

TESTIMONY



To: New Jersey Department of Health - BudgetFeedbackFY2026@doh.nj.gov

Date: 10/24/2024

Dear Commissioner Baston and New Jersey Department of Health staff,

We applaud the New Jersey Department of Health's commitment to childhood lead poisoning prevention and the Department of Health's efforts to collaborate with other state agencies such as the New Jersey Department of Community Affairs. Thank you for the opportunity to provide testimony on the Fiscal Year 2026 budget.

Lead exposure remains a concern for children in New Jersey, and disproportionately impacts Black and Brown and low-income communities. According to the NJ Department of Health, the five large municipalities with the highest percentage of children younger than six years of age with an elevated blood lead level from July 1, 2021 – June 30, 2022, the most recent data publicly available, included the City of Trenton in Mercer County (35.0% screened, 6.1% EBLL), the City of Irvington in Essex County (48.9% screened, 5.4% EBLL), the City of East Orange in Essex County (37.0% screened, 4.7% EBLL), the City of Plainfield in Union County (54.7% screened, 3.7% EBLL) and the City of Paterson in Passaic County (39.7% screened, 3.5% EBLL).

For all of the cities listed above, except for Plainfield, not even 50% of children younger than six years of age were screened. We've heard from parents that blood lead level testing is not convenient for working or income-restrained families. Often, healthcare providers do not provide testing at the point of care, instead, families are referred to a laboratory, often at another location. Data from Labcorps shows that a large percentage of these scripts go unfilled. Also, local health departments maintain testing hours that are infrequent, and during working hours. This creates financial and logistical barriers for parents who are restrained by access to transportation, time, and finances.

We urge you to increase funding for local health departments' childhood lead programs for more lead nurses, provide mobile lead screening services, temporary relocation services for lead remediation cases, and language translation. This is needed to address the barriers discussed, but also to help local health departments comply with NJ's lowering of the blood lead reference value from 5 to 3.5 µg/dL. **We also urge funding for more research on how childhood lead exposure affects the adult body** and research on current technological measures to reduce lead exposure.

While NJ state law requires blood lead level testing for children, testing is not currently required for pregnant women. However, lead exposure is a risk for pregnant individuals, harming both the mother and child. This year, state legislation A4848/S3616 was introduced "to require health care professionals to perform lead screening on pregnant persons under certain circumstances." **We urge the inclusion of funding to the SY26 budget that supports blood**

lead level testing of pregnant women. Additionally, we encourage budgeting for the creation and implementation of an education campaign that promotes understanding of the role lead may have during pregnancy and postpartum, and for infants, and to encourage prenatal healthcare providers to test pregnant persons for lead. We would welcome the opportunity to be involved in the creation of this campaign.

The NJ Department of Health Biomonitoring program has been a great partner to community organizations working on lead exposure prevention. **We urge you to allocate funding in the FY26 budget to support the project of the Biomonitoring program to repurpose NJ Department of Health mobile COVID-19 vans for mobile blood lead level testing.** Doing so will create greater access to blood lead level testing for children and pregnant people in the communities most at risk of lead exposure.

We request that funding allocations prioritize the areas in NJ with the highest childhood elevated blood lead levels.

Adequate and sustained funding for blood lead level testing is an essential investment into the future of New Jersey's children. We must take further action to ensure that lead exposure, which is entirely preventable, does not burden the health of New Jerseyans.

Sincerely,

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

Elyse Pivnick, Isles, Lead-Free NJ Health Committee Co-Chair

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