirmatory Testing

☐ Overdue for a Venous Sample Analyzed By a Lab Approved for Toxicology - Blood Lead - Comprehensive Testing

Select Time Frame

Time Increment: Year:

2024

Select Birth Year

☒ No Birth Year Selection

☐ Birth year

Year

A report will be generated with the number and percentage of patients less than six years of age who have had a blood lead test(s) according to the selected criteria and time frame. In rare instances, a child's record may need manual review by NYSDOH before it is matched into NYSIIS and available for a report.

The count displayed in the # in Age Range column for the Timely Venous Confirmatory Testing and the Overdue for a Venous Sample Analyzed By a Lab Approved for Toxicology - Blood Lead - Comprehensive Testing reports reflects the number of Patients in the birthdate range with an elevated capillary result (5 µg/dL or greater).

At this time, the Aggregate Clinical Performance Report includes only NYS residents outside of NYC

Note: * Indicates testing that is required by NYS regulation 67-1.2 (3).

+ Indicates additional measures that match NYS annual surveillance reports.

Generate

Cancel

Aggregate Clinical Performance Report

Select a Report

☒ One Year Old Test *

☐ Two Year Old Test *

☐ Two Years of Age with One Test by Age Two

☐ Three Years of Age with One Test +

☐ Three Years of Age with Two Tests at Any Time +

☐ Three Years of Age with One Test at or around Ages One and Two

☐ Timely Venous Confirmatory Testing

☐ Overdue for a Venous Sample Analyzed By a Lab Approved for Toxicology - Blood Lead - Comprehensive Testing

Select Time Frame

Time Increment: Year:

2024

Select Birth Year

☒ No Birth Year Selection

☐ Birth year

Year

NYSIIS/DATA- AGGREGATE CLINICAL PERFORMANCE REPORTS

Aggregate Clinical Performance Report

1 Yr Old, 2024

10/2/25 1:32 PM

NYSDOH - Lead Poisoning Prevention Program (LPPP), 39241

Birth Year

NYS Guidelines for Health Care Providers for the Prevention, Identification and Management of Lead Exposure in Children

(link below)

<http://www.health.ny.gov/publications/2501.pdf>

To create a hyperlink to the document, click on the URL above twice and then out of the field

Org Types: FQHC, Indian Health Centers, Private Practice, School Based Health Centers

Org has greater than or equal to 10 children meeting the report criteria

Provider Organization	ID	Street Address	City	ST	Zip	County	Provider Phone	# in Age Range	# Met	% Met	Org Type	Email	Previous Year Annual Rate Captured dd/mm/yyyy
CWPW NG - PUTNAM PEDIATRICS - 04375	19180	609 BALTIMORE	CRESCENT	NY	45004	Putnam	(730) 517--332 Ext. 919525	227	11	4.85 %	Private Practice, including Solo, Group, HMO	nktnh@ksdz.com	10.78 % 02/10/2025
WASHINGTONVILLE PEDIATRICS 00105	1067	241 ASSEMBLY	MILWAUKEE	NY	60467	Orange	(415) 464--315 Ext. 961960	766	40	5.22 %	Private Practice, including Solo, Group, HMO	ytrgx@elkzt.com	7.19 % 02/10/2025
CORNERSTONE FHC @ GROVE ST -90054	1996	432 NOBLE	DALLAS	NY	53390	Orange	(569) 730--115 Ext. 322663	263	19	7.22 %	FQHC	ujdxk@yibqy.com	11.61 % 02/10/2025
PEDIATRIC PROFS OF LI PROHLTH 04396	12021	646 DATE	MINERAL POINT	NY	67524	Nassau	(147) 152--639 Ext. 221031	220	17	7.73 %	Private Practice, including Solo, Group, HMO	lyyfb@wgrsz.com	24.50 % 02/10/2025
CRYSTAL RUN HC - WEST NYACK V21027	90168	517 HIGGINS	CHENEQUA	NY	47055	Rockland	(113) 640--498 Ext. 281572	413	32	7.75 %	Private Practice, including Solo, Group, HMO	ippdj@qxvqd.com	9.84 % 02/10/2025
PARKWAY PEDS & ADOLESCENT MED-04048	2796	9250 Non Street	Cannes	NY	43864	Monroe	(867) 440--786 Ext. 175115	200	16	8.00 %	Private Practice, including Solo, Group, HMO	nibh.Donec.est@nibhQuisquenonummy.com	12.57 % 02/10/2025
CWPW NG-PED CARE OF HUDSON VALLEY 02624	751	146 DATE	KOHLER	NY	18739	Orange	(646) 193--959 Ext. 928082	420	35	8.33 %	Private Practice, including Solo, Group, HMO	svazw@ycsmd.com	30.02 % 02/10/2025
FRIENDLY MEDICAL GROUP, P.C - 00520	2581	Ap #927-8842 Aliquam St.	Erquelinnes	NY	63055	Suffolk	(418) 216--488 Ext. 515227	323	29	8.98 %	Private Practice, including Solo, Group, HMO	at.pretium.aliquet@aenim.ca	16.67 % 02/10/2025
CHS LONG ISLAND - CATHOLIC HEALTH SYSTEM - DX PARENT	45521	760 CHERRY	ROCHESTER	NY	77867	Suffolk	(800) 910--521 Ext. 269312	168	16	9.52 %	Private Practice, including Solo, Group, HMO	xhslm@gdwpm.com	12.00 % 02/10/2025

NYSIIS/DATA- AGGREGATE CLINICAL PERFORMANCE REPORTS

Aggregate Clinical Performance Report

1 Yr Old, 2024

10/2/25 1:32 PM

NYSDOH - Lead Poisoning Prevention Program (LPPP), 39241

Birth Year

NYS Guidelines for Health Care Providers for the Prevention, Identification and Management of Lead Exposure in Children
(link below)

<http://www.health.ny.gov/publications/2501.pdf>

To create a hyperlink to the document, click on the URL above twice and then out of the field

Org Types: FQHC, Indian Health Centers, Private Practice, School Based Health Centers

Org has greater than or equal to 10 children meeting the report criteria

State | Region | County | Health Plan | Provider Organization | Org Testing | Orgs < 10 | Orgs ≥ 10 | Orgs 10 < 50 | Orgs ≥ 50

NYSIIS DATA: PROVIDER REPORT CARD

Purpose: To communicate compliance with blood lead testing regulations.

- Timely feedback about blood lead testing rates
- Timeliness of confirmatory testing for capillary blood lead results equal to or greater than 5 µg/dL
- Compare one and two-year-old blood lead testing rates to NYS testing rate and NYS Medicaid testing rates

PROVIDER REPORT CARD

Provider Blood Lead Testing Report Card

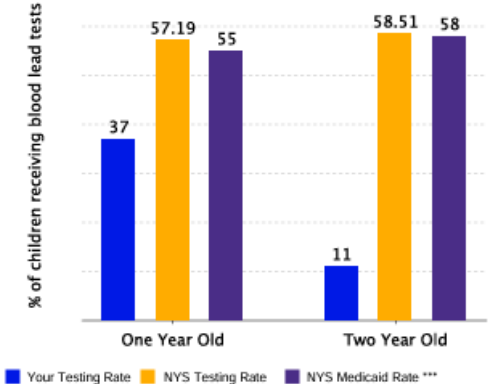
NYSDOH - Lead Poisoning Prevention Program

- New York State requires health care providers to test all children for lead with a blood lead test at age 1 year and again at age 2 years, to assess a child's risk of lead exposure at each well-child visit, and to perform lead testing if a child is found to be at risk. (10NYCRR 67-1.2)
- Medicaid requires that all children who are enrolled received a blood lead test at both 1 and 2 years of age. If no lead test has been completed, children should receive a test between 3 and 5 years of age.
- Capillary blood lead samples with a result of 5 µg/dL or greater require a confirmatory venous sample analyzed by a lab approved for toxicology blood lead comprehensive testing* within 3 months or less, depending on the initial capillary blood lead sample result.
- ALL capillary blood lead results obtained in a provider's office from a point-of-care device (i.e. LeadCareII®) must be reported to the New York State Department of Health.

Your 2024 Testing Rate:

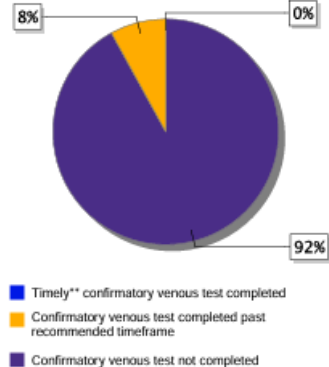
One Year Olds: **37%** (9months-<18months)
Two Year Olds: **11%** (18months-<36months)

Your Testing Rate vs. NYS vs. NYS Medicaid



Your 2024 Timely Confirmatory Venous Testing Rate: **0%**

Among the children in your practice with a capillary result of 5 µg/dL or greater



- There is no safe level of lead exposure. Adherence to the NYS blood lead testing guidelines is essential to help prevent the negative and lasting effects of lead exposure in children.
- Resources to improve your blood lead testing and confirmation rates are available in the NYSIIS lead reports.
- Call 518-402-7600, email lpdp@health.ny.gov, or visit www.health.ny.gov/environmental/lead for more information about provider testing requirements and lead poisoning prevention.

