I. EXECUTIVE SUMMARY

Executive Summary

Lead poisoning is a neurotoxin that poses a serious, yet preventable, environmental health risk for the children of New Hampshire. Lead affects children, especially young children, more significantly than older children and adults. Research has shown that lead in children can cause negative, persistent health and cognitive effects including behavior or attention problems, learning disabilities, reduced IQ and developmental delays, slowed growth, and other serious and lasting injuries to New Hampshire children.

Although New Hampshire regularly rates as one of the healthiest states in the nation for child health and wellbeing indicators, when it comes to lead poisoning, New Hampshire's elevated blood lead level rates in children are approximately equal to those of the nation as a whole. The good news is that the last decade has seen a decrease in the number of confirmed cases of elevated blood lead levels of children under 6 in New Hampshire, from 311 newly confirmed elevations greater than 10µg/dL in 1997 down to 170 newly confirmed elevations at that level in 2007. Between 1997 and 2007, a cumulative total of 2,903 children under age 6 in New Hampshire have been identified with elevated blood lead levels. Among school age children, approximately 10,530 children ages 5 through 17 had an elevated blood lead level at some time.

Current New Hampshire screening protocols provide for blood tests for all children statewide at ages 1 and 2 or between the ages of 3 and 5 if they have not been previously tested, if they meet certain assessment criteria. Some of these criteria include: if the child is covered by Medicaid insurance, known as Healthy Kids Gold; if the child is receiving WIC benefits; or if the child participates in Head Start. State data show that actual blood test rates in high risk communities and populations vary widely across the state, and fall short of the 100 percent target rates. For example, only about half of the children eligible for Medicaid are truly being tested for lead by their physicians.

The primary source of exposure to lead in every region of New Hampshire is lead-based paint in older housing stock, with more than 90 percent of all children identified with elevated blood lead levels of 20 µg/dL or greater living in or regularly visiting homes built before 1950. Children under age 6 are most often exposed to lead paint and dust from deteriorating surfaces which are flaking and peeling; by opening and closing windows or other friction or impact surfaces; and by renovations or work done on a home where lead safe practices are not followed. Almost one in three children identified with an elevated blood lead level were exposed as a result of recent renovations. As lead is so prevalent in the housing stock of the Granite State, residents and professionals must be educated about how to live and work safely with lead as efforts are made to reduce lead hazards and associated problems.

The NH General Court established a Study Commission to identify and consider the full range of legislative and policy strategies that may be effective in furthering lead poisoning prevention for the Granite State. The Commission met regularly from September, 2007 through October, 2008, working together to develop fair and workable solutions.

Members tackled a broad range of issues as charged by the legislature. Due to the limited time frame available and the broad scope of the work of this Study Commission, the Commission focused its efforts on developing recommendations to address lead paint exposure, the source of more than 90 percent of lead poisoning in this State, as opposed to additional sources of lead. In some cases, there was a lack of sufficient time to explore an issue as fully as would be required to come to consensus and pose a recommendation. The thoughts and the subsequent recommendations developed by the Study Commission reflect a collaborative process. Not all Study Commission members agreed on every point, and this report aims to capture the sentiments and strongly held beliefs of a broad ranging group of individuals working together to tackle a significant policy issue facing the State.

The Study Commission felt strongly that childhood lead poisoning is everyone's problem and everyone's responsibility. Study commission members adopted the approach that there are no simple solutions to this problem, but rather that it will take all stakeholders working together to truly end lead poisoning. The Commission was keenly aware that in searching for solutions, it was critical to be mindful of any potential unintended consequences of policy and programmatic decisions. For example, Study Commission members considered the impact and stability of policy recommendations on the rental housing market and property owners. Many New Hampshire property owners are small business owners with relatively few properties. Property owners may be operating at the margins and facing economic hardship in the current economic climate. The Commission recognizes that the cost of abatement can often be very burdensome, relative to the value of property, especially in a declining market.

The Commission also considered the societal cost of not investing in lead poisoning prevention and remediation. A review of existing studies and New Hampshire-specific data provided the Commission with an estimated possible economic impact of lead poisoning in the millions in the areas of lost future income, lost state and local taxes, special education costs and juvenile justice services costs.

The Commission reinforced that every effort must be made to focus on improving the lead safe status of New Hampshire's housing stock. Addressing this problem is expensive. The Commission concluded that New Hampshire must work to grow the resources, including both public and private dollars, to be available for prevention, intervention and remediation. The Commission members recognized that to truly make progress in preventing lead poisoning, significant resources must be available to encourage property owners to maintain properties and to conduct any work with lead safe practices to make the State's housing stock safer so that children are not exposed

in the first place. Resources must be available to conduct education, training and outreach to a broad range of target audiences.

To achieve its goal, the Study Commission has developed a series of 21 short term and long term recommendations. The short term recommendations include:

- That the legislature implement a fee at the manufacturer level on gallons of paint and architectural coatings sold wholesale in New Hampshire to fund lead abatement, primary prevention activities and in particular a window replacement and related remediation program.
- That New Hampshire seek out federal grants for lead abatement and remediation, and that state and other funds be used to supplement, but not supplant, such federal resources.
- That New Hampshire create a revolving loan program authorized through state statute for the purpose of supporting remediation of lead hazards.
- That New Hampshire include efforts to eliminate lead hazards as part of larger energy efficiency goals.
- That the legislature pass enabling legislation that allows communities to choose to adopt a property tax incentive program at the local level for the benefit of property owners who have completed an approved lead safe renovator course and have utilized lead safe practices.
- That New Hampshire not pursue litigation strategies against pigment manufacturers at this time.
- That outreach and education should be aimed toward three groups: families whose children may be at risk for lead poisoning, starting with identified high risk target communities; those in the housing sector; and health care providers.
- That New Hampshire consider making an approved lead safe renovator course mandatory for all owners of rental housing built before 1978.
- That homeowners seeking a building permit for work to be done on a pre-1978 structure should be given training opportunities, information and materials.
- That the Lead Paint Poisoning Prevention Fund established in RSA 130-A:15, and other available resources, be directed to encouraging window replacement and related remediation through a window replacement program available to property owners who have completed lead-safe renovator training.
- That the New Hampshire Division of Historical Resources and the Division of Public Health Services work in partnership to develop protocols and cooperative agreements which balance issues of health and safety with historical preservation, and provide for timely resolution of decisions allowing lead remediation on properties of historical significance.
- That steps be taken to increase screening rates across the state, with particular emphasis on high risk communities.
- That property owners be notified about children with elevated blood lead levels at a lower level than existing statute requires.
- That the existing CLPPP advisory committee be expanded to include property owners and representatives of the New Hampshire Property Owners Association and charged with further examination of the recommendations, issues and policy options outlined in this report.

II. BACKGROUND

A. Introduction

Childhood lead poisoning is one of the most common environmental childhood illnesses in the United States. Yet it is entirely preventable.[1] Lead is a metallic element which does not naturally occur in the human body. While there is no evidence of a threshold below which adverse effects are not experienced, there are scientific studies that have demonstrated that children may experience adverse health effects at blood lead levels below 10 ug/dl.[2] However, blood lead levels below 10 ug/dl are not currently subject to regulation.[3] Among advocacy groups, there are differing opinions of the effect of low levels of lead in the blood.[4] The Centers for Disease Control (CDC) does not define lead poisoning, but rather refers to "action levels" or "levels of concern."[5] The CDC's level of concern for recommending public health actions and clinical management is currently set at 10 ug/dl or higher.[6] The phrase *public health actions* may include case management, environmental investigations, surveillance activities, and health education. *Clinical management* may include medical history and physical exam, developmental assistance, and laboratory evaluations.[7] Some states including New Hampshire have adopted public health actions lower than current CDC guidelines.[8]

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[1] See http://www.cdc.gov/nceh/lead/publications/books/plpyc/appendix2.htm.

[2] See for example, Canfield, RL et. al, "Intellectual Impairment in Children with Blood Lead Concentrations Below 10 mcg per Deciliter," The New England Journal of Medicine, April 17, 2003, 348 (16) pp1517-1526. A copy of this document can be found in Appendix 5.

