Meeting Minutes for the New York State Lead Advisory Council
Friday, October 24, 2025
10:00 am – 3:30 pm

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, Public Health Specialist, Lead in School Drinking Water Program, 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., Professor, SUNY Neuroscience Research Institute (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, Director, Division of Safety and Health, 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

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Absent:

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

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. Dr. Graber 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 theresolution. 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 NYSDOH on the Lead Rental Registry (LRR). Recommendations were provided to NYSDOH 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. There are no plans to reconvene in the future but expressed interest in reinvolvement as NYSDOH moves forward with regulations and enforcement activities. Dr. Markowitz asked if council members can receive the LRR regulation at least two weeks before it is publicly available. Dr. Ginsberg notes that the revised regulation will be released for public comment imminently and council members can submit feedback to the NYSDOH in the 45-day public comment period in compliance with the State Rulemaking Process.	Update January 8, 2025 meeting notes and distribute to Council Members. NYSDOH 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: *Q1: Are laboratories required to pass proficiency testing to ensure that they have accurate labs?* *A1: Wadsworth oversees the laboratory side of things.* *Q2: Will the 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?* *A2: Yes, we plan to reconvene the enforcement group following LRR roll out.*	NYSDOH will convene Community of Practice on enforcement. NYSDOH will consider different providers to engage with in Provider Report Card Project.

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	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 a presentation on the Provider Report Card Project. Comments (C) and questions (Q) received throughout the presentation included: *Q1: What was the impact of the 2018 intervention effort to raise the rates of testing for childhood BLLs?* *A1.1: The intervention was successful and included active follow up with providers to make sure they were regularly updating NYSIIS datasets.* *A1.2: Following this effort, the COVID pandemic occurred and Magellan Diagnostics testing materials were recalled by the Food and Drug Administration, which decreased testing rates as well as childhood well visits. Testing equipment are now readily available, so NYSDOH is re-engaging with providers that have low testing rates.* *Q2: Can you speak to partnership with the Bureau of Vital Statistics to analyze the 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 discussed that their dataset also has 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 NYSDOH collecting the information they are gathering during this process to understand problems around provider 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 NYSDOH 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 NYSDOH, but NYSDOH may connect with Local Health Departments (LHDs) for more comprehensive responses from providers in the future. All information NYSDOH receives from providers are tracked.* *Q5: The New York State statutory action level for elevated BLLs is 5ug/L. What is NYSDOH'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 NYSDOH is to move to 3.5ug/L, but the capacity to do so is not available yet. In the education for providers outside of NYC, the 5ug/L reference level is used but more outreach needed.*	NYSDOH will continue to clarify communications to providers regarding EBLL action levels. Providers may need to have direct, in-person, one-on-one conversations with NYSDOH or LHD representatives to understand reporting expectations in NYSIIS. NYSDOH will examine additional datasets and partners as suggested by members of the Council.

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	A5.2: NYSDOH communications around BLLs are that any BLL above 0ug/L is a concern. NYSDOH 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 NYSDOH 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, NYSDOH will refer to enforcement through our 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 Office of the Attorney General who regulate providers.* *A6.2: NYSDOH 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 long grace period for providers, who are a highly educated population.* *C3: From the perspective of an LHD, providing time before enforcement actions is appropriate/beneficial. 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 are that the NYSDOH would like to reach.* *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.*	

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NYS Lead Rental Registry [1:14:12-2:23:35]	Megan Hughes delivered presentation on Implementation of the Lead Rental Registry (LRR). Comments (C) and questions (Q) received throughout presentation included: *Q1: How will NYSDOH identify property owners that don't want to comply or are hard to find due to registering through various LLCs?* *A1.1: NYSDOH is working with connecting to other records and databases maintained through the NYS Department of State (DOS) and the NYS Department of Tax and Finance to find where property owners are connected to various LLCs.* *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.* *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.* *Q2: What are the funding resources allocated to legal components of enforcement?* *A2: Resources are available for counties to cover legal costs through the LRR program.* *Q3: Is NYSDOH 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?* *A3. No changes were made to lease forms, but property owners participating in the LRR program must attest that outreach materials will be shared with tenants.* *Q4: Is NYSDOH considering a partnership with SUNY and CUNY schools to provide an educational credential for promoting RRP trainings?* *A4: Some counties are already partnering with SUNY/CUNY institutions, but NYSDOH is willing to collaborate with institutions at the state-level to provide trainings and outreach.* 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: *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?* *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.* *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.*	NYSDOH will consider partnerships with other state agencies to identify non-compliant property owners. NYSDOH to consider state-level partnerships with SUNY/CUNY institutions in LRR program. NYSDOH to add details on the technical considerations of XRF testing such as levels of detection. NYSDOH will revisit definition of "significant amount of time" a child spends in a location when measuring lead exposure. NYSDOH to revisit definitions to clarify and avoid conflation of "lead hazard" and "condition conducive to lead poisoning".