* To search for a lab approved for toxicology blood lead comprehensive testing, visit <https://www.wadsworth.org/regulatory/clep/approved-labs>
** To see timeframes for confirmatory venous testing, visit <https://www.health.ny.gov/publications/2501/>
***Based upon NYS Medicaid and Lead Registry data match of children meeting the age criteria



Department
of Health



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of Health

NYSIIS/DATA- AGGREGATE CLINICAL PERFORMANCE REPORTS

Provider Organization	ID	Street Address	City	ST	Zip	County	Provider Phone	# in Age Range	# Met Criteria	% Met Criteria	Org Type	Email	Previous Year Annual Rate Captured dd/mm/yyyy
CWPW NG - PUTNAM PEDIATRICS - 04375	19180	609 BALTIMORE	CRESCENT	NY	45004	Putnam	(730) 517--332 Ext. 919525	227	11	4.85 %	Private Practice, including Solo, Group, HMO	nktnh@xsdz.com	10.78 % 02/10/2025
WASHINGTONVILLE PEDIATRICS 00105	1067	241 ASSEMBLY	MILWAUKEE	NY	60467	Orange	(415) 464--315 Ext. 961960	766	40	5.22 %	Private Practice, including Solo, Group, HMO	ytrgx@elkzt.com	7.19 % 02/10/2025

Provider Organization	ID	Street Address	City	ST	Zip	County
CWPW NG - PUTNAM PEDIATRICS - 04375	19180	609 BALTIMORE	CRESCENT	NY	45004	Putnam
WASHINGTONVILLE PEDIATRICS 00105	1067	241 ASSEMBLY	MILWAUKEE	NY	60467	Orange
CORNERSTONE FHC @ GROVE ST -90054	1996	432 NOBLE	DALLAS	NY	53390	Orange
PEDIATRIC PROFS OF LI PROHLTH 04396	12021	646 DATE	MINERAL POINT	NY	67524	Nassau

Provider Phone	# in Age Range	# Met Criteria	% Met Criteria	Org Type	Email	Previous Year Annual Rate Captured dd/mm/yyyy
(730) 517--332 Ext. 919525	227	11	4.85 %	Private Practice, including Solo, Group, HMO	nktnh@xsdz.com	10.78 % 02/10/2025
(415) 464--315 Ext. 961960	766	40	5.22 %	Private Practice, including Solo, Group, HMO	ytrgx@elkzt.com	7.19 % 02/10/2025
(569) 730--115 Ext. 322663	263	19	7.22 %	FQHC	ujdxk@yibqy.com	11.61 % 02/10/2025
(147) 152--639 Ext. 221031	220	17	7.73 %	Private Practice, including Solo, Group, HMO	lyyfb@wgrsz.com	24.50 % 02/10/2025

PROVIDER REPORT CARD

Your 2024 Testing Rate:

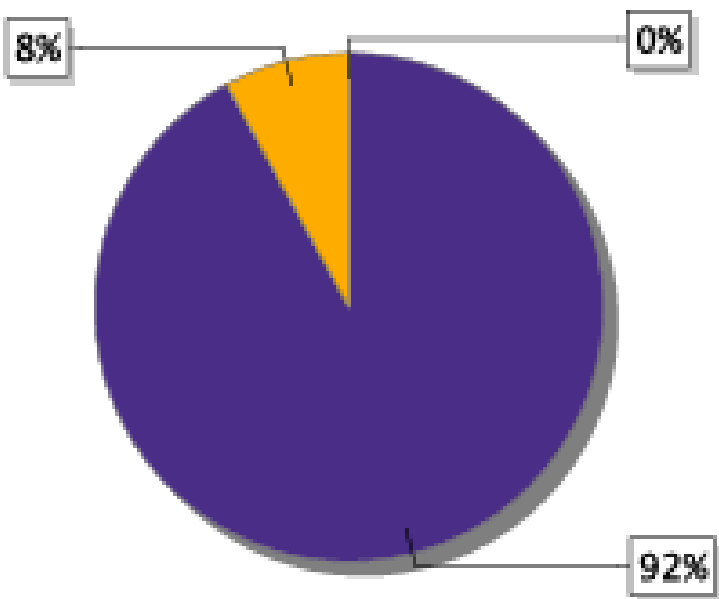
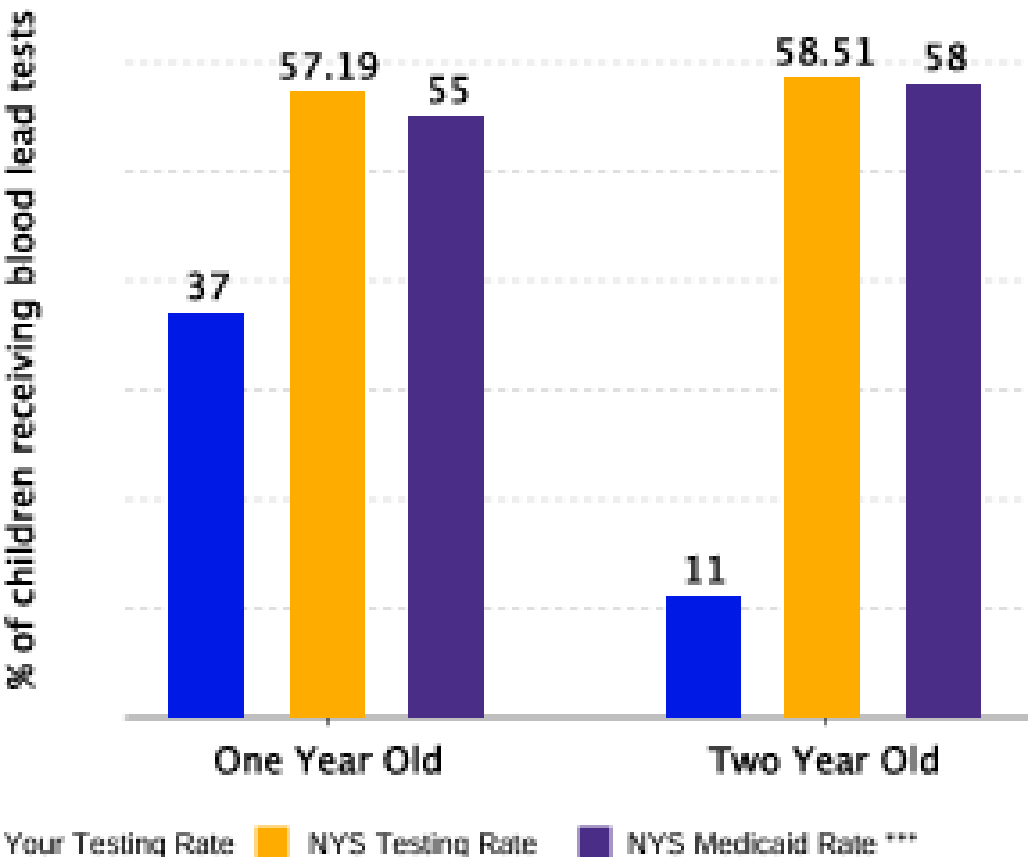
One Year Olds: **37%**
(9months-<18months)

Two Year Olds: **11%**
(18months-<36months)

Your 2024 Timely Confirmatory Venous Testing Rate: **0%**

Among the children in your practice with a
capillary result of 5 µg/dL or greater

Your Testing Rate vs. NYS vs. NYS Medicaid



- Timely** confirmatory venous test completed
- Confirmatory venous test completed past recommended timeframe
- Confirmatory venous test not completed



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LETTERS TO PROVIDERS

- 223 letters sent in August/September 2025
- Excel tracking sheet
 - Provider Organization, Email, % Met Criteria, Low testing for One-Year-Old, Two-Year-Old or Both, Email sent date, Read Receipt, Alternate contact information and Notes
- 58 Emails were returned undeliverable
 - Followed up with a phone call to obtain new email address or fax #

LETTERS TO PROVIDERS



Department
of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

August 25, 2025

Dear Health Care Provider(s):

This letter is to inform you that the New York State Department of Health's records indicate that your practice's blood lead testing rate of age-appropriate children in your practice is less than or equal to 30%, which is non-compliant with state law and regulations. The New York State Department of Health, local health departments, health plans, and health care provider organizations are required to generate blood lead testing reports within the NYS Immunization Information System (NYSIIS). NYS Public Health Law Section 1370-c and Section 67-1.2 of Title 10 of the New York State Code of Rules and Regulations require health care providers to:

- Test ALL children at **age one year AND AGAIN at age two years** with a blood lead test.
- If a child under the age of six in your care did not get tested at age one or two, they should receive a blood lead test as soon as possible.
- Report all blood lead test results obtained from a point-of-care device in the office to the New York State Department of Health.
Note: Clinical laboratories analyzing lead samples using comprehensive toxicology are required to report blood lead data through the NYS Electronic Clinical Laboratory Reporting System (ECLRS).
- Conduct a lead exposure risk assessment for all children ages six months to six years at every well child visit, and if found to be at risk, obtain a blood lead test.
- Provide guidance on 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 level of lead in the blood. Blood Lead Levels (BLLs) as low as 5 µg/dL in young children have been associated with learning disabilities, behavior problems, and lowered intelligence. The leading risk factor for lead exposure among children is lead-based paint in homes, which contributes to lead-based dust, both of which can be ingested by young children. Lead-based paint was not banned until 1978, making older homes a greater risk for lead exposure. New York has the oldest median housing age (62 years) among U.S. states, with the typical home built around 1959. Recognizing that homes built before 1980 represent a high risk of lead exposure, some of your young patients are undoubtedly exposed to lead.

To assist you with implementing corrective actions to increase the blood lead testing of children within your practice, the following materials are attached:

- 1) The Practice Report Card for your specific practice;
- 2) a summary of NYSIIS Blood Lead Reports (purpose, criteria, and tips on when to use); and

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

- 3) instructions for generating your organization's **Aggregate Clinical Performance Report** including blood lead testing rates, **Test Due List Reports**, and **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 above 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 via email at lppp@health.ny.gov.

In accordance with Public Health Law, the New York State Department of Health is responsible for ensuring that all health care practices are effectively meeting regulatory requirements to test ALL children at **age one year AND AGAIN at age two years** with a blood lead test.

Please note that a follow up evaluation of your practice's compliance with NYS blood lead testing laws will be performed in December 2025. Should we find continued poor performance, the New York State Department of Health may be compelled to engage in enforcement action(s) to address violations of Public Health Law 1370-C and Section 67-1.2 of 10 NYCRR.

We hope this information will assist you in complying with NYS Public Health Law and regulatory requirements. Additionally, to support the lead exposure risk assessment for all children ages six months to six years of age, an example [screening tool](#) is available. For additional information, including resources to support your outreach efforts to improve blood lead testing and lead exposure risk assessment in your practice, please visit <https://www.health.ny.gov/environmental/lead/>.