[3] To view a fact sheet about blood lead levels of concern, see: http://www.cdc.gov/nceh/lead/faq/changeBLL.htm. The Centers for Disease Control and Prevention's 2005 Statement on Preventing Lead Poisoning in Young Children states, "[a]lthough there is evidence of adverse health effects in children with blood lead levels below 10 µg/dL, CDC has not changed its level of concern, which remains at levels >10 µg/dL. We believe it critical to focus available resources where the potential adverse effects remain the greatest. If no threshold level exists for adverse health effects, setting a new BLL of concern somewhere below 10 µg/dL would be based on an arbitrary decision. In addition, the feasibility and effectiveness of individual interventions to further reduce BLLs below 10 µg/dL has not been demonstrated." See www.cdc.gov/nceh/lead/publications/PrevLeadPoisoning.pdf.

[4] For example, see: www.acsh.org. Also see: www.alphalead.org.

[5] A glossary of terms can be found in Appendix 1.

[6] Centers for Disease Control and Prevention. Preventing Lead Poisoning in Young Children. A Statement by the Centers for Disease Control and Prevention. 2005. A copy of the preface can be found in Appendix 5. The full report can be found at: www.cdc.gov/nceh/lead/publications/PrevLeadPoisoning.pdf.

[7] Managing Elevated Blood Lead Levels Among Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention. March 2002. See: www.cdc.gov/nceh/lead/CaseManagement/managingEBLLs.pdf.

[8] Managing Elevated Blood Lead Levels Among Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention. March 2002. As detailed beginning on page 10 of this report, New Hampshire's statute instructs the Commissioner of the Department of Health and Human Services to investigate cases of lead poisoning in children whose blood lead level meets or exceeds 10 ug/dl of blood. The investigation would include an inspection of the leased or rented dwelling occupied by the child and, if applicable, an inspection of the child care facility in which the child spends a significant amount of time. If a lead hazard is found to exist in one of these premises, the Commissioner may issue an order requiring the reduction of the lead hazard. In addition, if a child's blood lead level is found to be 7.5 to 9.9 ug/dl, while no formal investigation is initiated, and no lead hazard reduction orders may be issued, the Commissioner is required to make a reasonable effort to notify in writing the owner of a dwelling or dwelling unit where the child resides.

New Hampshire has taken steps to address and prevent lead poisoning for over two decades. Progress is being made, yet childhood lead poisoning and the serious and irreversible injuries it causes continue to be a major preventable health problem for too many of New Hampshire's children. For New Hampshire's children, elevated blood lead levels (EBLL) occur primarily as a result of exposure to deteriorating lead-based paint and dust in poorly maintained older housing.[9]

B. Legislatively Created Lead Study Commission

An act establishing a commission to study childhood lead poisoning prevention laws, policies, and standards in New Hampshire was signed into law in 2007.[10] The law established a Study Commission to identify and consider the full range of legislative and policy strategies that may be effective in furthering lead poisoning prevention for the Granite State. The Study Commission was charged with examining issues including:

- The efficacy of current laws, regulations, education and certification standards, and clinical protocols in reducing the exposure of children to lead hazards;
- Examining evidenced-based or promising practices from other sates and jurisdictions relative to statewide policy, local ordinances, educational programming and financing strategies;
- Considering the economic impact of lead prevention policies and determining strategies and funding mechanisms for distributing the economic costs as broadly as possible;
- Examining the insurance-related concerns tied to lead and lead exposure including accessibility to insurance coverage and liability issues;
- Developing strategies and protocols for addressing the needs of particular communities or regions of the state or certain populations within the state most impacted by lead poisoning.[11]

The Commission was composed of 25 appointed members[12] listed within this report, who met regularly from September, 2007 through October, 2008, working together to develop fair and workable solutions. The Commission met 16 times. In addition, informal workgroups organized meeting agendas and best practice presentations based on areas of interest and concern as identified by the group as a whole. A wide range of

[9] See October 12, 2007 Study Commission meeting minutes and handout materials, as presented by NH Department of Health and Human Services, contained in Appendix 4. See also, http://www.cdc.gov/nceh/lead/faq/about.htm.
[10] http://www.gencourt.state.nh.us/legislation/2007/SB0176.html
[11] http://www.gencourt.state.nh.us/legislation/2007/SB0176.html
[12] The Study Commission consisted of members appointed by the Governor, President of the Senate and Speaker of the House as well as others, and included legislators, property owners, a health and human services state agency representative, a municipal health department official, a parent advocate, health advocates, tenant advocates, a representative of the Attorney General's office, an environmental health sciences researcher, a representative of the realtor's association, a representative of the insurance industry, concerned funders, and a lead safe renovator. See the inside cover of this report for a list of the Study Commission members, and Appendix 4 for a complete list of names and affiliations.

experts were invited to make presentations to the Study Commission and other guests with relevant knowledge helped inform the Commission on current issues. [13] The collective efforts, discussion and deliberations of these Study Commission members generated the recommendations contained within this report.

[13] See Appendix 4 for meeting minutes and accompanying handout materials, and white papers and other information submitted to Study Commission.

III.OVERVIEW: DESCRIPTION OF THE PROBLEM

Lead is a serious problem. Lead poisoning is a neurotoxin that poses a serious, yet preventable, environmental health risk for the children of New Hampshire.[14] The good news is that the last decade has seen a decrease in the number of confirmed cases of EBLL in New Hampshire, from 311 newly confirmed elevations greater than 10µg/dL in 1997 down to 170 newly confirmed elevations at that level in 2007.[15] Despite this progress toward the elimination of lead hazards, New Hampshire children continue to experience elevated blood lead levels resulting from exposure to this toxic metal. Lead poisoning is still causing behavior or attention problems, learning disabilities, reduced IQ and developmental delays, slowed growth, and other serious and lasting injuries to New Hampshire children.[16] Once a child is poisoned, the personal and economic toll on families and communities can be devastating. This is particularly tragic because lead paint poisoning is a wholly preventable problem.

Despite efforts to reduce lead poisoning, 170 children under age 6 were newly identified with elevated blood lead levels in 2007.[17] However the total number of children with EBLL is likely higher because current screening protocols are not uniformly implemented and not all children recommended for blood lead testing are tested. Under current New Hampshire law, consistent with the protocols of the CDC, EBLL are considered to be those at or above 10µg/dL. New Hampshire families and communities continue to suffer under the burden of this entirely preventable disease and support these children long after the elevated test results are received. Between 1997 and 2007, a cumulative total of 2,903 children under age 6 in New Hampshire have been identified with elevated blood lead levels.[18] Among school age children, approximately 10,530 children ages 5 through 17 had an EBLL at some time.[19]

Why does this matter? Lead affects children, especially young children, more significantly than older children and adults. As reported by the CDC, research has shown that very small amounts of lead in children can cause negative, persistent health and cognitive effects.[20] Studies by researchers have demonstrated that comparatively minor elevations in lead levels at two years of age are associated with significant impairments in intellectual and academic performance. This means that serious, life-

[14] http://www.hud.gov/offices/lead/healthyhomes/lead.cfm.
[15] As prepared by the NH DHHS Childhood Lead Poisoning Prevention Program's Environmental Epidemiologist for the Study Commission, 1997-2007 comparison, see October 24, 2008 Study Commission meeting minutes and handout materials contained in Appendix 4.
[16] See October 12, 2007 Study Commission meeting minutes and handout materials, as presented by NH Department of Health and Human Services, contained in Appendix 4.
[17] As prepared by the NH DHHS Childhood Lead Poisoning Prevention Program's Environmental Epidemiologist for the Study Commission, see October 24, 2008, meeting minutes and handout materials contained in Appendix 4.
[18] As prepared by the NH DHHS Childhood Lead Poisoning Prevention Program's Environmental Epidemiologist for the Study Commission, see October 24, 2008, meeting minutes and handout materials contained in Appendix 4.
[19] See October 12, 2007, Study Commission meeting minutes and handout materials, contained in Appendix 4.
[20] For more about the health and cognitive effects of lead, see e.g, Canfield RL, Henderson CR Jr, Cory-Slechta DA, Cox C, Jusko TA, Lanphear BP. Intellectual impairment in children with blood lead concentrations below 10 g per deciliter. N Engl J Med 2003;348:1517 – 26.

long consequences can impact the health and safety of New Hampshire's children and youth as their minds and bodies are still maturing.[21]

