www.leadfreenj.org
info@leadfreenj.org
16 W. Lafayette St.| Trenton, NJ 08608
609-393-0008

Comments on Proposed Readoption with Amendments to N.J.A.C. 8:51
PRN 2024-050
Childhood Blood Lead at or Above the Blood Lead Reference Value
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Submitted on behalf of Lead-Free New Jersey

Debbie Mans, Lead-Free NJ Steering Committee Co-Chair, TWENTYTWENTY public affairs

Yvette Jordan, Lead-Free NJ Advocacy Committee Co-Chair, Newark Education Workers Caucus

Shereyl Snider, Lead-Free NJ Community Hub Leader in Trenton, East Trenton Collaborative

Sheila Caldwell, Lead-Free NJ Health Committee Co-Chair, School Nurse

Bert Cooper, Lead-Free NJ Housing Committee Co-Chair, Green & Healthy Homes Initiative

Introduction

Lead-Free New Jersey supports the state of New Jersey's commitment to updating N.J.A.C. Section 8:51, which defines New Jersey Department of Health childhood lead poisoning prevention case management policies. By adopting 3.5 micrograms per deciliter (µg/dL) as the state's Blood Lead Reference Value (BLRV), the state of New Jersey will be more prepared to align lead poisoning prevention policies with recommendations from the Centers for Disease Control and Prevention, and local health departments will be able to reach more children with prompt actions to reduce elevated blood lead levels (EBLLs) and remediate sources of lead exposure in their environments.

In addition to the updates proposed in the draft amendment, Lead-Free New Jersey asks the state to consider updates to case management practices that would clarify clinical recommendations for case management, enable lead hazard assessments and home visits at lower EBLLs, and improve family access to lead risk assessment and

lead hazard remediation services offered in their local areas. The Administrative Code should specify that if a child under age 6 has a confirmed elevated blood lead level that the board of local health shall provide case management services including coordination of surveillance, education, clinical services, and environmental hazard assessment and remediation services.

We have prepared a summary chart to share our recommendations for case management practices. While local health departments continue to coordinate and deliver most of the services identified, LFNJ hopes that the recommendations we offer, if enacted, would enable greater collaboration with medical service providers, housing repair and hazard remediation programs, and other state and municipal services that are committed to reducing lead hazards in soil, water, and buildings. Amending this regulation to specify opportunities for partnership recognizes the state's commitment to improving lead hazard reduction as a primary lead poisoning prevention strategy through programs administered by the New Jersey Department of Health, Department of Community Affairs and Department of Environmental Protection.

We also hope the State of New Jersey will consider implementing our recommendation to require home visits, completion of hazard assessment questionnaires, and limited hazard assessments when a child has a confirmed blood lead level of 3.5 µg/dL. Because there is no known safe level of lead exposure, and EBLLs, even at lower levels, can cause lifelong neurological damage and other chronic health conditions, early intervention and lead hazard assessment and remediation services are essential to protecting children's health. Lowering the threshold for environmental assessment and interventions may also enable greater coordination with state and local lead remediation and abatement programs.

Furthermore, LFNJ recommends revising the draft update to the definition of Blood Lead Reference Value to specify that the state's BLRV shall be consistent with the level as adopted by the U.S. Centers for Disease Control and Prevention based on the 97.5th percentile of the blood lead distribution in U.S. children ages 1–5 years. We recommend this language to reduce future needs to amend this statute should the CDC reduce the national BLRV to a lower level. Other states, including the State of Maine, have taken this approach to lessen future administrative burdens of amendments.

Once the rule is adopted, LFNJ recommends that the Department of Health coordinate with local boards of health to distribute information to the public about lead poisoning prevention case management practices and key points of contact for childhood lead poisoning prevention and hazard reduction. Promotion of this public information will

increase awareness of case management practices, healthcare provider requirements, compliance needs for lead inspection and remediation in housing, and other related policies.