Sincerely,

Patricia Schnabel Ruppert, DO, MPH, CPE, DAFM, FAAFP
Medical Director, Center for Environmental Health
New York State Department of Health

Enclosures:

- Copy of Information to Provider Letter
- Practice Report Card
- Summary NYSIIS Blood Lead Reports
- Instructions to generate the following: NYSIIS Blood Lead Aggregate Clinical Performance Report, NYSIIS Blood Lead Test Due List Reports, Letters, and Labels

Cc:

Local Health Department Commissioner/Public Health Director
Local Health Department Environmental Health Director
District Office Director/ Regional Environmental Health Director
Local Health Department Lead Program Lead

Bcc: Regional Lead Resource Center Directors



Department
of Health

FEEDBACK AND FOLLOW-UP

- Provider feedback will be compiled for evaluation, technical assistance, and quality improvement purposes.
- Data will be re-run in early 2026 to evaluate effectiveness.
- Additional outreach to noncompliant providers, with the possibility of enforcement actions is forthcoming.

Thank you!

NYSDOH Childhood Lead Poisoning Prevention Program
lppp@health.ny.gov



**Department
of Health**



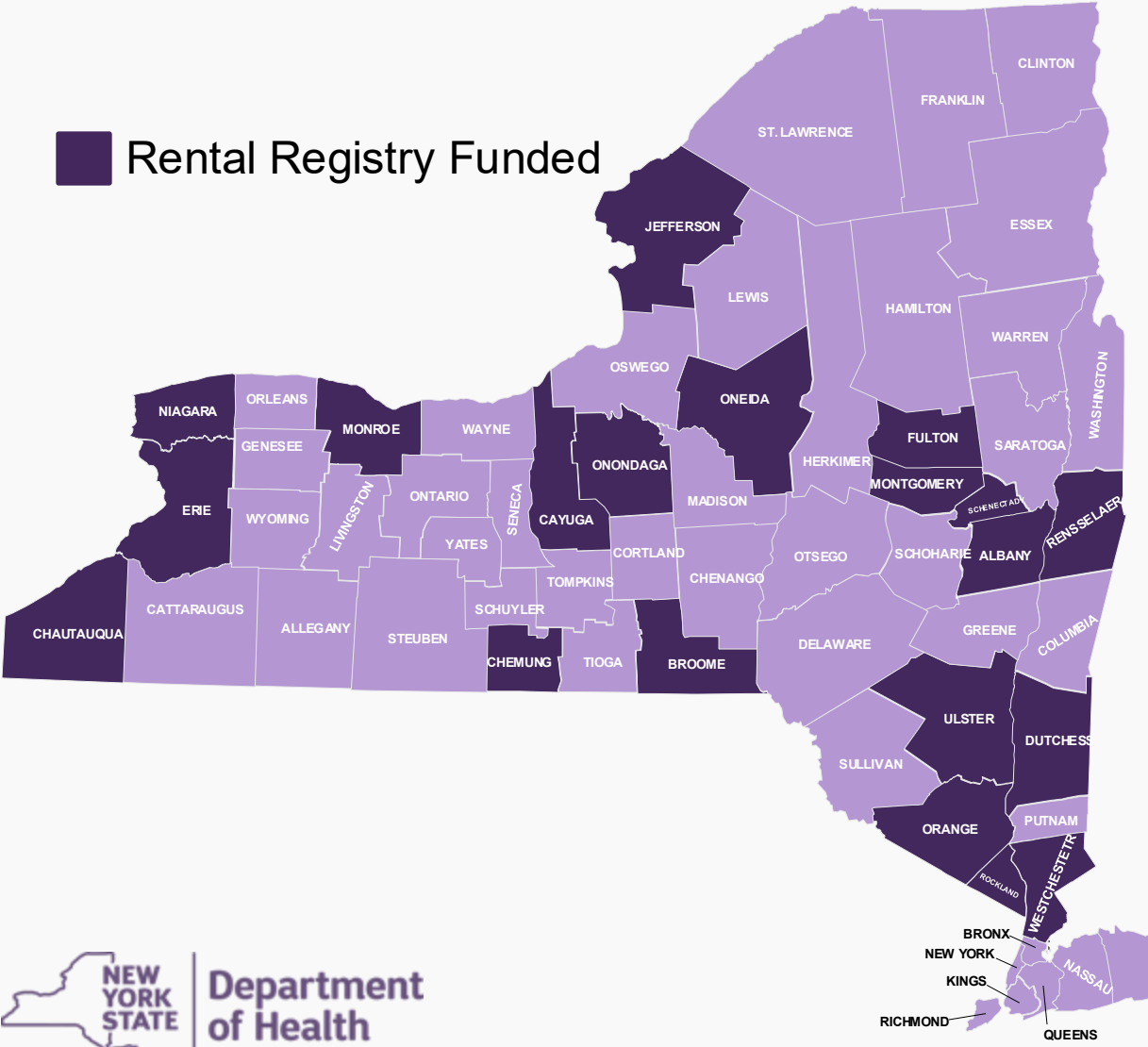
Department
of Health

PREPARING FOR LEAD RENTAL REGISTRY IMPLEMENTATION

MEGAN HUGHES, MPH
SECTION CHIEF: HOUSING HYGIENE SECTION

OCTOBER 24, 2025 | NEW YORK STATE LEAD POISONING ADVISORY COUNCIL MEETING | EMPIRE STATE PLAZA

RENTAL REGISTRY PROGRAM



20 Grantee Counties

25 Communities of Concern

\$15.8M Annual Funding

RENTAL REGISTRY UPDATES

- Software system shifted from outside procurement to in-house/ITS solution
 - Phase 1: Registration (November 2025)
 - Phase 2: Full platform for inspection, lead safety certificate, and other required reporting
- Subpart 67-5 Revised Rulemaking status
 - Preparing outreach materials, guidance, and templates for release
 - Routine meetings with LHDs
 - Engagement with HCR, NYSERDA, DOS, OPRHP and other stakeholders

PLANNING RECOMMENDATIONS FOR LHDS

RESOURCES

- Ongoing Quarterly Community of Practice Meetings
 - DOH, NCHH, and LHDs
 - Discuss implementation planning
 - Share ideas, challenges, and successes
- Technical assistance focused on improving enforcement systems
- Monthly calls with partial-service rental registry counties to share and brainstorm solutions to unique challenges
- Outreach materials, guidance, and templates coming soon

BUILDING PARTNERSHIPS

- County Clerk's Office
 - Establish an agreement to attach a lien to the property for noncompliance with Notice and Demand
 - Alert system to notify Rental Registry Program when properties are sold
- Section 8 and Public Housing
 - Evaluate compliance with Housing Quality Standard inspections and agency knowledge of the Lead Safe Housing Rule
 - Brainstorm collaboration - integrating inspections and compliance

BUILDING PARTNERSHIPS CONTINUED

- Department of Social Services (DSS)
 - Rental assistance and foster care services
 - Identify subsidized housing units located in communities of concern
 - Collaborate on inspections
- Municipal Code Enforcement
 - Collaborate with fire safety and property maintenance inspection programs
 - Establish referral systems
 - Assistance with identifying property owners

FOCUS ON INTEGRITY OF CURRENT PROCESSES

- Perform/clear EBL and primary prevention inspections with the goal of them remaining lead safe for several years.
 - Promote permanent window treatments
 - Ensure paint film stabilization is used appropriately
- Close open, languishing cases
 - Perform updated inspections with new owners if needed
 - Offer incentives
 - Move to enforcement quickly if no compliance
 - Placard as needed

Distributed technical assistance briefs and guidance documents that detail steps to prepare for implementation, closing older cases and improving aspects of enforcement systems.

New York State Department of Health
Childhood Lead Poisoning Prevention Programs
Closing Older, Open Cases

1. Identify CLPPP (EBLL in LeadWeb) and CLPPP+ (Primary Prevention in Coinspect) cases w inspections conducted two or more years ago that remain open
 - a. NCHH and NYSDOH can provide guidance on how to identify these cases.
 - b. NCHH and NYSDOH will be providing guidance on how to identify these cases an can also work with programs 1:1 as needed.
2. Verify property ownership
 - a. If the property has been transferred or sold, update property owner information
3. Conduct research on the property and the property owner (Know thy owner)
 - a. Are taxes paid and up-to-date?
 - b. Are there outstanding building code orders?
 - c. Are there liens on the property?

This information can help you characterize the responsiveness of the owner.
4. Reach out to the property owner to communicate the need to respond to the Notice and Demand
 - a. Arrange to meet the property owner at the property and conduct a walk through
5. Conduct a new inspection and reissue the N&D
6. Offer incentives such as HCR funding, free RRP training and materials/supplies
7. Establish tight timeframes with the property owners
 - a. Develop a time-phased workplan
 - b. Maintain frequent contact
 - c. Communicate enforcement actions
8. Move to formal enforcement expediently if continued non-compliance is demonstrated
9. Collaborate with code enforcement to coordinate dual enforcement
10. Facilitate tenant transition to a new living environment and placard the property



RESOURCES

Reach out to Rental.Registry@health.ny.gov to request these documents.

OUTREACH AND EDUCATION

- Property Owners
 - Requirements
 - Responsibilities
 - Deadlines
- Tenants
 - Rights
 - Landlord responsibilities
 - General lead safety education
- Elected Officials
 - County boards, legislatures, boards of health etc.
 - Educate about importance and requirements
 - Engage them in outreach to constituents

INCREASE WORKFORCE CAPACITY

- Promote and optimize RRP training
 - Heavily promote RRP training among landlord population
 - Fund additional classes
- Enhance Capacity of Certified Lead Abatement Contractors
 - Outreach to certified contractors working in communities of concern
 - Information meetings that focus on opportunities provided by Rental Registry Program
 - Subsidize abatement worker and supervisor courses

PLANNING RECOMMENDATIONS

- Improve or establish an effective enforcement process
- Focus on integrity of current inspections
- Educate property owners/residents
- Promote and optimize RRP training
- Enhance Capacity of Certified Lead Abatement Contractors
- Educate elected officials
- Resolve and close older open cases
- Build partnerships:
 - Section 8 and public housing
 - DSS
 - Code Enforcement
 - County Clerk's Office

ADDITIONAL QUESTIONS:

megan.hughes@health.ny.gov



**Department
of Health**



Homes and Community Renewal

HCR Leading in Lead Prevention Pilot Program (LEAD)



Presented by Stacey Thayer, HCR Program Director
10.24.25

HCR Leading in Lead Prevention Program

- **Round 1**: \$18 million awarded to 18 DOH identified Communities of Concern
- **Round 2**: \$22 million awarded to all 25 DOH identified Communities of Concern
- **Round 3**: Planned for late fall, 2025



HCR LEAD Eligible Properties & Units



Program provides \$40,000 per unit for lead remediation



Property is in a Community of Concern. 80% of the grant funds must be spent on units in the zip codes identified as Communities of Concern



There are no property owner or tenant income requirements for this funding



Owner-occupied & vacant units in the property are eligible



The program will prioritize occupied units where elevated blood lead levels have been detected in children or pregnant individuals



Owners commit to owning/maintaining property for 5 years. Owner may not increase rent more than 3% annually at lease renewal or vacancy



HCR LEAD Eligible Repairs (Interior, Exterior, & Common Areas)

Friction Surfaces

Abatement of high risk, friction surfaces (windows and doors) is required. Encapsulation and Enclosure are not acceptable forms of abatement on those surfaces.