This is a New Hampshire problem. Although New Hampshire regularly rates as one of the healthiest states in the nation for child health and wellbeing indicators, when it comes to lead poisoning, New Hampshire's EBLL rates in children are approximately equal to those of the nation as a whole.[22] Clearly, there is a direct impact on the children and families affected by lead. In addition, lead poisoning results in a significant financial burden to the Granite State. A study reviewed by the Study Commission indicated that the estimated annual economic impact for the State of New Hampshire could be significant when considering measures like lost future income, special education costs, and juvenile justice costs as detailed in the chart below.[23]

Summary of Estimated Select Annual Economic Impacts of Childhood Lead Poisoning in New Hampshire, (in 2008 Dollars)

Lost Future Earnings	$130 M - $311 M
Lost State & Local Taxes	$10 M - $31 M
Special Education Costs	$288,000 - $973,000
Juvenile Justice System Costs	$1.1 M - $2.7 M
Total	**$141.1 M - $345.7 M**

Deteriorating lead paint in housing is the primary source of exposure. While certain populations are significantly impacted by lead poisoning due to increased risk factors[24], this is a statewide issue. There is no community left untouched by lead poisoning. Lead poisoning is a problem which does not discriminate according to class or economic status. The primary source of exposure to lead in New Hampshire is lead-based paint in pre-1978 housing. Housing age is an important predictor of risk,

[21] Needleman et al. New England Journal of Medicine. 322:93-8. 1990. When researchers went back to their original subjects after 11 years, they found that the associations reported earlier between lead and children's academic progress and cognitive functioning persisted into young adulthood, including "significant and serious impairment of academic success, specifically a sevenfold increase in failure to graduate from high school, lower class standing, greater absenteeism, impairment of reading skills sufficiently extensive to be labeled reading disability (indicated by scores two grades below the expected scores), and deficits in vocabulary, fine motor skills, reaction time, and hand-eye coordination.

[22] As prepared by the NH DHHS Childhood Lead Poisoning Prevention Program's Environmental Epidemiologist for the Study Commission based on Childhood Blood Lead Surveillance data and NHANES data, see October 12, 2007, meeting minutes and handout materials contained in Appendix 4.

[23] "Estimated Economic Impacts of Childhool Lead Poisoning in New Hampshire." Prepared by Kroll and Shapiro, Gallagher, Callahan & Gartrell. October 2008. See full report following October 10, 2008, meeting minutes and handout materials, contained in Appendix 4.

[24] Children most at risk for elevated blood lead levels include: children enrolled in Medicaid; children enrolled in WIC; children enrolled in Head Start; children living in housing built prior to 1950; children living in or spending time in housing built prior to 1978 where recent renovations have occurred during the last 6 months. *Eliminating Childhood Lead Poisoning in New Hampshire (2005)*. Concord, NH: New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Community Health Services, Maternal and Child Health Section, Childhood Lead Poisoning Prevention Program. Page 5. Also available online at: http://www.dhhs.nh.gov/DHHS/CLPPP/default.htm.

because the lead content of paint has varied over time. 1950 is recognized as a threshold to lower levels of lead in paint as it marks the beginning of the paint industry voluntarily lowering its standards for lead content in residential paint, and 1978 was the year in which lead was banned from use in residential paint.[25] Case investigations data gathered by the New Hampshire Childhood Lead Poisoning Prevention Program (NH CLPPP) show that exposure to lead hazards occurs in every region of the state, and over 90 percent of EBLL cases are a result of exposure to lead-based paint and dust occurring. [26]

Children under age 6 are most often exposed to lead paint and dust from deteriorating surfaces which are flaking and peeling; by opening and closing windows or other friction or impact surfaces; and by renovations or work done on a home where lead safe practices are not followed. This exposure happens through normal age-appropriate activity and behavior: by ingesting the dust when they put their hands in their mouths; by playing with toys that have chipping or peeling lead paint or that have leaded dust on them; or by playing in bare soil around their home that has been contaminated by lead. Children with poor nutrition have a higher risk of absorbing lead into their blood.

New Hampshire has older housing stock. Older housing in New Hampshire poses a significant lead exposure risk for young children. In New Hampshire, more than 90 percent of all children identified with EBLL of 20 µg/dL or greater live in or regularly visit homes built before 1950.[27] In trying to better understand the lead hazard potential in New Hampshire's housing stock, the Study Commission learned that there are roughly 138,000 units that could fall into this category of potentially unsafe stock.[28] This includes an estimated 82,000 owner-occupied dwellings and 56,000 renter-occupied dwellings.[29] This data also show the enormity of the task of abating property, in that far less than 1 percent of identified units are known to have been abated.

New England's housing stock is the oldest housing stock in the nation. The very choice that many families make to live in this state's architecturally beautiful older homes and fix them up puts children at risk. Almost one in three children identified with an EBLL were exposed as a result of recent renovations.[30]

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[25] Throughout this report , there are references to both 1950 and 1978 relative to measures of housing stock. Pre-1950 housing stock has a higher concentration of lead in paint.

[26] See October 12, 2007 Study Commission meeting minutes and handout materials, as presented by NH Department of Health and Human Services, contained in Appendix 4.

[27] *Eliminating Childhood Lead Poisoning in New Hampshire (2005).* Concord, NH: New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Community Health Services, Maternal and Child Health Section, Childhood Lead Poisoning Prevention Program. Page 5. Also available online at: http://www.dhhs.nh.gov/DHHS/CLPPP/default.htm.

[28] Estimates prepared for the Study Commission by the NH Housing Finance Authority based on the 2006 American Community survey. See April 11, 2008, meeting minutes and handout materials contained in Appendix 4.

[29] Estimates prepared for the Study Commission by the NH Housing Finance Authority based on the 2006 American Community survey. See April 11, 2008, meeting minutes and handout materials contained in Appendix 4.

[30] *Eliminating Childhood Lead Poisoning in New Hampshire (2005).* Concord, NH: New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Community Health Services, Maternal and Child Health Section, Childhood Lead Poisoning Prevention Program. Page 5. Also available online at: http://www.dhhs.nh.gov/DHHS/CLPPP/default.htm.

A focus on lead in paint. Other states and cities have studied the impact of lead exposure from sources other than lead paint including in toys and consumer products. Due to the limited time frame available and the broad scope of the work of this Study Commission, the Commission focused its efforts on developing recommendations to address lead paint exposure, the source of more than 90 percent of lead poisoning in this state. The recommendations section of this report reflects the Study Commission's belief that the legislature should continue to monitor federal level action, as well as best practices by other states, on regulation of consumer and other products that cause lead poisoning, and assess the need for further study and possible additional action.

Current status of lead poisoning prevention and action at the state and local level. The New Hampshire Childhood Lead Poisoning Prevention Program (CLPPP) is a program within the Maternal and Child Health Section (MCH), Division of Public Health Services (DPHS), New Hampshire Department of Health and Human Services. It is this agency which has rulemaking, educational, intervention and enforcement authority. The CLPPP receives federal and state general funds and holds regulatory authority for management of state-sanctioned action.[31] It conducts statewide surveillance, provides medical case management and home inspections for children with elevated blood lead levels, and provides information and referrals for lead hazard reduction. The CLPPP also licenses lead risk assessors, lead inspectors, and lead abatement contractors in accordance with RSA 130-A.[32]

The New Hampshire legislature adopted the Lead Paint Poisoning and Control Act in 1993 which was most recently amended in 2007. Under current New Hampshire law, any laboratory performing blood lead analysis on New Hampshire residents must report the test results to CLPPP.[33] The extent of CLPPP's action is dictated by the elevation level of the child's blood. RSA 130-A dictates that when a child has a blood lead level between 7.5 µg/dL and 9.9 µg/dL, the State must make reasonable efforts to notify the property owner in writing and educate the property owner about the problem.[34] The CLPPP also informs the family of the elevation, offering consultation and education. When a child has a blood lead level at 10 µg/dL or above, the CLPPP works with the family and health care provider to do consultation, education, and follow up including subsequent testing. In addition, the CLPPP performs environmental investigations of the child's home, child care facility or other properties to identify the sources of exposure to lead.

