

# Proposal for Governor's Lead Task Force

## What is the Governor's Lead Task Force?

The Governor's Lead Task Force is a task force appointed by the Governor for the purpose of recommending changes to Ohio's lead poisoning prevention law and lead poisoning prevention program; identifying funding sources to implement changes; and drafting legislation. A legislative working group met in 1999-2000 to recommend changes in Ohio's lead law through a similar process; their efforts resulted in the current lead law (see Lead Prevention Working Group Report, 2000). Task force members will come from Ohio Senate and House, state agencies, and stakeholders in public, private and nonprofit sectors.

## What is the purpose of the Task Force?

The purpose of the Task Force is to shift the primary focus of Ohio's lead law from identifying lead-exposed children to preventing childhood lead exposure through the control of lead hazards in pre-1978 housing.

## Why is a Task Force needed?

- Ohio has 652,311 occupied housing units containing lead hazards. (Ohio State Consolidated Plan 2010-2014)
- Approximately 4,500 children annually have elevated blood lead levels in Ohio (2014 ODH data). Approximately half of Ohio one and two year olds at risk for lead poisoning receive lead tests (2008-2011 Medicaid testing rates for one and two year olds and statewide HRZ codes testing rates for one and two year olds, 2010-2014).
- Because some local health departments are unable to cover costs of investigations and case management, there are significant backlogs of lead poisoning cases in Ohio communities, including Cleveland, for example (Toxic Neglect series, Plain Dealer)
- Research shows that there is no safe level of lead in blood. In 2014, Ohio followed US Centers for Disease Control and Prevention guidance and adopted a reference level of 5 micrograms of lead per deciliter of blood. However, outreach and education efforts on the new blood lead level are minimal and must be strengthened.
- Though the health effects of lead poisoning are irreversible, the potential long-term impact can be reduced through early intervention. The backlog of lead cases results in many Ohio children not receiving referrals to services.
- Lead poisoning is preventable through lead hazard control. However, Ohio law only requires property owners to control lead hazards *after* a child is poisoned.

- The State of Ohio does not provide funding to assist owners of pre-1978 homes with lead hazard control. The lead fund included in the current lead law has never received appropriations.
- There is no effective enforcement of lead safe work practices in Ohio. The lead law has not been updated to reflect the 2010 US EPA Renovation, Repair and Painting Rule requirement for use of lead safe work practices in pre-1978 residential properties and day care facilities.

### **What are some goals for the proposed Governor's Task Force on Lead?**

- Identify successful property-based lead poisoning prevention approaches of other states and cities.
- Develop an Ohio approach to lead inspection and hazard control in pre-1978 residential properties beginning with rental properties. Implementing the new approach will be tied to availability of financing for lead hazard control.
- Create financing tools for both rental property owners and homeowners for lead hazard control such as income tax credits, loans and grants. Allow new financing tools to be used for replacement of residential water lines containing lead.
- Transfer enforcement of US EPA's Renovation, Repair and Painting (RRP) Rule to the Ohio Department of Health to keep Ohio children safe from lead exposure during renovation.
- Make recommendations to improve public health lead investigations by health departments.
- Develop a plan to help families with lead poisoned children with relocation expenses, referrals to lead safe housing and other types of assistance to prevent family destabilization, including eviction and homelessness.
- Create a definition of "lead-safe" housing, develop an inspection and lead hazard control protocol and integrate the EPA RRP Rule into the lead law.
- Develop a plan to increase the percentage of Medicaid and non-Medicaid children tested for lead who are at the highest risk of lead poisoning.
- Get children who are lead poisoned at 5 mg/dL and above into developmental and educational services as soon as they are identified
- Make information available to the public on the lead status of pre-1978 residential properties. Require recordation of lead orders on property titles.