Non- Friction Surfaces

Remediate all non- friction surfaces. Encapsulation and Enclosure are acceptable forms of remediation.



Steps for Local Program Administrators (LPAs):

- 1) Market the Program
- 2) Property owner completes application
- 3) Scope of Work created
- 4) EPA Certified Contractors hired
- 5) Lead remediation work completed





Questions?

Contact Information:

Stacey Thayer, Program Director: Stacey.Thayer@hcr.ny.gov

Website: <https://hcr.ny.gov/leading-lead-prevention-pilot-program>



**Homes and
Community Renewal**



Department
of Health

SUBPART 67-2 AND SUBPART 67-5 REVISED RULEMAKING UPDATES

**DEANNA LANEY, ASSISTANT DIRECTOR
BUREAU OF COMMUNITY ENVIRONMENTAL HEALTH AND FOOD PROTECTION**

OCTOBER 24, 2025 | ADVISORY COUNCIL ON LEAD POISONING PREVENTION

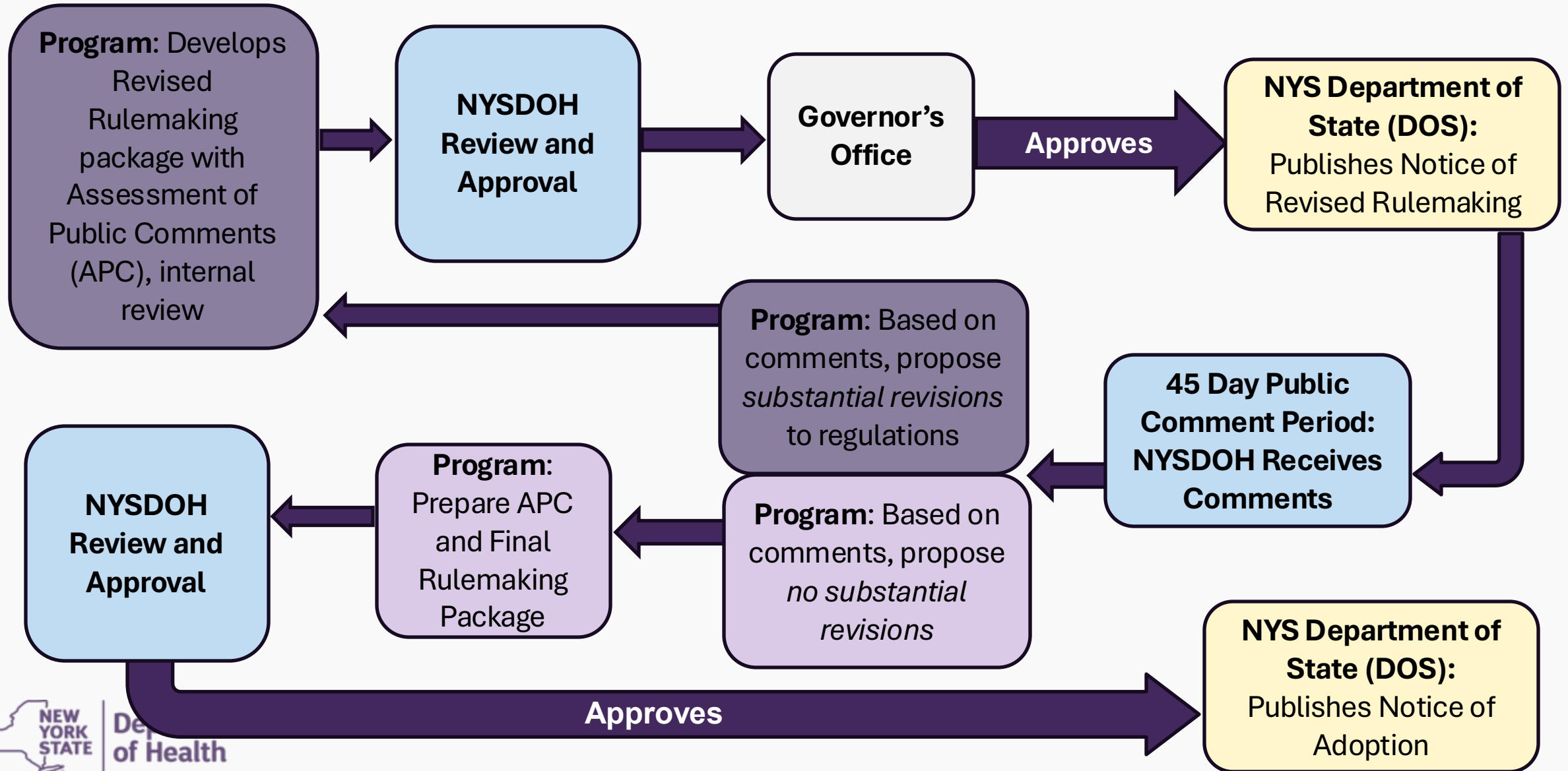
AGENDA

- **Proposed Rulemaking and Public Comment**
- **Timeline and Next Steps**
- **Revised Regulations**
- **Draft Documents for Review and Discussion**

PROPOSED RULEMAKING

- December 2024-February 2025
 - Draft regulations posted for public comment
 - Advisory Council members convened a work group
- Since February 2025
 - Reviewed public comments
 - Drafted Assessment of Public Comments
 - Drafted revised regulations and rulemaking package
 - Review and approval process
- Revised Rulemaking *to be published*
 - 45-day public comment
- Revised Rulemaking or Notice of Adoption to follow

REVISED RULEMAKING PROCESS



REVISED REGULATION

- Highlight Notable Revisions
- Discuss comments from Lead Poisoning Prevention Advisory Council's work group
 - Included several organizations, subject matter experts, physicians, academia, counsel, and some members of the Advisory Council.

SUBPART 67-2

- Section 67-2.1
 - Purpose
- Section 67-2.2
 - Definitions
 - Abatement vs Remediation, Enclosure
 - Paint Film Stabilization
- Section 67-2.3
 - Environmental Investigation
- Section 67-2.7
 - Environmental intervention and remediation

SUBPART 67-5

- Section 67-5.2
 - Definitions
 - Abatement specific to permanent removal/replacement of lead-based paint hazard(s)
 - Removed Condition conducive to lead poisoning
 - Enclosure
 - Remediation
 - Lead-based paint hazard
 - Lead Paint Analyzer
 - Visual lead soil hazard

SUBPART 67-5

- Section 67-5.5
 - Lead Hazard Inspection & Dust Wipe Sampling
 - Visual assessment of lead soil hazards
 - Satisfactory dust wipe samples submitted as part of lead safety certificate
 - Exemption
 - Not exempted: Rental units with enclosed lead-based paint hazards
 - Exempted: Rental units abated by removal/replacement or free of lead-based paint as demonstrated by surface-by-surface lead paint analyzer inspection and dust wipe samples
 - Exempted: Owner or immediate family occupied units

SUBPART 67-5

- Section 67-5.6
 - Lead Safety Certificate Requirements
- Section 67-5.7
 - Notice and demand and remediation of hazards
 - Reoccurring lead-based paint hazards – abatement prioritized
- Section 67-5.8
 - Protections for Tenants
- Section 67-5.9
 - Enforcement



**Department
of Health**



Department
of Health

LEAD TESTING IN SCHOOL DRINKING WATER

10 NYCRR SUBPART 67-4

DATA REVIEW

CHRISTINA BRIDGE, MHS
PUBLIC HEALTH SPECIALIST (ENVIRONMENT)

LEAD ADVISORY COUNCIL | 10/24/2025 | ALBANY, NY

AGENDA

- Program Outreach
- School Statistics as of 9/29/25
 - Testing to Date
 - Remediation Methods
 - Reimbursement Information

PROGRAM OUTREACH



PROGRAM OUTREACH

Regional Seminars

- Attend seminars hosted at BOCES locations statewide

Bi-Monthly Office Hours

- Open forum sessions held every other month

Webinars/Virtual Discussions

- Informational webinars on relevant topics
- Invitation to the February virtual discussion in School Environmental Health Program webinar series

Mass Messaging

- Regular correspondence including testing reminders, new templates, and webinar/office hours registration and reminders

PROGRAM OUTREACH: 2023-2025 COMPLIANCE PERIOD METRICS

Regional Seminars

- 2023: 4 seminars
- 2024: 8 seminars
- 2025: 10 seminars

Bi-Monthly Office Hours

- July 2025: 30 participants
- September 2025: 20 participants

Mass Messaging

- Average percentage of schools reached: 92%

Webinars/Virtual Discussions

- November 2023: 208 participants
- October 2024: 208 participants
- November 2024: 67 participants
- February 2025: 206 participants