When lead exposure hazards as defined in RSA 130-A:1, XVI(a), (b), or (c) are found in the child's rented or leased dwelling unit, the CLPPP must issue an Order of Lead Hazard Reduction (an Order) to the owner of a rental property, describing the exact steps that the property owner must take to come into compliance with the Order. When

[31] The CLPPP receives state general funds and federal funds from the EPA, CDC, Title V Maternal and Child Health Block Grant and the National Institute for Occupational Safety and Health (NIOSH).
[32] NH RSA 130-A is found at www.gencourt.state.nh.us/rsa/html/x/130-a/130-a-mrg.htm
[33] RSA 141-A:4 (Critical Health Problems Reporting Act). For an overview of the statute and regulations, see the Elimination Report which can be viewed: http://www.dhhs.nh.gov/DHHS/CLPPP/default.htm.
[34] RSA 130-A:6-a, I (2008)

lead exposure hazards as defined in RSA 130-A:1, XVI(d) are found at the child's rented or leased dwelling unit, the CLPPP may issue an Order of Lead Hazard Reduction (an Order). The CLPPP also conducts a home visit and undertakes case management with the child and the child's family. In addition, if lead exposure hazards are found in the child's unit, the CLPPP must conduct inspections of all other dwelling units of the leased or rented dwelling for the purposes of identifying lead exposure hazards in these units. If lead exposure hazards are found in these additional units, the CLPPP must issue Orders on these units as well, whether or not children age 6 or under live in these units. Some Commission members believe that this results in excessive costs when apartments with no children are given an Order of Lead Hazard Reduction.

If a child spends 10 hours or more per week at a child care facility, and lead exposure hazards as defined in RSA 130-A:1, XVI(a), (b), or (c) are found to exist at the facility, the CLPPP must issue an Order of Lead Hazard Reduction (an Order) to the owner and to the license holder, describing the exact steps to take to come into compliance with the Order. When lead exposure hazards as defined in RSA 130-A:1, XVI(d) are found at the facility, the CLPPP may issue an Order of Lead Hazard Reduction (an Order).

RSA 130-A:6 also gives authority to perform lead exposure hazard inspections on other properties, such as dwellings owned by the child's parents or guardians, or other child care facilities or structures, with the consent of the parties. When lead exposure hazards are found to exist in these structures, a notice is provided with information on health consequences and procedures for lead hazard reduction.

CLPPP Protocols (effective Jan 1, 2008)

Blood Lead Level (micrograms per deciliter of blood)	**≤ 10**	**10–14**	**15–19**	**≥ 20**
Test reported to NH CLPPP	√	√	√	√
Letter & education to property owner with cc to family	√ (7.5-9.9)	√	√	√
Letter & education to parent/cc to health care provider (HCP)	√ (7.5-9.9 for parent)	√	√	√
Initial & on-going phone consultation		√	√	√
Contact HCP to ensure appropriate & timely follow up testing		√	√	√
Home visit by nurse		√	√	√
Environmental inspection		√	√	√
Order of Lead Hazard Reduction if rental; recommendations if owner occupied		√	√	√

New Hampshire's existing law provides authority for the state to take action for a property that is rental housing only. For owner occupied homes, which data show account for approximately 40 percent of EBLLs, the state agency's only recourse under New Hampshire law is notification of the home owner but it cannot force clean up or remediation of any identified lead hazards through an order.

Some areas of the state have established coalitions – referred to as local lead action committees – actively working on lead poisoning based on designation as a highest risk community. These coalitions work to coordinate local education activities and policy initiatives, work with property owners on neighborhood remediation efforts, and seek to identify funding opportunities. For example, in Manchester, it was the Greater Manchester Partners Against Lead Poisoning that worked with the Dartmouth Toxic Metals Research Program to develop a policy report on potential state legislative action that could be taken to reduce lead poisoning problems.[35] In Newport, the lead action committee in partnership with the local community action program, approached the Town Selectman to apply for $500,000 in community development block grant funding to remove lead-based paint from about 30 single- and multi-family homes.

Current resources are not enough. In the truest sense of the New Hampshire spirit, local communities, property owners, nonprofit organizations, and state agencies have worked hard to secure a broad range of funding streams and leverage limited dollars to address lead poisoning remediation. But more must be done.

[35] The full report can be found at: http://www.dartmouth.edu/~toxmetal/Legislative%20Report-GMPALP.pdf.

Currently, the CLPPP program is supported by approximately $530,000 in federal funds from CDC, EPA and the National Institute for Occupational Safety and Health. The state general fund provides close to $450,000 in support for lead poisoning prevention. New Hampshire and its communities rely heavily on federal funding that is guaranteed not to continue in its current form of block grants to states post 2010, as the federal government transitions away from block grants focused solely on lead poisoning prevention. The picture for future funding does include: some private grant funds; efforts by communities to secure Community Development Block Grant (CDBG) monies for remediation use; and securing bank support to make investments in local communities for supporting grant programs and supporting coalition work. During the course of its deliberations in the summer of 2008, the Study Commission was pleased to support the work of the New Hampshire Housing Finance Authority in taking the lead to apply for federal grant money. The City of Manchester was awarded $1.8 million to work with partners in the community to produce 240 lead-safe homes in at-risk areas within the city. Nashua was awarded $3 million over three years to produce 150 lead-safe residences in that three year span.

The Study Commission members recognized that to truly make progress in preventing lead poisoning, significant resources must be available to encourage property owners to maintain properties and to conduct any work on the property with lead safe practices to make the state's housing stock safer. Resources must be available to conduct education, training and outreach to a broad range of target audiences. Study commission members adopted the approach that there are no simple solutions to this problem, but rather that it will take all stakeholders working together to on many fronts to truly end lead poisoning. In an effort to examine a full range of policy options for implementing and funding primary prevention, the Study Commission reviewed a report developed and submitted by the Center for Public Policy and the Social Sciences at Dartmouth College, which outlined best practices and creative approaches utilized in other states and jurisdictions.[36]

The New Hampshire Legislature had already established a dedicated, non-lapsing fund (the Lead Poisoning Prevention Fund) to support lead poisoning prevention, and in 2007 amended the statute to allow the fund to receive fees, fines, gifts, grants, donations, bequests, or other moneys from any public or private source.[37] The monies from this fund are to be used to implement and encourage lead paint removal and education.

Current housing market and profile of New Hampshire property owners. A concern throughout the Commission's deliberations centered on how actions to tackle lead paint poisoning would impact property owners and the stability of the rental housing market. One of the challenges posed by this question is that data are not readily available. Many New Hampshire property owners are small business owners

[36] Bennett, Allyson and Pollard, Louisa. Lead Poisoning in New Hampshire: Policy Options for Primary Prevention. The Policy Shop at Dartmouth College. July 2008. See Appendix 5.
[37] RSA 130-A:15

with relatively few properties. Property owners may be operating at the margins and facing economic hardship in the current economic climate. The Commission recognizes that the cost of abatement can often be very burdensome, relative to the value of property, especially in a declining market.[38] Commission members did an admirable job trying to present the experience of small property owners who had provided information to the New Hampshire Property Owners Association. The Study Commission learned that 14 property owners with a combined ownership of 173 rental units reported annual cash flow as little as $300 to $500 per unit.[39] Some Commission members expressed concern that decreases in the action level will capture additional units for abatement, and that those operating on small margins will have little recourse in the face of an Order of Lead Hazard Reduction other than foreclosure. In particular, they were concerned that there is little funding for lead abatement outside of small grants available in only a few specific municipalities. Additional data must be collected and analyzed in order to provide a statistically meaningful assessment of the rental housing market, which could then inform any policy decisions.