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	Q2: What percentage of properties in a community can be part of this program given the available funding? *A2: Awards are variable by county.* *C1: Award money should be fully extended to properties given the small scale of funding for the size of the problem.* *Q3: What is the timeframe for getting work done given capacity issues with certified repair people?* *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 the LPA based on the case.* *Q4: Due to expansion of LRR and CLPPP, there will be a significant number of places that may need assistance in addressing lead. How will this lead to shifts in prioritization?* *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 fund as many applicants as possible.* *Q5: How will HCR address cases with minor disqualifying factors (e.g., a leaky gutter) versus larger disqualifying factors? Can funding provided by HCR be opened up to minor repairs that allow owners to then address lead.* *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.* *C2: There are instances where property owners don't have money to do minor repairs, which leads to the property getting worse and worse.* *Q6: How are* properties *that are identified and deemed to be uninhabitable tracked? Is there a database?* *A6: Tracking is up to LHDs or their code enforcement office. HCR is not involved in this process.* *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.* *A: The NYSDOH will consider this over time and make determinations in the the future.* *Q7: What is the available data on dollars spent, average cost per house? What is the effectiveness of the program at this point?* *A7: To date, remediation projects are completed at 98 units, 205 applications are approved. Dollar funding data is not fully available. Typically, the cost of repair by county is under 40k per unit but it varies by county.*	

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	C4: Working to address historically non-compliant properties has led to higher costs of repair in some counties. Deanna Laney delivered presentation on Subpart 67-2 and Subpart 67-5 Revised Rulemaking Updates. Comments (C) and questions (Q) received throughout presentation included: *Q1: Does the regulation provide any specific XRF number that defines paint hazards?* *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/cm^2 was added to define lead-based paint (LBP).* *Q2: The number should have changed to 0.5mg/cm^2, because that's a feasible technological threshold and other jurisdictions use it. Why does NYSDOH still use 1.0mg/cm^2?* *A2.1: NYSDOH still uses 1.0 mg/cm^2 because the Environmental Protection Agency (EPA) uses this value in their guidance.* *A2.2: NYSDOH will revisit the value once EPA updates their guidance.* *Q3: What is the scientific rationale for defining significant exposure (e.g., time a child spends in a location)?* *A3.1: 8 hours in a week is the standard definition that NYSDOH has used to define "significant amount of time". This enables health departments to prioritize specific locations for investigating/testing. NYSDOH is open to revisiting definition.* *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.* *Q4: Is there consideration of runoff assessment for lead soil hazards?* *A4: The NYS Department of Environmental Conservation (DEC) would be involved in this. NYSDOH is focused on the immediate sites of where children are living and areas of play in the yard around the home.* *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.* 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 during the working session included: *Q1: Certificates are unit specific but will NYSDOH only look around the windows of the unit, or will assessment be of the entire building and common areas?*	NYSDOH to revisit the definition of "transient cover" to include other seasonal covers like leaf fall.

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[00:00:00-00:53:15]	*A1: Assessment includes common areas in building.* *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 visually assess soil conditions 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 when snow melts. Will consider changing language in assessment to be "seasonal cover".* *C1: NYSDOH 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 do 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 if the same component is present throughout. Exterior components will apply to all interior units, regardless of floor.* *Q4: Requested 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. NYSDOH open to feedback on language used.* *Q5: What locations are selected for dust wipe sampling?* *A5: NYSDOH 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. Other surfaces are examined for lead hazards during the inspection.* *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 NYSDOH. Troughs are exterior areas, and preference is for testing interior areas.* *Q7: How are samples taken post-remediation?* *A7: NYSDOH guidance is for clearance sampling and samples are taken in areas where remediation work has taken place and in areas where children spend time. EPA standards have changed and NYSDOH plans to further address dust wipe sampling details in guidance.*	NYSDOH to consider issuance of separate certificates for exterior and interior conditions. NYSDOH will continue to explore public-facing data as part of LRR. NYSDOH to consider adding NYSDOH contact information to certificates. NYSDOH 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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	Q8: Is the lead safety certificate issued by LHD or is it submitted to the LHD? *A8: This depends on who does the inspection. NYSDOH is attempting to create a system that addresses all scenarios: LHDs that do their own inspections and LHDs that rely on third party inspections for 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: It is NYSDOH's goal is to have a public facing space to show tenants LRR property level information 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: NYSDOH 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, NYSDOH 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: NYSDOH 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 could be taken along with window unit samples and other samples.* *Q12: What about other techniques for collecting dust from non-flat surfaces, such as vacuum techniques?* *A12: The NYSDOH field staff do not 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 NYSDOH contact information to lead safety certificates.*	NYSDOH to develop a registry of property owners included in LRR program.