STATISTICS

Summary of statistics as of 09/29/25

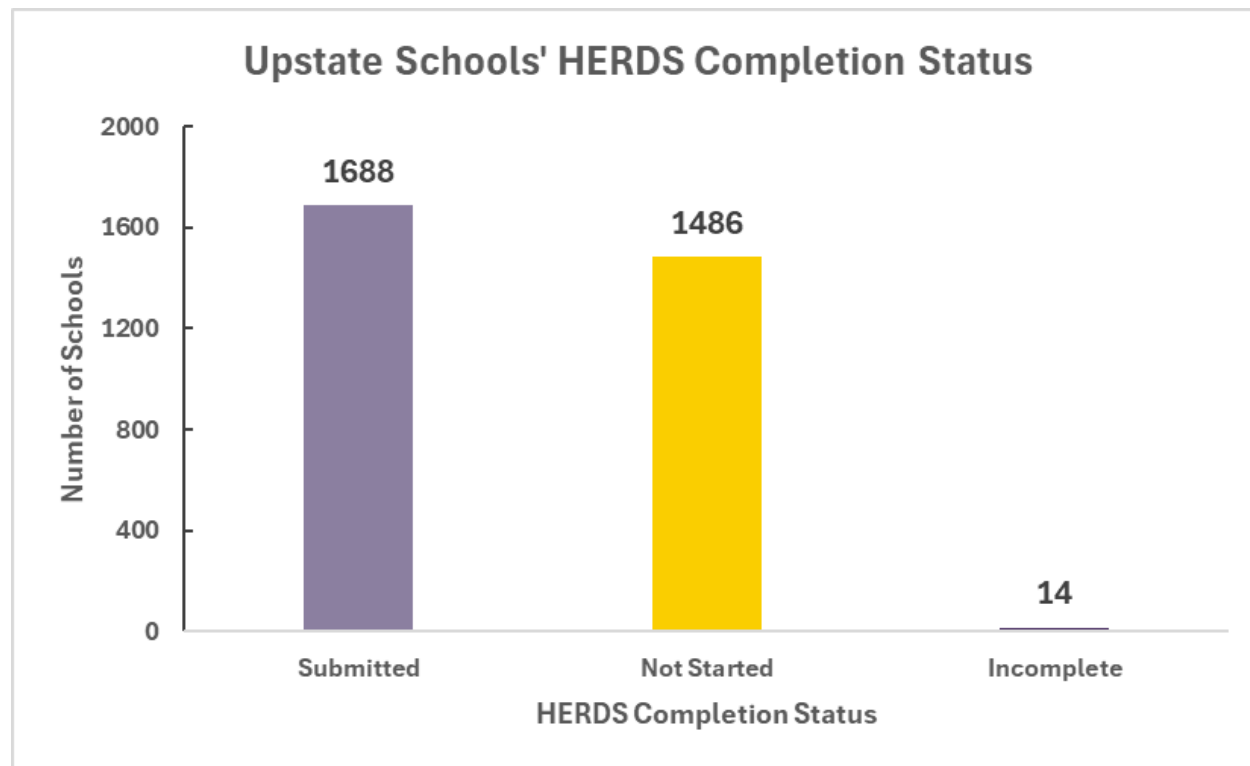
COMPLETION STATUS REPORT: AS OF 9/29/25

Upstate Schools (Outside NYC)

- 3,188 total schools in HERDS
 - 14 are 'Incomplete' (0.4%)
 - 1,688 are 'Submitted' (53%)
 - 1,486 are 'Not Started' (47%)

NYC

- 1,596 total schools in NYCDOE
 - 1,552 schools 'Submitted' (97%)



LEAD RESULTS

Upstate (Outside NYC)

- Number of outlets sampled: 79,264
 - Number outlets currently above 5ppb: 6,772
 - Percentage of outlets above 5ppb: 8.5%

NYC

- Number of outlets sampled: 95,863
 - Number outlets currently above 5ppb: 2,537
 - Percentage of outlets above 5ppb: 2.6%

REMEDIATION STATISTICS

Upstate (Outside NYC)

201 schools

- **Total Outlets Remediated: 1,168**
 - Signage: 1,139
 - Permanent removal: 140
 - Filters: 305
 - Tap installation/replacement: 307
 - Fountain installation/replacement: 51
 - Engineering controls: 193
 - Other: 173
 - Post-remediation samples: 962

NYC

440 schools

- **Total Outlets Remediated: 2,621**
 - Signage: N/A
 - Permanent removal: 187
 - Filters: 49
 - Tap installation/replacement: 1,803
 - Fountain installation/replacement: 532
 - Engineering controls: N/A
 - Other: 47
 - Post-remediation samples: 6,240

REIMBURSEMENT STATISTICS

Upstate (Outside NYC)

- 148 schools requesting reimbursement
 - Totaling \$235,618
 - Min: \$13
 - Median: \$745
 - Max: \$25,600

NYC

- 2023: 441 schools requesting reimbursement
 - Totaling \$5,020,057
 - Min: \$550
 - Median: \$8,683
 - Max: \$60,991

QUESTIONS?



Department
of Health

Contact: lead.in.school.drinking.water@health.ny.gov

Website: health.ny.gov/environmental/water/drinking/lead/lead_testing_of_school_drinking_water

Thank you!



EPA RRP Training Provider: Becoming and Maintaining Certification

Overview of Requirements and Responsibilities

Erie County DOH

- Certified Trainer since 2010
 - RRP
- Through the years we added as needs arised
 - RRP-Refresher
 - Inspector
 - Risk Assessor
 - Dust Sampling Tech
 - Abatement Worker

Determine Eligibility

- In NYS you MUST register and apply through EPA's CDX system
- Must meet specific federal requirements
 - Certified Firm with EPA
 - EPA certification authorizing firm to conduct lead-based paint related activities

Submit Application

- Designate Key Personnel
 - Training Manager
 - Overall program oversight – Must have:
 - Demonstrated experience in managing training programs
 - Knowledge of lead safe work practices and adult education principles
 - Principal Instructor(s)
 - Responsible for delivering the training program – Must have:
 - Experience in lead safe renovation, repair and or painting
 - Experience training or teaching adults
 - Knowledge of the EPA RRP rule and curriculum

Submit Application

- Course Format – In-person, virtual
- Training facility and equipment details
 - Schematic of area
 - Pictures to support schematic
- Student and Instructor Manuals – what are you using?
- Course test blueprint (unless you use the EPA test)
- Hands-on assessment plan
- Quality Control Plan

Submit Application

- Training facility and equipment details
 - Schematic of area
 - Pictures to support schematic
- Student and Instructor Manuals – what are you using?
- Course test blueprint (unless you use the EPA test)
- Hands-on assessment plan
- Quality Control Plan- critical part of program
 - Ensures consistent, high-quality course delivery

Submit Application

- Current Fees (waived if government entity)
 - RRP Initial Course
 - \$560 for each type of accreditation (English, other language, e-learning, e-learning other language)
 - \$340 for each reaccreditation
 - RRP Refresher Course
 - \$400 for each type of accreditation (English, other language, e-learning, e-learning other language)
 - \$310 for each reaccreditation

Ongoing Requirements once approved

- Pre-Training Notification
 - At least 7 days prior to training
- Post Training Notification
 - No more than 10 days after the training
 - Student data and photo are uploaded
- EPA's CDX system used

Ongoing Requirements once approved

- Student Records
 - Issue certificates (valid for 5 years)
 - Full legal name, photo, course info, expiration date
 - Maintain for 5 years
- Refresher Courses
 - Must be taken prior to expiration of current certificate

Reaccreditation and Amendments

- Reaccredit every 4 years
 - Must resubmit full application and supporting documentation
- Report any change to instructor, training manager, course format or facilities promptly

EPA Audit

- At least once per 4-year cycle
 - Usually desk audit
 - Site visits occur, but are rare

Meeting Summary for the New York State Lead Advisory Council

Friday, October 24, 2025

In Attendance

Albany Empire State Plaza –

- Gary Ginsberg, Ph.D., Director, Center for Environmental Health (CEH), NYS Department of Health (DOH) (Council Chair, Commissioner Designee)
- Patricia Ruppert, DO, MPH, Medical Director, CEH, NYSDOH
- Kathleen Bush, Ph.D., Director of Strategic Operations, CEH, NYSDOH
- Christine Westerman, Director of Division of Environmental Health Protection, CEH, NYSDOH
- Eric Wiegert, MPH, Director of the Bureau of Community Environmental Health and Food Protection, NYSDOH
- Deanna Laney, Assistant Director of the Bureau of Community Environmental Health and Food Protection, NYSDOH
- Megan Hughes, MPH, Chief of Housing Hygiene Section, NYSDOH
- Christina Bridge, MHS, Lead in School Drinking Water Public Health Specialist, NYSDOH
- William Sacks, Associate Attorney, Division of Legal Affairs, NYSDOH
- Stacey Thayer, Program Director, NYS Homes and Community Renewal
- Amy Gildemeister, Ph.D., Associate Director of Nutrition Policy and Partnership, Division of Nutrition, NYSDOH (Undesignated, Ad Hoc)
- Lorenz Neuwirth, Ph.D. (Educator)
- Alana Streifert, NYS Office of Children and Family Services (Commissioner Designee)
- Lauren Zajac, MD, MPH, FAAP, Pediatrician and Associate Professor of Environmental Medicine, Mount Sinai Hospital (Professional Medical Organization)
- Debra Lewis, LMSW, Director of Lead Poisoning Prevention and Healthy Homes Initiatives, Onondaga County Health Department (Child Health Advocate)
- Anna Falicov, JD, MPH, Deputy Executive Director, Home Headquarters Inc. (Undesignated)
- Nathan Graber, MD, MPH, Pediatric Medical Director, Division of Medical and Dental Directors, Office of Health Insurance Programs, NYSDOH (Undesignated, Ad Hoc)
- Morri Markowitz, MD, Director, Lead Poisoning Prevention and Treatment Program, Montefiore Medical Center (Hospital)
- John Addario, Director of Building Standards and Codes, NYS Department of State (Secretary of State Designee)
- Amy Phillips, NYS Department of Labor (Commissioner Designee)
- Oceanna Fair, Chair of Families for Lead Freedom Now (Community Group)
- Pamela Hadad-Hurst, Special Assistant to the Commissioner, Executive Office, NYS Department of Environmental Conservation (Commissioner Designee)
- Philip Plessas, Bureau of Refugee Services, NYS Office of Temporary and Disability Assistance (Commissioner Designee)

Erie County Department of Health:

- Thomas Muscarella, Erie County Department of Health (Local Government)
- Alanah Keddell-Tuckey, Director of Environmental Justice, NYS Department of Environmental Conservation

Meeting Summary – Lead Advisory Council 10/24/25

Absent:

- Tiesha Jones (Parent Advocate)
- Matthew Chachère (Environmental Group)
- John Shannon (Labor Union)
- Crystal Loffler, NYS Homes and Community Renewal (Commissioner Designee)