Cost of remediation. The costs associated with complying with an Order of Lead Hazard Reduction (often referred to as "abatement") and the costs of work done with lead-safe maintenance and renovation practices will be different. What is required to abate a property is often more extensive than what is required to safely maintain a property. The work required to meet an abatement standard includes measures designed to permanently eliminate lead-based paint hazards in accordance with established state and federal standards. The work involved in prevention and maintenance utilizes maintenance practices and procedures designed to control deteriorating paint and dust to ensure a home is maintained in a lead-safe condition.[40]

A presentation made to the Study Commission helped reinforce the concern that unlike some other states, New Hampshire does not have a fully mature industry built up to accomplish the work of abatement at competitive rates.[41] Due to training efforts and outreach, there is an ever growing supply of capable contractors able to provide maintenance and property improvement in a manner that prevents lead exposure.[42] Although the impact cannot yet be measured, this will continue to increase as a new EPA rule (discussed in greater detail below) requiring contractors, painters, and construction professionals to follow lead-safe work practice standards to reduce potential exposure to dangerous levels of lead is translated to practice on the ground throughout New Hampshire.[43]

What is certain is that the costs of remediation vary project by project based on location and scope of the project. The variables driving cost may include: the extent of the

[38] See October 10, 2008, Study Commission meeting minutes and handout materials contained in Appendix 4.
[39] See October 10, 2008, Study Commission meeting minutes and handout materials contained in Appendix 4.
[40] See the glossary in Appendix 1 for a definition of abatement, lead safe, and other related terms.
[41] See November 9, 2007, Study Commission meeting minutes contained in Appendix 4.
[42] See April 11, 2008, and May 9, 2008, Study Commission meeting minutes handout materials contained in Appendix 4.
[43] The final lead-safe remodeling, repair and painting rule can be found at: www.epa.gov/fedrgstr/EPA-TOX/2008/April/Day-22/t8141.pdf.

hazard(s); deterioration of areas that would continue to cause hazard; whether exterior and common areas as well as the interior of an unit is included in the work; the number of units in a building; and how much de-leading work may already have been done on a property. For example, a single family home with deteriorating lead paint on the exterior, damaged windows, a leaky roof that contributes to deterioration of interior surfaces still containing lead-based paint would be very expensive per unit. If the same problems existed for a six unit building, the per unit costs would be lower. Costs also include an initial lead inspection, construction costs, relocation costs, and a final clearance exam. To comply with an Order, a property owner may need to: put vinyl siding on the entire building or scrape and repaint the entire exterior using lead-safe measures; replace all painted trim greater than 1/2 inch thick; replace existing painted, damaged windows; replace or scrape and repaint all doors and door casings; cover painted wood floors, stairs and hallways; replace the soil around the property or put down an asphalt driveway and parking areas. There are a series of solutions that could address these projects ranging from complete replacement to encapsulation of existing surfaces.[44]

To gather information regarding the varying costs for remediation and abatement in New Hampshire, the Study Commission was provided with information from a number of sources. For example, the City of Manchester outlined its experience with both their City-funded and HUD grant-supported work, which included some projects achieving an abatement standard and others achieving a lead-safe standard. Manchester's HUD grant-funded work in 2006 conducted projects ranging from $3,500/unit to $34,000/unit, with an average of $9,152/unit.[45] The City of Nashua's experience with its current HUD grant, which to date has not done work meeting abatement standards, indicates an average of $8,500/unit. They anticipate a cost of about $12,500/unit with exterior work included, and if they were to meet an abatement standard they anticipate costs approximately 30 percent higher than interim control standards – between $10,000 and $15,000 per unit.[46] The New Hampshire Housing Finance Authority's HUD grant-funded Lead-Based Paint Hazard Control Program, operating between 1998 and 2002, adopted a general financing strategy of offering a property owner $9,000/ unit for construction and testing expenses with the property owner bearing any costs in excess of that.[47] This shows the discrepancy that property owners may face in financing work on their units when an Order has been issued. The Study Commission learned of two experiences by property owners under Orders of Lead Hazard Reduction. One property owner who did the work on his unit himself had a cost of $16,000, while another property owner who contracted out the work reported a cost of $60,000 complying with an Order.[48]

[44] See October 12, 2007, Study Commission meeting minutes and handout materials contained in Appendix 4; May 9, 2008, Study Commission meeting minutes and handout materials contained in Appendix 4; *Lead Paint Safety: A Field Guide for Painting, Home Maintenance, and Renovation Work, March 2001*, at: www.hud.gov/offices/lead/training/LBPguide.pdf.

[45] See April 11, 2008, Study Commission meeting minutes and handout materials, with an amendment reflected in the October 24, 2008, meeting minutes.

[46] See October 22, 2008, Study Commission meeting minutes and handout materials in Appendix 4.

[47] Available through the New Hampshire Housing Finance Authority, in the Lead-Based Paint Hazard Control Program final report to HUD 2003.

[48] See October October 24, 2008, Study Commission meeting minutes and handout materials contained in Appendix 4.

Current assessment and screening practices. The term *screening* is often used to identify a series of actions including assessment and blood testing. New Hampshire follows the CDC's guidance on blood lead screening of children.[49] The American Academy of Pediatrics (AAP) recommendations follow CDC's guidance.[50] New Hampshire recommends assessing all children for risk. This is designed to increase blood tests of children who are at highest risk of lead exposure.

The Study Commission learned that a medical assessment is an annual physical or well child exam, where a health care provider evaluates a child's growth, development and overall health. Part of this assessment may include screening tools to help determine if further evaluation or follow up is needed. Screening, or risk assessment, is what a health care provider does to determine which children are at risk for lead poisoning, and a screening test is a blood lead test of a child who has not been previously identified with a blood lead elevation.[51]

Any community with 27 percent or more of the housing stock built before 1950 is considered high-risk – this includes over 240 New Hampshire cities and towns.[52] In high-risk communities, a *universal screening* approach which includes testing is recommended; that is, all children who live in these communities should be tested at 1 and 2 years of age, and an older child up to 6 years of age who has not previously been tested should be tested. The goal is to focus attention and resources on children most likely to be poisoned due to an increased prevalence of risk factors. These factors include the percentage of pre-1950 housing stock, the fraction of the population that is under the age of 6, the fraction under the age of 6 living in poverty, the percentage of children under the age of 6 enrolled in Medicaid or other federal assistance programs, and special populations living in the communities.[53]

In all other communities, a *targeted screening* approach is recommended. This approach recommends that providers use a brief questionnaire to target those children most at risk. This approach advises that a blood test be performed on those children ages 1 and 2 or between the ages of 3 and 5 if they have not been previously tested, who are at risk by meeting specific criteria that would increase exposure to lead. The most important factors considered are whether the child is: living in any pre-1950 housing; or living in a pre-1978 home with renovations within the past six months; or is enrolled in Medicaid, WIC or Head Start.[54]

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[49] Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials, November 1997. Document can be found at: www.cdc.gov/nceh/lead/guide/guide97.htm

[50] See: http://pediatrics.aappublications.org/cgi/content/abstract/101/6/1072

[51] See January 8, 2008, Study Commission meeting minutes and handout materials, contained in Appendix 4.

[52] See *Table 3: Lead Screening Designation for NH Cities, Towns and Villages*, NH DHHS, Division of Public Health Services, NH Childhood Lead Poisoning Screening and Management Guidelines. September 2004. This document is available online at: http://www.dhhs.nh.gov/DHHS/CLPPP/LIBRARY/Best+Practice/screening-lead.htm.

[53] See: http://www.dhhs.nh.gov/DHHS/CLPPP/LIBRARY/Best+Practice/screening-lead.htm.

[54] See October 12, 2007, Study Commission meeting minutes and handout materials, as presented by NH DHHS, contained in Appendix 4.

A number of communities have been identified as highest-risk areas due to the increased prevalence of risk factors. These communities include: Berlin, Claremont/Newport, Franklin, Laconia, Manchester, Nashua and Rochester are designated highest-risk areas in New Hampshire due to the increased prevalence of risk factors.

The Study Commission heard presentations by the CLPPP program that despite the existence of these detailed screening protocols, State data show that actual blood test rates in high risk communities and populations vary widely across the state, and fall short of the 100 percent target rates. For example, only about half of the children eligible in Medicaid are truly being tested for lead by their physicians. [55]

Enforcement action under current law. Once an Order of Lead Hazard Reduction is issued by CLPPP, a Lead Exposure Hazard Reduction Plan has to be completed that will indicate how the lead exposure hazard will be controlled. A property owner has 90 days to complete any work that needs to be done, unless the DHHS Commissioner grants an extension upon request by the property owner. If a property owner fails to comply, the Commissioner has authority to enforce by imposing administrative fines on any person violating any provision of the law, capped at $2,000 per offense. In addition, the Commissioner may request injunctive relief to force a property owner to take action.

In a presentation to the Study Commission, DHHS reviewed the agency's approach to enforcement, which has been strengthened through policy and procedure action over the past two years. DHHS expressed its commitment to take action and support properties being maintained and remediated prior to children being exposed to lead, as well as to enforce existing laws aggressively. The Study Commission encourages DHHS to continue with this approach.