Recommended Amendments (new practice in blue text)

Blood Lead Level	Surveillance	Education/ Outreach	Clinical Recommendation	Environmental Action
BLRV - 9.9µg/dL	● 1 Confirmation venous blood lead sample.	● Written and verbal education about the blood lead reference value, possible effects on children, and lead hazards that may be present on the premises. ● If confirmed, home visit within 3 weeks and Hazard Assessment Questionnaire. ● Monitor follow-up activities.	● Venous follow-up. ● Nutrition education. ● Iron deficiency evaluation.	● Limited Hazard Assessment at primary and secondary addresses (and previous addresses if family has moved in previous 12 months). ● Assessment report provided to parents/guardians and property owners (if renting). ● If paint or soil based hazards found, Notice of Violation provided to parents/guardians, property owners (if renting) and municipal rental inspection program. ● Provide referral contact information and applications as available for lead hazard assessment and remediation programs in the municipality (paint, lead service line replacement, and/or soil). ● Provide interim control measures if elevated lead levels are found in dust (provide door mats) in soil (provide a barrier to bare soil and skin), or water (provide water filters).
10µg/dL - 19.9µg/dL	● Confirmation venous blood	● Home visit within 2 weeks.	● Venous follow-up.	● Hazard Assessment at primary and secondary

	lead sample.	• Written and verbal education. • Hazard Assessment Questionnaire. • Monitor follow-up activities.	• Nutrition education. • Iron deficiency evaluation. • Developmental screening.[1]	addresses (and previous addresses if family has moved in previous 12 months). • Assessment report provided to parents/guardians and property owners (if renting). • If paint or soil based hazards found, Notice of Violation provided to parents/guardians, property owners (if renting) and municipal rental inspection program. • Provide referral contact information and applications as available.
20µg/dL - 44.9µg/dL	• Confirmation venous blood lead sample.	• Home visit within 1 week. • Written and verbal. education • Hazard Assessment Questionnaire. • Monitor follow-up activities.	• Venous follow-up. • Nutrition education. • Iron deficiency evaluation. • Developmental screening. • Consult with lead specialist.	• Hazard Assessment at primary and secondary addresses (and previous addresses if family has moved in previous 12 months). • Assessment report provided to parents/guardians and property owners (if renting). • If paint or soil based hazards found, Notice of Violation provided to parents/guardians, property owners (if renting) and municipal rental inspection program. • Provide referral contact information and applications as available.
45µg/dL - 69.9 µg/dL	• Confirmation venous blood	• Home visit within 48 hours.	• Venous follow-up.	• Hazard Assessment at primary and secondary

[1] "Developmental Screening" refers to research-based environmental screening tools related to age milestones and approved by health insurers and service providers, including the Medicaid Early and Periodic Screening, Diagnosis and Treatment tool (EPSDT), and American Academy of Pediatrics Bright Futures Screening Tool.

	lead sample.	● Written and verbal education. ● Hazard Assessment Questionnaire. ● Assess need for emergency relocation and ensure hazard assessment is completed as relocation address. ● Monitor follow-up.	● Nutrition education. ● Iron deficiency evaluation. ● Developmental screening. ● Consult with lead specialist and complete chelation therapy. ● Ensure proper administration of the medication and timely medical follow-up during and after chelation.	addresses (and previous addresses if family has moved in previous 12 months). ● Assessment report provided to parents/guardians and property owners (if renting). ● If paint or soil based hazards found, Notice of Violation provided to parents/guardians, property owners (if renting) and municipal rental inspection program. ● Provide referral contact information and applications as available.
70µg/dL or higher	● Confirmation venous blood lead sample.	● Home visit within 24 hours; ● Written and verbal education; ● Hazard Assessment Questionnaire; ● Emergency Relocation and ensure hazard assessment is completed as relocation address ● Monitor follow-up activities	● Venous follow-up ● Nutrition education ● Iron deficiency evaluation ● Developmental screening ● Hospitalization, consult with lead specialist and complete chelation therapy	● Hazard Assessment at primary and secondary addresses (and previous addresses if family has moved in previous 12 months); ● Assessment report provided to parents/guardians and property owners (if applicable); ● If paint or soil based hazards found; Notice of Violation provided to parents/guardians, property owners (if renting) and municipal rental inspection program; ● Provide referral contact information and applications as available