Meeting Summary – Lead Advisory Council 10/24/25

Agenda Topic	Notes	Follow up items
Welcome [00:00-13:25]	Dr. Ginsberg welcomed members to the meeting and shared opening remarks. Council members and other attendees introduced themselves.	
Council Business [13:25-24:51]	Kathleen Bush calls for the confirmation of the January 2025 meeting minutes. NG makes a motion to correct the Professional Medical Organization seat position. Meeting notes were confirmed with edits after a motion to accept from Thomas Muscarella. Seconded by Pamela Hadad Hurst. Three council members abstained due to not being present or not having time to review minutes. Dr. Bush acknowledges resolution that allows council members to participate in council meetings virtually and asks if council members have any comments on the regulation. There were no comments from council members. Dr. Bush provides updates on vetting packages and reappointment packages. Dr. Graber provides updates from the Ad Hoc Technical Workgroup of the NYS Advisory Council on Lead Poisoning Prevention, which provided recommendations to the DOH on the Lead Rental Registry (LRR). Recommendations were provided to DOH on the topics of timeline for implementation, abatement v. remediation, inspection certification requirements, contract certification requirements, definition of lead based paint, definition of lead dust hazard, definition of lead soil hazard, lead safety certification requirements and language, tenant notifications and tenant protections, statewide data system and public facing portal, and enforcement actions. No plans to reconvene in the future but expressed interest in reinvolvement as DOH moves forward with regulations and enforcement activities. A councilmember (MM) asked if council members can receive the LRR legislation at least two weeks before it is publicly available. Dr. Ginsberg notes that the revised legislation will be released for public comment imminently and council members can submit feedback to DOH in the 45-day public comment period in compliance with State Rulemaking Process.	Update January 8, 2025 meeting notes and distribute to Council Members. DOH will review appointments and put forth reappointment packages as necessary.
NYS Lead Poisoning Prevention Updates [24:51-1:14:12]	Megan Hughes delivered presentation on Childhood Lead Poisoning Prevention Program (CLPPP). Comments (C) and questions (Q) received throughout presentation included: <i>Q1: Are laboratories required to pass proficiency testing to ensure that they have accurate labs?</i> <i>A1: Wadsworth oversees the laboratory side of things.</i> <i>Q2: Will an enforcement group, which included local county attorneys, directors of public health, and program staff, reconvene to brainstorm on more robust enforcement at the local level?</i> <i>A2: Plan to reconvene enforcement group following LRR roll out.</i>	DOH will convene Community of Practice on enforcement . DOH will consider different providers to engage with in Provider Report Card Project.

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Agenda Topic	Notes	Follow up items
	Q3: Why was Hamilton County not involved in CLPPP? A3: Hamilton County is a rural county with few elevated blood lead levels (BLLs). County still follows all public health law requirements on reporting elevated BLLs but elected not to participate in CLPPP. C1: It may be worthwhile to note this on documents regarding CLPPP. Dr. Patricia Ruppert delivered presentation on the Provider Report Card Project. Comments (C) and questions (Q) received throughout presentation included: Q1: What was the impact of 2018 intervention effort to raise the rates of testing for childhood BLLs? A1.1: The intervention was very successful and included active follow up with providers to make sure they were regularly updating NYSIIS datasets. A1.2: Following this effort, COVID outbreak occurred and Magellan Diagnostics testing materials were recalled by Food and Drug Administration, which decreased testing rates as well as childhood well visits. Testing equipment are now well calibrated, so DOH is now re-engaging with providers that have low testing rates. Q2: Can you speak to partnership with Bureau of Vital Statistics to analyze denominator of children, not just denominator of children already in medical practices? A2: The gold standard is using immunization registry as the common denominator, but this reflects children receiving medical care. The partnership with the Bureau of Vital Statistics may help address this gap but recognized that this dataset has its own limitations. Q3: Has there been consideration of engaging with parents to bring in children for well visit checks? A3: We will work with providers to educate parents on the importance of well child visits. Q4: Is DOH collecting the information they are gathering during this process to understand problems around providers testing and reporting BLLs in NYSIIS? Are there certain groups of non-pediatric providers that are particularly not compliant to testing and reporting? A4.1: There are other providers DOH needs to work with, given that many children do not see pediatricians. This is an area to work on. A4.2: Currently, responses are collected from providers that reach out to DOH, but DOH may connect with Local Health Departments (LHDs) for more comprehensive responses from providers in the future. All information DOH receives from providers are tracked. Q5: The New York State statutory action level for elevated BLLs is 5ug/L. What is DOH's communication around the reference value from the CDC, which is set at 3.5ug/L, and how is this implemented in clinical practice? A5.1: The goal of DOH is to move to 3.5ug/L, but capacity not here yet. In the education for providers outside of NYC, the 5ug/L reference level is used but more outreach needed.	DOH will continue to clarify communications to providers regarding EBLL action levels. Providers may need to have direct, in-person, one-on-one conversations with DOH or LHD representatives to understand reporting expectations in NYSIIS.

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Agenda Topic	Notes	Follow up items
	A5.2: DOH communications around BLLs are that any BLL above 0ug/L is a concern. DOH recognizes variations in NYS regarding action levels, but providers have discretion to report any detected childhood BLL including below 5ug/L. C1: There is confusion among providers around elevated BLL action levels. Many pediatricians send a child with elevated BLLs below 5ug/L for confirmatory venous testing regardless of the state action level. Q6: Given that DOH is working with educated providers and that the first exercise was done in 2018, at what point will there be enforcement for non-compliance and what will that look like? A6.1: After exhausting education options to providers and parents, DOH will refer to enforcement through the Division of Legal Affairs. CEH currently monitors but does not regulate providers. In the instance that enforcement is necessary, CEH would work with the Office of Professional Medical Education and Attorney General who regulate providers. A6.2: DOH is not at the point where egregious cases of non-compliance are identifiable for enforcement actions. Currently, it is unclear if the issue is reporting or if children are not getting tested. C2: There has been a lot of grace period for providers, who are a highly educated population. C3: From the perspective of a LHD, providing time before enforcement actions is a positive. The NYSIIS data is flawed, based on assumption that providers are actively updating data. Experience with talking with providers to understand low reporting rates showed that providers are looking at their own internal EMR systems and not updating NYSIIS actively. Many providers do not have staffing capacity to coordinate NYSIIS data while also managing their own data. There is misunderstanding among practices about how their performance is measured using NYSIIS, particularly if they are not doing childhood vaccinations. Practices may need to have direct, in-person, one-on-one conversations with LHD or state representatives in order to actually see changes in reporting from NYSIIS data. C4: Given the number shown on provider reports, with percentages of cases being tested, it is difficult to determine the number of children aged 1 or 2 being tested with census data. It may be more accurate to use Medicaid data. It also may be helpful to present data with the actual number along with the percentages. As a follow up for future projection, note what the benchmark of testing and reporting rates that DOH would like to reach is. C5: Community pediatricians have shared that the cost of a point of care device is prohibitive and reimbursement rates are low. Database updates in a busy clinical setting are challenging in smaller practices, so any way to leverage secure technology that will automatically populate a database with the results of the point of care devices would be beneficial to remove barriers.	
NYS Lead Rental Registry	Megan Hughes delivered presentation on Implementation of the Lead Rental Registry (LRR). Comments (C) and questions (Q) received throughout presentation included:	DOH will consider partnerships with other state

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Agenda Topic	Notes	Follow up items
[1:14:12-2:23:35]	<i>Q1: How will DOH identify property owners that don't want to comply or are hard to find due to registering through various LLCs?</i> <i>A1.1: DOH is working with connecting to other records and databases maintained through the Department of State (DOS) and the Department of Tax and Finance to find where property owners are connected to various LLCs.</i> <i>A1.2: Homes and Community Renewal (HCR) has access to county parcel data which breaks out into property specific information, but the shell game of LLCs is a noted challenge that will be considered in implementation.</i> <i>C1: Property owners do not need to sell properties but are able to transfer ownership of LLCs to other people. This allows owners to avoid scrutiny. LHDs have used water billing data and DOS datasets to identify individual property owners.</i> <i>Q2: What are the funding resources allocated to legal components of enforcement?</i> <i>A2: Resources are available for counties to cover legal costs through the LRR program.</i> <i>Q3: Is DOH considering updating lease forms or rental forms that include a sign-off line that tenants were given outreach on LRR regulation and that property owners accept responsibility for the outlined requirements?</i> <i>A3: No changes were made to lease forms, but property owners participating in the LRR program attest that outreach materials will be shared with tenants.</i> <i>Q4: Is DOH considering a partnership with SUNY and CUNY schools to provide an educational credential for promoting RRP trainings?</i> <i>A4: Some counties are already partnering with SUNY/CUNY institutions, but DOH is willing to collaborate with institutions at the state-level to provide trainings and outreach.</i> Stacey Thayer delivered presentation on the Homes and Community Renewal Leading in Lead Prevention Pilot Program. Comments (C) and questions (Q) received throughout presentation included: <i>Q1: Local administrators have said that there is a high bar to be part of the Leading in Lead Prevention Program because many of these homes had problems that were not lead-related that disqualified them. Is this correct?</i> <i>A1.1: There have been instances where property owners are denied funding because the homes are not suitable for living. There are other resources available for those properties.</i> <i>A1.2: At the local level, braiding other resources has been necessary. Grants for home repairs and leveraging for investment for work that would exceed Leading in Lead Prevention Program money. There still needs to be clarity on how much landlords need to be involved in this process.</i> <i>Q2: What percentage of properties in a community can be part of this program given the available funding?</i> <i>A2: Awards are variable by county.</i>	agencies to identify non-compliant property owners. DOH to consider state-level partnerships with SUNY/CUNY institutions in LRR program. DOH to add details on the technical considerations of XRF testing such as levels of detection. DOH will revisit definition of “significant amount of time” a child spends in a location when measuring lead exposure. DOH to revisit definitions to clarify and avoid conflation of “lead hazard” and “condition conducive to lead poisoning”.