The Study Commission received information that shows that states with a strong enforcement component have better outcomes.[56] In addition, New Hampshire's efforts to enforce existing laws will need to be examined in light of the new EPA rule, to understand how the EPA rule will impact New Hampshire's existing statute and regulations (see below).

Insurance and insurance coverage issues.
The problem of lead paint in older homes or apartment buildings can have an impact on the ability to purchase insurance coverage for these structures. Fortunately, this has not been a significant problem in New Hampshire, in part because it has been the long-standing position of the New Hampshire Insurance Department (NHID) not to allow exclusions of lead paint coverage in general liability policies or personal liability policies. Such exclusions are common in many other states.

[55] See October 10, 2008, Study Commission meeting minutes and handout materials, contained in Appendix 4.
[56] Brown MJ, Gardner J, Sargent JD, Swartz K, Hu H, Timperi R. The effectiveness of housing policies in reducing children's lead exposure. Am J Public Health 2001;91:621 - 4

It is important to understand that the policy against exclusions applies to the liability portion of homeowners policies or commercial policies that cover multi-unit apartment buildings, as opposed to the first-party coverage that applies to physical damage to a property. In other words, it is not possible to exclude liability coverage for individuals who are harmed by exposure to lead paint in a home or apartment, but this does not mean that there is coverage for the cost of abatement or remediation of lead paint as this exposure is essentially non-insurable. Either lead paint exists in a building (and it is assumed to exist in buildings constructed prior to 1978) or it does not; there is no occurrence or event that triggers coverage.

It is also important to understand that the NHID prohibition of lead paint exclusions applies only to the so-called voluntary or admitted market. In other words, non-admitted insurers, also known as excess and surplus lines insurers, which operate with less regulatory oversight by the insurance departments in all states, are not subject to the department's rule that lead paint exposure cannot be excluded. Although the surplus and excess market may be more expensive than the admitted market, and is not subject to the same level of oversight and regulation as voluntary insurers, access to this segment of the market is critical in order to provide coverage that might not be available otherwise.

The non-admitted market is important in a state like New Hampshire, where there is no requirement that insurers provide coverage and there is no so-called residual market, also known as a market of last resort. As noted above, insurers cannot exclude liability coverage for lead exposure in NH but they can underwrite for that exposure. In other words, if an insurer writes a property they cannot exclude the lead liability, but an insurer can refuse to insure the property entirely because of the presence of lead. (It is important to note that some insurers will insure properties where abatement or remediation has occurred and is certified.) Because there is no market of last resort, it is essential that the surplus and excess lines market is there to provide this coverage.

Several New England states, notably Massachusetts and Rhode Island, have a property residual market, known as a FAIR Plan. A FAIR Plan, standing for Fair Access to Insurance Requirements, is a market for property insurance where applicants cannot be denied insurance except for very specific and limited reasons, such as non-payment of premium. NH has historically not been supportive of a residual market for property insurance as such a mechanism requires a cost shifting from property with generally higher hazard to properties representing lower risk.

Although some homeowners or landlords have undoubtedly experienced problems in getting coverage for a home or particularly an apartment building, especially if the presence of lead paint is readily apparent, and while some purchasers are no doubt paying higher premiums than they would prefer, there is little or no evidence of a serious pricing or availability problem in the Granite State for this exposure.

Given that there appears to be no major market problem in NH, that there is no residual market in place for property insurance, and given the historical perspective as to the

need for a FAIR Plan in NH, it was suggested that the Legislature should consider carefully any action so as not to create a price or availability problem where one currently does not exist.

Context at national level impacts New Hampshire decision-making.
On March 31, 2008 the U.S. Environmental Protection Agency (EPA) released its final lead-safe remodeling, repair and painting rule.[57] This long anticipated action by EPA impacts New Hampshire by requiring that, beginning in April 2010, contractors performing renovation, repair and painting projects that disturb lead-based paint in homes, child care facilities, and schools built before 1978 must be certified and must follow specific work practices to prevent lead contamination. The rule requires contractors and construction professionals to follow lead-safe work practice standards to avoid creating and spreading lead debris and dust, and to clean up any dust or debris that is generated to reduce potential exposure to dangerous levels of lead for children in places they frequent. This will include requiring firms and renovators that are disturbing lead paint to be certified and to have at least one employee who has completed a one-day lead-safe work practices training and, as a result, is a "certified" renovator.[58] It is too early to determine the impact of this rule on local and state-level laws and programming. Certainly, this new federal action will have some level of interaction with a number of the safe housing-related recommendations and training and education-related recommendations contained within this report. In response to questioning from the Study Commission, DHHS indicated that it will continue to monitor and assess the impact of this rule and keep stakeholders informed as they work with the federal agencies in implementing the rule.

In addition, all of the federal agencies involved in addressing lead in some manner including EPA, CDC, and HUD are collectively moving toward focusing on housing-related hazards in a coordinated fashion, rather than addressing a single hazard at a time.[59] This means a more coordinated approach to addressing a variety of environmental health and safety concerns in addition to lead including: mold, allergens, asthma, carbon monoxide, home safety, pesticides, and radon. How federal resources are distributed to states and localities will be increasingly linked to a broader focus on healthy homes. New Hampshire's CLPPP program is currently working with its agency partners to develop an action plan for moving from a single focus on lead to a multi-disciplinary approach to housing-related hazards that will support coordinated programming planning across New Hampshire's health and human services, housing, and environment agencies.

[57] See the final lead-safe remodeling, repair and painting rule can be found at: www.epa.gov/fedrgstr/EPA-TOX/2008/April/Day-22/t8141.pdf.
[58] See: http://www.epa.gov/lead/pubs/renovation.htm
[59] To see more about healthy homes, see: http://www.hud.gov/offices/lead/healthyhomes/index.cfm.

IV. GUIDING PRINCIPLES

In considering its work, the Study Commission felt strongly that:

- **Addressing New Hampshire's lead poisoning problems is a shared responsibility**. Childhood lead poisoning is everyone's problem and everyone's responsibility. It will take all stakeholders working together to address this problem including federal, state, and local governments, tenants and homeowner families, property owners, property managers, health and social service providers, and business leaders. The Commission was keenly aware that in searching for solutions, it was critical to be mindful of any potential unintended consequences of policy and programmatic decisions.

- **New Hampshire must increase resources devoted to lead poisoning prevention, intervention and remediation efforts across New Hampshire**. After reviewing information and hearing from those presenting to the Study Commission, the Commission concluded that New Hampshire must work to grow the resources, including both public and private dollars, to be available for prevention, intervention and remediation.

- **New Hampshire must emphasize prevention before children get poisoned and focus on improving and maintaining safe, healthy homes.** Lead poisoning is a preventable disease. The Commission reinforced that every effort must be made to focus on improving the lead safe status of New Hampshire's housing stock. Everyone must be committed to supporting maintenance and making all homes safe and healthy so that children do not have to be exposed to lead in the first place.

- **New Hampshire must work to increase public awareness and education about the impact of lead on children, families, communities and the state.** The Commission felt strongly that part of getting in front of the lead poisoning problem is to place emphasis on a comprehensive, best-practice based public education program, with a focus on target populations engaged in housing renovation, repair, and transaction, as well as on the public at large. As lead is so prevalent in the housing stock of the Granite State, residents and professionals must be educated about how to live and work safely with lead as efforts are made to reduce lead and the problems it causes.

V. RECOMMENDATIONS

To achieve its goal, the Study Commission proposes the following recommendations, which are grouped based on common themes. The recommendations are organized according to the length of time suggested for implementation – short term (1-2 years) or long term (3-5 years).

A. Funding-related recommendations

The Study Commission recognized that success in lead poisoning prevention relies upon a strong public-private partnership. The Commission was fully aware that any meaningful strategy for reducing the incidence of lead paint poisoning in New Hampshire will require access to increased revenues from both public and private sources. More resources are needed – both financial and human – for a creative combination of solutions that emphasize prevention including not only abatement but also lead-safe maintenance and remediation, as well as outreach, training and education at both the state and local levels.

Study commission members considered various mechanisms for generating revenues, including grants, tax incentives, loan funds, fee and fine generation, general fund appropriations, and litigation against pigment manufacturers. The Commission sought to be practical in its consideration of potential revenue solutions given the current fiscal climate recognizing that ideal solutions should be scaleable to be achieved as resources become available while still aspiring to identify resources sufficient to make significant strides. While the dollars needed to fully abate every unit in New Hampshire currently containing lead paint could run into the billions, the Commission recognized that sums far smaller can make notable and positive impacts on addressing this problem.