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	Q13: Has NYSDOH been thinking about finding a way to integrate this data with municipal code enforcement databases? *A13.1: Yes, NYSDOH is engaging other departments to create memorandum of understandings to integrate datasets.* *A13.2: Lead safety certificates will factor into general fire and safety inspections through local code enforcement.* *Q14: What will be the public posting requirement for this data?* *A: There is no public posting requirement in public health law.* *C10: NYSDOH should consider requiring units to post certificates in a common space in a unit so an occupant can see it.* 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. *Q15: How is the Department of State (DOS) involved in the program?* *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.* *C11: There may be some risks with cleaning companies transferring lead between properties. NYSDOH may consider offering guidance to reduce this risk.* *C12: The LRR is only being applied to 25 areas of concern and not the entire state, so communication may be confusing.* *A: NYSDOH recognizes these communication challenges and is considering what communications should be conducted by NYSDOH and which should be conducted by LHDs.* *C13: When NYSDOH meets with 25 mayors and local leaders, encourage those leaders to use trusted messengers to implement LRR.* *Q16: What happens if a landlord that has a property with lead hazards wants to pursue renovations – how does NYSDOH guide or follow up in these cases?* *A16: While EPA has jurisdiction over such projects, the NYSDOH website provides guidance on lead safe work practices and promotes EPA RRP certification and information.* *C14: Department of Labor can help with getting information out to homeowners and complexes.*	

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	Q17: Refugee populations experience many cases of lead poisoning. What can OTDA do to reach this audience? *A17: Refugee resettlement agencies in OTDA would be willing to support sharing information.* *Q18: Are outreach materials translated?* *A18: Yes, NYSDOH'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.* *Q19: Will NYSDOH 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.* *A19: Yes, NYSDOH plans to use both avenues.* *Q20: What does NYSDOH 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?* *A20: CEH's Outreach and Education group is experimenting using new technologies.* *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 NYSDOH clarify the role of the LHD?* *A21.1: NYSDOH will provide a template soon to the LHDs that can be sent to the property owners that instructs property owners to register. NYSDOH is working with the NYS Office of Information Technology Services (ITS) to use real property data to pre-populate the registry in the future.* *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.*	
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: *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?* *A1: Unsure, but NYSDOH is seeing a lot of lead leaching in plumbing materials, including in materials that are new and not expected to be leaching.* *C1: The standards for lead in taps have also become stricter over time.* *Q2: Does NYSDOH 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?*	

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	A3: NYSDOH 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 NYSDOH 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: NYSDOH 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: NYSDOH 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 NYSDOH 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 NYSDOH 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: NYSDOH should monitor those schools that are reporting the same exact lead level readings in their documentation and selectively follow up as necessary.* *A: NYSDOH 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.* *Q9: These testing requirements are only applicable to public schools. Does NYSDOH engage with non-public schools?* *A9.1: NYSDOH reaches out to non-public schools to participate in seminars. Next year, charter schools will be included in regulation.*	

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	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. *Q10: Will the new EPA lead and copper improvement rule require school testing, inclusive of private schools?* *A10: All schools and daycares that receive public waters will be included in testing by public water supply operators.* *Q11: Why is there a carve out for public water supply?* *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.* *C5: Private homeowners seem exempt from many regulations and responsibilities. NYSDOH should consider focusing on this population as well.* *C6: The NYS Water Resources Institute has GIS maps showing counties of hotspots with lead level exceedances. Consider leveraging this dataset.*	
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: *Q1: There is a $560 initial cost for the trainee. Does the training program get enough students to cover these costs?* *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.* *Q2: Do you believe that, if the State replicated Erie County's model, it could run a breakeven or a profitable program?* *A2: Yes. Costs will primarily be from enforcement, which LHDs can do to facilitate a lower cost program.* *Q3: How long does course take?* *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.* *Q4: Can a company become certified or does every individual need certification?* *A4: As long as one person is certified, they can monitor and train others on site. Ideally everyone on site is certified.* *Q5: Does EPA maintain a registry or does the county maintain registry for who is receiving certification?* *A5: The county keeps records of everyone who is trained and uploads this to the EPA.*	

Agenda Topic	***Notes***	***Follow up items***
	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 NYSDOH is frequently siloed, even though it is all overlapping information. NYSDOH 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: NYSDOH'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 (OCFS) 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 NYSDOH could consider to help address provider knowledge. The State includes a question in school 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*	NYSDOH to distribute information to LHD leadership more broadly when topic crosses over multiple program areas. NYSDOH to consider enhancements to NYSIIS immunization reporting to include lead testing information.

Agenda Topic	***Notes***	***Follow up items***
	information about if children has ever been tested. These two forms could be used as a way to surveil if children received lead testing before they enter the school system. *A: There is a separate access report for school nurses that shows if children were tested and if they had elevated blood lead levels.* *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.* *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.* *C6: 3.5ug/L is the action level for the WIC program, which also differs from the state.* *A: NYSDOH will consider how to communicate around action levels.* *C7: There is concern at schools and parks related to crumb rubber, which may be a source of exposure. NYSDOH could investigate this.* *A: The CEH Bureau of Toxic Substance Assessment has been evaluating crumb rubber.*	
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.**	