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Agenda Topic	Notes	Follow up items
	<i>C1: Award money should be fully extended to properties given the small scale of funding for the size of the problem.</i> <i>Q3: What is the timeframe for getting work done given capacity issues with certified repair people?</i> <i>A3: In order to ramp up in the future, there would need to be efforts to build capacity. Counties have been doing this and hopefully will continue to increase local workforce capacity through LRR. Once a local program administrator (LPA) has an application from a property manager, there is no waiting period to begin work and the time to complete remediation is up to discretion of LPA based on the case.</i> <i>Q4: Due to expansion of LRR and CLPPP, there will be a significant number of places that may be detected that may need assistance in addressing lead. How will this lead to shifts in prioritization?</i> <i>A4: The application for the Leading in Lead Prevention Program was established before LRR. The priority likely won't change, and the goal is to make it through application list.</i> <i>Q5: How will HCR address cases with minor disqualifying factors (e.g., a leaky gutter) versus larger disqualifying factors? Can funding provided be HCR be opened up to minor repairs that allow owners to then address lead.</i> <i>A5: Funds through the Leading in Lead Prevention Program are specifically for lead, but property owners are motivated to do those minor repairs to access funding.</i> <i>C2: There are instances where property owners don't have money to do minor repairs, which leads to the property getting worse and worse.</i> <i>Q6: How are properties that are identified and deemed to be uninhabitable tracked? Is there a database?</i> <i>A6: Tracking is up to LHDs or their code enforcement office. HCR is not involved in this process.</i> <i>C3: It would be helpful to understand the number of houses that have come up in this system and if they have been completely remediated. Over time, as counties remediate high priority buildings, the communities of concern may change, and prioritization may need to include new counties.</i> <i>A: DOH will have a period of discussion on the program in the future and this will be considered.</i> <i>Q7: What is the available data on dollars spent, average cost per house? What is the effectiveness of the program at this point?</i> <i>A7: To date, 98 units completed, 205 applications approved. Dollar funding data is not fully available. Typically, the cost of repair by county is under 40k but it varies by county.</i> <i>C4: Working to address historically non-compliant properties has led to higher costs of repair in some counties.</i>	

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Agenda Topic	Notes	Follow up items
	Deanna Laney delivered presentation on Subpart 67-2 and Subpart 67-5 Revised Rulemaking Updates. Comments (C) and questions (Q) received throughout presentation included: <i>Q1: Does the regulation provide any specific XRF number that defines paint hazards?</i> <i>A1: Took out reference to XRF and changed language to “lead paint analyzer” to address other technologies used for detection. The specific number 1.0mg/cm² was added to define lead-based paint (LBP).</i> <i>Q2: The number should have changed to 0.5mg/cm², because that’s a feasible technological threshold and other jurisdictions use it. Why does DOH still use 1.0mg/cm²?</i> <i>A2.1: DOH still uses 1.0 mg/cm² because the Environmental Protection Agency (EPA) still has not updated this value in their guidance.</i> <i>A2.2: DOH plans to revisit the value once EPA updates their guidance.</i> <i>Q3: What is the scientific rationale for defining significant exposure (e.g., time a child spends in a location)?</i> <i>A3.1: 8 hours in a week is the standard definition that DOH has used to define “significant amount of time”. This enables health departments to prioritize specific locations for testing. DOH is open to revisiting definition.</i> <i>C1: As devices become more accurate, linking measures of exposures to the potential detrimental health outcomes will be important. Future possibilities to consider a scientific rationale for the amount of time a child needs to be exposed to lead for potential detrimental health outcomes to occur</i> <i>A3.2: Along with metrics to LBP, DOH's program is founded on visual assessment, along with dust wipe samples that are required. If peeling, chipping paint is found, it is assumed to contain lead and is cited as a hazard.</i> <i>Q4: Is there consideration of runoff assessment for lead soil hazards?</i> <i>A4: The Department of Environmental Conservation (DEC) would be involved in this. DOH is focused on the immediate sites of where children are living in and around the home.</i> <i>C2: The definitions of conditions conducive to lead poisoning in 67.2 and of lead hazards in 67.5 are unclear. Once someone uses an XRF, the lead hazard has been confirmed, and this would be a stronger definition than a visual assessment. An XRF reading is confirmation of a lead hazard, not a condition conducive to lead poisoning. Visual assessment may indicate conditions conducive to lead poisoning.</i> Dr. Ginsberg adjourns the council for lunch.	
NYS Lead Rental Registry Working Session	Deanna Laney and Megan Hughes lead a work group to discuss the Lead Renal Registry. Comments (C) and questions (Q) received throughout presentation included: <i>Q1: Certificates are unit specific but will DOH only look around the windows of the unit, or will assessment be of the entire building and common areas?</i> <i>A1: Assessment includes common areas in building.</i>	DOH to revisit the definition of “transient cover” to include other seasonal covers like leaf fall.

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Agenda Topic	Notes	Follow up items
[00:00:00-00:53:15]	Q2: Another transient cover, in addition to snow, would be leaf fall. Would an inspector move the leaves/low levels of snow off of a soil site to take an assessment? A2: When there is snow cover, inspectors cannot properly inspect soil and cannot identify specific areas for testing. Documentation includes acknowledgment that when snow is there, assessment of soil cannot be made, and inspectors provide property owners with information on follow up testing when snow melts. Will consider changing language in assessment to be “seasonal cover”. C1: DOH should consider a certificate for exterior conditions including soil and a certificate for interior common areas exclusive of the units. Q3: For apartments with several floors, how does the exterior conditions get assessed at each level? A3: When LHDs do inspections, inspectors will assess the interior and then will, for example, do a window component and that reading will apply to whole building. Exterior component will apply to all interior units, regardless of floor. Q4: Clarification on requirements needed to issue lead safety certificate, including dust wipe same requirements? A4: Certificate includes language regarding requirements, such as dust sampling occurring on particular date. DOH open to feedback on language used. Q5: What locations are selected for dust wipe sampling? A5: DOH will use existing dust wipe sampling guidance, where inspectors do at least 4 samples in areas at their discretion (including floors, windowsills). Q6: What about dust wipe samples from other friction surfaces (e.g., cabinets)? A6: No, inspectors take samples from floors and windowsills in expectation that other sources of lead exposure will be tracked. C2: In a community of practice meeting, concerns arose from testing of the window trough. There is a strong interest in including troughs into sampling. A: Counties can test window troughs, there is a standard for troughs from the EPA, but it’s not required by DOH. Troughs are exterior areas, and preference is for testing interior areas. Q7: How are samples taken post-remediation? A7: DOH guidance is for clearance sampling and samples are taken in areas where remediation work has taken place. EPA standard has changed and DOH plans to return to guidance, but currently the certificate will require that these dust wipe samples are taken and pass. Q8: Is the lead safety certificate issued by LHD or is it submitted to the LHD?	DOH to consider issuance of separate certificates for exterior and interior conditions. DOH will continue to explore public-facing data as part of LRR. DOH to consider adding DOH contact information to certificates. DOH to consider partnership with the following groups for LRR outreach and education: • association of realtors • rental agencies • property management companies • public schools • associations of landlords • Pediatricians • neighborhood groups and associations • coalitions for housing and homelessness • department of labor • refugee resettlement agencies • the Office of New Americans

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Agenda Topic	Notes	Follow up items
	A8: This depends on who does the inspection. DOH is attempting to create a system that addresses both counties that do their own inspections and counties that use third party inspections in terms of issuing safety certificates. Q9: How would tenants know if their landlord is compliant with inspection? A9: Landlords will be required to provide education to tenants and are incentivized to show certificates. C3: Many landlords are not compliant with providing information already. The tenants need a public source, not landlords, for information on certification. A: DOH's goal is to have a public facing space to show tenants in the future. A: Onondaga County is working with codes to integrate certification data into the Look Before You Rent platform. C4: Some landlords may create their own lead safety certificates, and some landlords have evicted tenants because of lead issues despite this being illegal, so an independent, reliable way to check certifications is important. A: DOH understands this concern and is continuing to provide resources to protect tenants. Q10: Could the public go to the LHD directly and ask about the certification status of a unit? A10: Yes, DOH feels this would be possible. C5: Clarification must be given to LHDs regarding this, as there are conflicting regulations about what can be shared about properties. C6: Many tenants likely do not know to call LHDs regarding lead safety certification. More education among tenants is needed. Q11: How are carpeted floors inspected? A11: DOH doesn't recommend taking samples from carpet because of the methodology of testing. C7: Landlords could cheat the system by carpeting their unit to avoid testing. A: In this case, carpet samples would be taken along with window unit samples and other samples. Q12: Other techniques for collecting dust from non-flat surfaces, such as vacuum techniques? A12: DOH field staff doesn't have the tools to collect these samples. C8: If the registry is available and functional in a public facing way, certificate may be superfluous. C9: Consider adding DOH contact information to lead safety certificates. Q13: Has DOH been thinking about finding a way to integrate this data with municipal code enforcement databases?	DOH to develop a registry of property owners included in LRR program.