In addition, the Commission suggested that decisions should be made between competing demands with an eye toward the best strategic investments that could yield the most effective use of limited resources. It was the sense of the Commission that every effort must be made to maximize the public benefit when putting public money into private property. Thus, available funds should be targeted toward initiatives which encourage and incentivize property owners to proactively maintain their properties before children are exposed to lead hazards rather than after elevated blood lead levels are found and abatement orders have been issued.

The Commission was cognizant that programs with federal money often have significant restrictions or ‘strings’ attached, and that finding avenues to augment the restricted funding with other resources that have as few associated administrative burdens as possible is an important goal. In addition, the Study Commission supported the goal that all partners work toward greater coordination of funding development among

entities involved in writing local, state, regional or federal applications for public and private funds to support lead poisoning prevention and remediation.

1. Short Term Recommendations

- **The Study Commission recommends that the legislature implement a fee at the manufacturer level on gallons of paint and architectural coatings sold wholesale in New Hampshire to fund primary prevention activities**. Having learned about successful implementation of similar lead paint fee strategies in Maine and New Jersey, the Study Commission recommends that New Hampshire adopt a fee on paint sales as a means to support more lead poisoning prevention and abatement activities. The Study Commission suggests engaging pigment manufacturers in being part of the solution to reducing lead paint hazards and ensuring healthy housing in New Hampshire. The Commission received information about Maine's experience with the paint fee.[60] A very preliminary examination of implementing a paint fee based on the criteria and definitions utilized in Maine led the Study Commission to review a range of rates between $.50 and $1.00/ gallon, and concluded that a rate of $.75/ gallon would provide needed funding to support key primary prevention activities.[61]

  Funds generated would be deposited into the Lead Paint Poisoning Prevention Fund.[62] Funded activities would include a window replacement and related remediation program,[63] as well as outreach, education and training for property owners and managers. The Commission recognizes that there is a fiscal impact associated with this recommendation, including administrative costs associated with implementing the paint fee. The Study Commission was able to gain valuable information about the Maine experience with the necessary administrative costs associated with the development of the fee as well as the ongoing costs for program management.[64]

  Once the administrative costs are accounted for, the Study Commission feels strongly that a great majority of the paint fee funds should be made available to property owners for window replacement and related remediation measures, with the

[60] See April 11, 2008, Study Commission meeting minutes and handout materials contained in Appendix 4.
[61] Companies owning the brand name or private label of paint sold in New Hampshire would pay the paint fee, to be assessed annually at the wholesale, not the retail level, based upon annual in-state sales volume above a certain threshold.
[62] RSA 130-A:15
[63] See Window program recommendation contained within the Safe Housing-related recommendations section of this report.
[64] As provided by the Maine Department of Health and Human Services, Center for Disease Control and Prevention, Environmental and Occupational Health Programs, Maine's experience includes an initial contract for up to $40,000 to assist with rule-making, including meeting with key informants, background research and preparing the technical support document to serve as basis for rule-making much of which has now been developed to use as a model and would not need to be re-created. In addition, they have allocated approximately $90,000/ year on a contract for a full-time Project Director for the Lead Poisoning Prevention Fund., and using existing staff to provide administrative and epidemiological support. Maine has had to undertake only minimal enforcement activity.

balance used for outreach, public education, and other related prevention activities at the state and local level.

The Study Commission recognizes that local lead action committees and other local activities can be vital to the success of lead poisoning prevention efforts, as local entities best know their communities, and are proven winners at securing local funding. Therefore, as appropriate, the Commission recommends that a small portion of funding generated by the lead paint fee also be made available to support grassroots or local efforts focused on prevention efforts.

- **The Study Commission recommends that New Hampshire seek out federal grants for lead abatement and remediation, and that state and other funds be used to supplement, but not supplant, such federal resources**.
  The Study Commission recommends, where possible, the New Hampshire Housing Finance Authority (NHHFA), the Department of Health and Human Services and its CLPPP program, municipal governments, area nonprofits, and other appropriate entities seek out federal and other grants to bring much-needed funding into New Hampshire to expand the resources available for lead abatement, lead hazard reduction and related activities. To this end, the Study Commission unanimously endorsed the application by NHHFA in July of 2008 for up to $3 million in Housing and Urban Development (HUD) funds for this purpose.

  The Study Commission recognizes that federal funds typically come with certain restrictions, which in some cases may limit application for these funds. Therefore, the Commission suggests that programs funded by the fee on paint and other state sources such as fees or fines should be designed to supplement more restrictive federal lead abatement funds by funding appropriate lead safe measures other than full abatement and to the extent possible limiting restrictions that may be barriers to participation by property owners.

  The Commission believes that all partners should work towards greater coordination of federal grant-seeking and other funding applications so that, to the maximum extent possible, federal as well as local, state and regional resources can be aligned and leveraged with any available private funds to ensure strategic use of all lead poisoning prevention and remediation dollars.

- **The Study Commission recommends that New Hampshire create a revolving loan program authorized through state statute for the purpose of supporting remediation of lead hazards**.
  The revolving loan program would be capitalized through a combination of sources including a portion of the Lead Paint Poisoning Prevention Fund, federal funds received from agencies like EPA or HUD, private contributions from organizations and other sources. New Hampshire property owners meeting established eligibility requirements, including having taken an approved training course, could receive a low- or no-interest forgivable loan to eliminate lead hazards in their property. If the property owner continues to own the property, the entire amount of the initial loan

could be forgiven over a period of time. If the property is sold and the title transferred within the established timeframe, the loan amount is recaptured into the revolving loan program. To incentivize proactive maintenance and primary prevention, the revolving loan program would be available to property owners at no-interest if they are conducting maintenance and renovation before a child is exposed rather than after elevated blood lead levels are found and abatement orders have been issued.

- **The Study Commission encourages New Hampshire to include efforts to eliminate lead hazards as part of larger energy efficiency goals.**
  The Study Commission recognized that there is great opportunity for New Hampshire to integrate its efforts to find solutions for reducing lead poisoning through primary prevention with initiatives aimed at improving energy efficiency and the health and safety of housing stock in New Hampshire. The Study Commission felt strongly that there should be seamless coordination and maximization of these programs and the related funding streams. For example, the Study Commission recommends taking advantage of New Hampshire's participation in the Regional Greenhouse Gas Initiative (RGGI) through utilizing and maximizing RGGI's support for increased energy efficiency. New Hampshire's decision to participate in RGGI, a cooperative effort among ten Northeast and Mid-Atlantic states to design a regional cap-and-trade program, for carbon dioxide emissions from area power plants, has created an opportunity for establishing a fund intended to be used to help pay for more energy efficiency, renewable power, and energy code compliance initiatives. This could mean an opportunity to leverage resources for improvements like window replacement, both addressing increased energy efficiency and reduced lead hazards.

- **The Study Commission recommends that the legislature pass enabling legislation that allows communities to choose to adopt a property tax incentive program at the local level**.
  This strategy would permit a jurisdiction to allow property owners to improve their properties without the property owner incurring the additional tax burden of doing so. The property owner would not have to pay the increase in property tax associated with increased assessment value of the property attributed to lead hazard reduction improvements. This incentive would be available for property owners who have completed an approved lead safe renovator course and have utilized lead safe practices.

- **The Study Commission recommends that New Hampshire not pursue litigation strategies against pigment manufacturers at this time.**
  The Study Commission heard varied perspectives from presenters about the concept of suing pigment manufacturers. Rhode Island's Supreme Court recently struck down efforts in that state to use its public nuisance statute to gain compensation from pigment manufacturers. The Study Commission was generally supportive of the notion that pigment manufacturers should be part of the solution to addressing this problem. However, recognizing the high cost, high risk nature of

pursuing a suit against the pigment manufacturers, it was the general sense of the Commission that New Hampshire should not devote resources to pursuing a litigation strategy at this time. The Commission does recommend that the Attorney General's Office continue to follow litigation developments, and that the Attorney General advise the Governor and Legislature if a new look at litigation strategies is warranted in the future.