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Agenda Topic	Notes	Follow up items
	<i>A13.1: Yes, DOH is engaging other departments to create memorandum of understandings to integrate datasets.</i> <i>A13.2: Lead safety certificate will be on record with general fire and safety inspection in Department of State.</i> <i>Q14: What will be public posting requirement for this data?</i> <i>A: There is no public posting requirement in public health law, though there will be information provided on issuance of certificate with expiration dates.</i> <i>C10: DOH should consider requiring units to post certificates in a common space in a unit so an occupant can see it.</i> Megan Hughes and Deanna Laney list potential outreach and education collaborators for the LRR program. Additional recommended partners coming from councilmembers included: association of realtors, rental agencies, property management companies, public schools, associations of landlords, pediatricians, neighborhood groups and associations, coalitions for housing and homelessness, department of labor, refugee resettlement agencies, the Office of New Americans. <i>Q15: How is the Department of State (DOS) involved in the program?</i> <i>A15: Once regulations are passed, the DOS will update the minimum standards for local governments and then local governments will have to update local laws to comply with DOS code enforcement standards.</i> <i>C11: There may be some risks with cleaning companies transferring lead between properties. DOH may consider offering guidance to reduce this risk.</i> <i>C12: The LRR is only being applied to 25 areas of concern and not the entire state, so communication may be confusing.</i> <i>A: DOH recognizes these communication challenges and is considering what communications should be conducted by DOH and which should be conducted by LHDs.</i> <i>C13: When DOH meets with 25 mayors and local leaders, encourage those leaders to use trusted messengers to implement LRR.</i> <i>Q16: What happens if a landlord that has a property with lead in their property wants to pursue renovations – how does DOH guide or follow up in these cases?</i> <i>A16: DOH promotes RRP certification in advance of large renovations to ensure work is being done properly and does not result in lead poisoning. Inspectors inform landlords they cannot do renovations until plans are approved by DOH.</i> <i>C14: Department of Labor can help with getting information out to homeowners and complexes.</i>	

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Agenda Topic	Notes	Follow up items
	<i>Q17: Refugee populations experience many cases of lead poisoning. What can OTDA do to reach this audience?</i> <i>A17: Refugee resettlement agencies in OTDA would be willing to support sharing information.</i> <i>Q18: Are outreach materials translated?</i> <i>A18: Yes, DOH's Outreach and Education group has a list of the most commonly spoken languages, and the outreach materials will be translated into the top seven or eight most commonly spoken languages.</i> <i>Q19: Will DOH be working with both tenants and landlords to do inspections? Some tenants will let inspectors into units even when landlords won't and vice versa.</i> <i>A19: Yes, DOH plans to use both avenues.</i> <i>Q20: What does DOH envision to be done differently in outreach now compared to the past to cater to different audiences and using new technologies like generative artificial intelligence?</i> <i>A20: DOH's Outreach and Education group is experimenting using new technology. DOH does receive reports to quantify clicks and visit to understand engagement.</i> <i>Q21: In the legislation, there is a requirement for LHDs to ensure owners register yet the onus is on the owner to actively register. Can DOH clarify what the role of the LHD is?</i> <i>A21.1: DOH will provide a template soon to be sent to the LHDs that can be sent to the property owners that instructs property owners to register. DOH working with ITS to use real property data to pre-populate registry in the future.</i> <i>A21.2: Statute charges DOH with the development of the registry. DOH will provide pre-populated registry and outreach to owners will be an opportunity to correct this information. The onus is on property owners to correct this information.</i> <i>A21.3: Code enforcement will include checking for a lead safety certificate. This is another avenue for notifying property owners of certificate requirements.</i> <i>C15: LHDs are still required to inspect even if the owners don't comply with the activities required by the regulation. Consider the burden on LHDs as regulations are implemented.</i>	
Lead in School Drinking Water [00:53:15-01:23:20]	Christina Bridges delivered a presentation on Lead in School Drinking Water. Comments (C) and questions (Q) received throughout presentation included: <i>Q1: In NYC in the past, almost every school had one tap above standard lead levels and within the year, the majority of schools (above 95%) had fixed it. Why are there still 3% of schools failing in 2025?</i> <i>A1: Unsure, but DOH is seeing a lot of lead leaching in plumbing materials, including in materials that are new and not expected to be leaching.</i> <i>C1: The standards for lead in taps have also become stricter over time.</i>	

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Agenda Topic	Notes	Follow up items
	Q2: Does DOH test individual schools or school systems? A2: The program is school by school and tests individual buildings, not school systems. Q3: When looking at the schools that failed, are they the schools that predominantly use filters and they did not change filters? A3: DOH is stressing that schools that use remediation efforts such as filters routinely maintain them. Q4: Is there ongoing monitoring of schools that are using temporary remediation, such as filters? A4: Yes, schools are required to have a maintenance and monitoring period and document this for DOH review. Q5: Do the participants in webinars mirror the communities of concern? A5: Yes, the webinars are highly attended by facility directors, nurses, administrative staff, and others from a variety of areas in the districts. C1: DOH should consider adding a map of where participants are coming from to see if areas and communities of concern are being reached and engaged with. Also consider creating a map of schools that are detecting lead. A: DOH is in the process of analyzing and identifying where in the state there are most exceedances to provide assistance. Q6: Schools will cut off access to outlets with lead exceedances, but it can result in students having no water access. Does DOH provide any assistance to address this? A6: There is a code from the State Education Department that there must be 1 water source per 100 students and DOH requires that schools provide bottled water free of charge if this requirement is not met. Q7: Are the families of children in schools that have lead exceedances notified? A7: Yes, schools are required within 10 business days to send exceedance notice letters to all families and staff in building. C2: In NYC, notifying families via letter did not result in parents bringing their children for blood lead level testing. C3: DOH should monitor those schools that are reporting the same exact lead level readings in their documentation and selectively follow up as necessary. A: DOH has new guidance that will be given to schools with action plans, new education templates, maintenance and monitoring, and other tools to help schools with their recordkeeping. Q8: Are these guidance documents hard copy or digital? A8: Some are hardcopy and some are digital. C4: If you create a digital database with time and date stamps, schools will be less able to inaccurately report data.	

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	<i>Q9: These testing requirements are only applicable to public schools. Does DOH engage with non-public schools?</i> <i>A9.1: DOH reaches out to non-public schools to participate in seminars. Next year, charter schools will be included in regulation.</i> <i>A9.2: The School Environmental Health Program has a very strong relationship with non-public schools and engages with them regularly on water quality and lead testing.</i> <i>Q10: Will the new EPA lead and copper improvement rule require school testing, inclusive of private schools?</i> <i>A10: All schools and daycares that receive public waters will be included in testing by public water supply operators.</i> <i>Q11: Why is there a carve out for public water supply?</i> <i>A11: The lead and cooper rule is not intended to identify lead exposure, but to identify if corrosion control treatment is effective in the water supply.</i> <i>C5: Private homeowners seem exempt from many regulations and responsibilities. DOH should consider focusing on this population as well.</i> <i>C6: The NYS Water Resources Institute has GIS maps showing counties of hotspots with lead level exceedances. Consider leveraging this dataset.</i>	
EPA Certification and RRP Training [01:23:20-01:41:28]	Thomas Muscarella delivered a presentation on EPA RRP Training and Certification. Comments (C) and questions (Q) received throughout presentation included: <i>Q1: There is a \$560 initial cost for the trainee. Does the training program get enough students to cover these costs?</i> <i>A1: Yes. Erie County trained upwards of 40,000 people over the last 15 years, running 6 to 8 classes per month with around 5 to 12 people per class. Erie County has a revenue stream to help supply the class with test kits and other necessary supplies.</i> <i>Q2: Do you believe that, if the State replicated Erie County's model, it could run a breakeven or a profitable program?</i> <i>A2: Yes. Costs will primarily be from enforcement, which LHDs can do to facilitate a lower cost program.</i> <i>Q3: How long does course take?</i> <i>A3: About 7-8 hours, with the final exam and hands on training. It can often be less than 8 hours but it depends on the class.</i> <i>Q4: Can a company become certified or does every individual need certification?</i> <i>A4: As long as one person is certified, they can monitor and train others on site. Ideally everyone on site is certified.</i> <i>Q5: Does EPA maintain a registry or does the county maintain registry for who is receiving certification?</i>	

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	A5: The county keeps records of everyone who is trained and uploads this to the EPA. Q6: Does EPA have the full list of certified workers, even those not trained by your county? A6: Yes, EPA has a full list of every certified individual. Q7: Is there a mechanism for requiring refresher courses among people who are failing to properly implement RFPs? A7: There is no mechanism. The county monitors work and can issue fines internally. EPA has a fine structure, but enforcement isn't high unless it is a large company. Q8: How often does EPA come onto sites to check certifications? A8: Rarely. In the past, EPA would send several people for a few days to check. Capacity is not high enough to regularly audit. C1: In NYC and in Erie County, inspection of renovation projects to ensure workers are RFP trained is not proactive, it depends on 311 calls.	
Public Comment [01:41:28-01:42:13]	There were no public comments.	
Council Discussion [01:42:13-01:59:48]	Dr. Ginsberg opens up a discussion about the presentations and any other council matters. Comments (C) and answers (A) provided during council discussions received included: C1: Information that is received by LHDs from DOH is frequently siloed, even though it is all overlapping information. DOH should broadly distribute information across LHD leadership when topics cross over program areas (e.g., school drinking water). C2: Expressed disappointment over not receiving proposed regulations in advance. A: DOH's goal was to get regulations out publicly before discussion. Engagement on the regulation will be continued. C3: Children at year 1 and 2 can be lead tested but may not be included in subsequent follow up and not receive testing later in life. Children at school age are exposed in schools and daycares to lead in drinking water, so testing may need to be expanded. A: Office of Children and Family Services provides a grant to childcare providers for voluntary testing. OCFS is currently working with EPA regarding another grant that would cover remediation. Also encouraging providers to give information to parents. A: There is guidance for physicians that they should perform a lead screening for children up to six years of age. C4: There is a potential surveillance model that DOH could consider to help address provider knowledge. The State includes a question in school	DOH to distribute information to LHD leadership more broadly when topic crosses over multiple program areas. DOH to consider enhancements to NYSIIS immunization reporting to include lead testing information.

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	<i>physical regarding testing for lead, which does not need to be answered by a provider when they receive the form of immunization reporting. The immunization report embedded in NYSIIS does not include lead testing information about if children ever have been tested. These two forms could be used as a way to surveil if children received lead testing before they enter the school system.</i> <i>A: There is a separate access report for school nurses that shows if children were tested and if they had elevated blood lead levels.</i> <i>A: The school nurses do not receive the information they need from the reports because they don't include if the child required follow up testing or if the case was referred to the LHD. This is a child-by-child search source, which is difficult for counties.</i> <i>C5: At every well child check, children should have a test at every age under five. Many children living in CLPPP counties or living in poverty may move around to new environments where they are exposed to lead. Colorado mandates lead testing at every well visit and New York should also require this. Providers also need to know that any blood lead level is dangerous, as many won't take proper action until the 5ug/L threshold is met.</i> <i>C6: 3.5ug/L is the action level for the WIC program, which also differs from the state.</i> <i>A: DOH will consider how to communicate around action levels.</i> <i>C7: There is concern at schools and park related to crumb rubber, which may be a source of exposure. DOH could investigate this.</i> <i>A: The Bureau of Toxic Substance Assessment has been evaluating crumb rubber.</i>	
Closing Remarks [01:59:48-02:01:57]	Dr. Ginsberg thanks the council members for attendance and participation. Morri Markowitz motioned to adjourn the meeting; seconded by Lorenz Neuwirth.	