2. Long Term Recommendations

- **The Study commission recommends that the legislature continue to follow the progress of and consider the appropriateness for New Hampshire of gaining compensation for other lead emissions and industries using lead beyond pigment manufacturers**. This strategy would create a mechanism for New Hampshire to gain fines or fees, drawing upon the 'polluter pays' theory that the creator of a toxic substance would be responsible for mitigating its impact on the public.

B. Training-related recommendations

The Study Commission agrees that increased awareness, education and training are essential to efforts to reduce lead hazards in the state to better protect Granite State children. All Study Commission members felt strongly that every effort be made to identify and commit the resources needed to accomplish an effective education strategy based on the best science and practice available. The Study Commission was cognizant that an effective education, training and outreach component is a shared responsibility, and needs to have a multi-layered approach to succeed. Critical audiences for enhanced education, outreach and training to reduce and eliminate lead poisoning risks include all who have a stake in and a role to play in maintaining effected properties. This includes: property owners, property managers, tenant families, homeowner families, general contractors, renovators, heating and plumbing contractors, electricians, maintenance contractors, building code and code enforcement officials, realtors, insurers, mortgage lenders and cable, phone and satellite installers. Anyone disturbing a painted surface can innocently create a lead hazard. There is likewise value in educating those who come in contact with critical audiences and may be in a position to educate others, encourage lead safe practices, and flag existing risks to children's health including those in the paint and home repair industry like paint sellers, hardware store retailers, as well as those coming into contact with children and families on a regular basis such as health care providers, social service providers, home visiting program staff, and health educators.

The Commission endorses an expansion of efforts ranging from broad communication and media strategies designed to raise public awareness generally, to targeted lead safe renovator training for those working in pre-1978 housing. The Commission felt strongly that an education plan must be ongoing as new cohorts of homeowners,

tenants, and renovators are continuously emerging.

In addition, it is critical that all education and training related recommendations be reviewed through the lens of the new EPA rule which will provide regulations from the federal government about lead-safe remodeling, repair and painting. EPA and New Hampshire Department of Health and Human Services will work together to determine how the rule will be implemented in New Hampshire. This process should include an overlay with the goals of the recommendations contained within this report.

1. Short Term Recommendations

- **The Study Commission recommends that outreach and education should be aimed toward three groups: families whose children may be at risk for lead poisoning, starting with identified high risk target communities; those in the housing sector; and health care providers**. Outreach and education directed toward families should include: information about the practical steps to living safely with lead; information and demonstration of procedures for properly cleaning homes to minimize production and accumulation of lead dust; information about how to obtain an in-home assessment of lead hazards; information on the importance of and process for notifying property owners of any non-intact paint surfaces or other identified hazards; information about good nutrition; and information as to the importance of lead screening, how to have children tested for lead, and what to do in follow up.

- **The Study Commission recommends that New Hampshire consider making an approved lead safe renovator course mandatory for all owners of rental housing built before 1978**. Outreach, education and training of rental property owners and managers of pre-1978 housing is essential to avoiding poisonings that trigger both injuries to children as well as property owner liability and lead hazard reduction orders, and to providing strategies and practical guidance for property owners to maintain properties through reasonable cost measures. As is currently true, the standard for lead safe renovator courses should be EPA and HUD-approved.

- **The Study Commission recommends that homeowners seeking a building permit for work to be done on a pre-1978 structure should be given materials regarding easily available training opportunities, information and materials.** Homeowners and property owners undertaking renovations on pre-1978 structures are a key target audience in need of information about the dangers of lead and the low-cost options available to follow lead-safe work practices to contain the work area, minimize dust and clean up thoroughly. Some members of the Study Commission felt that it is critical to require as a condition of permit approval to take the existing lead safe renovator course. Some members felt that such a requirement was not practical or feasible. All members agreed that developing mechanisms for information to be provided including DVDs, videos, easy-to-use guide material, and

current approved contractor lists would be a crucial step in educating renovators across the state on utilizing lead-safe practices.

2. Long Term Recommendations:

- **The Study Commission recommends the exploration of opportunities through school science or health curriculum to ensure that all New Hampshire school age children are routinely taught about potential lead paint hazards and how to protect their own and their family's health.**

- **The Study Commission recommends that at every available moment of opportunity, outreach and education regarding lead hazards be interwoven and incorporated into existing structures and programs that already serve Granite State families, such as Weatherization, home visiting and other parent assistance programs.**

- **The Study Commission supports the production and airing of 30 or 60-second PSAs on television designed to reach a broad public audience with information about lead and reducing lead hazards.**

C. Safe housing-related recommendations

Through the information provided, the Study Commission came to recognize the importance of supporting maintenance and focusing on efforts to improve the lead safe status of New Hampshire's housing stock.

The Study Commission recognized that one of the most cost-effective and efficient ways to address lead hazards in affected property is to reduce lead exposure through the replacement of old windows frames. Windows are high friction surfaces that lend themselves to the production of lead dust. Funding to increase rates of window replacements in older homes will not only decrease lead poisoning hazards, but also improve home energy efficiency. Window replacements may take place both as reaction to incidents of lead poisonings, but also as a primary prevention strategy.

1. Short Term Recommendations

- **The Study Commission recommends that the Lead Paint Poisoning Prevention Fund established in RSA 130-A:15, and other available resources, be directed to encouraging window replacement and related remediation through a window replacement program available to property owners.**
  As part of the development of this program, explore opportunities for the state to become a high volume purchaser of windows at discount, or by bid for the most competitive price available. In order to be eligible for the window replacement program, property owners would be required to take a lead safe renovators course,

and to stabilize lead hazards in the units on which window work is to be done. Where possible, work in partnership with the Community Action Agencies and others to coordinate the window replacement program with homeownership initiatives, weatherization, and other home rehabilitation and healthy homes programs. Prioritizing timeliness and efficiency so that the program works for property owners, including features such as pre-approvals for eligible properties so that window replacements may be completed swiftly when tenant vacancies occur, to avoid where possible undue gaps in rental income.

- **The Study Commission encourages the New Hampshire Division of Historical Resources and the Division of Public Health Services to work in partnership to develop protocols and cooperative agreements which balance issues of health and safety with historical preservation, and provide for timely resolution of decisions allowing lead remediation on properties of historical significance.**

D. Identification and Intervention Protocols-related recommendations

The Study Commission recognized that while primary prevention is the best course to protect children from lead, an overall strategy to address this public health problem must also include steps to improve the effectiveness and timeliness of identifying children and families who have been exposed to lead. This requires: improved screening rates; increased communication and efforts to share information with property owners when poisonings have occurred; and stepping up interventions once a problem has been identified so that further poisoning is prevented.

1. Short Term Recommendations

- **The Study Commission urges steps to increase blood testing rates across the state, with particular emphasis on high risk communities**.
  The Study Commission recommends that the Department of Health and Human Services Division of Public Health Services, and partner organizations work with the New Hampshire Pediatric Society, family practice physicians, community health centers, and others to increase compliance with current guidelines around assessment, screening, and blood lead testing. Examining best practices and most improved models for compliance can help health care providers learn from their peers about how best to implement effective protocols, and ensure that blood testing rates reach acceptable levels. This should include any opportunity to tie state, federal or grant-managed dollars to achieving acceptable testing rates including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). For example, state-funded community health centers are currently required to report testing rates and the data show that children receiving their care at community health centers have higher testing rates than do children in the general population.

- **The Study Commission recommends that property owners be notified about children with EBBL at a lower level than existing statute requires.**
  This would allow property owners and the state agency to partner in taking steps proactively to ensure that lead hazards are being safely mitigated before blood lead levels become further elevated. The Commission learned that current laboratory testing and data collection tools are not capable of reporting and recording blood levels which are at or below 5 accurately or consistently. The Commission concluded that the notification level be lowered from 7.5 µg/dL to 6 µg/dL from a venous blood test. This recommendation requires a change to existing statute.

2. Long Term Recommendations

- **The Study Commission recommends that the Department of Health and Human Services Division of Public Health Services continue to review whether universal blood lead testing would strengthen efforts to reduce lead poisoning in New Hampshire**.
  Based on the information provided to the Study Commission, there was not agreement among Study Commission members as to whether universal blood lead testing would advance shared goals of improved identification of poisonings. Some Study Commission members believed strongly that New Hampshire should adopt a universal screening approach, while others continued to express their view that limited resources should be directed toward achieving better compliance rates with existing guidelines that focus on high risk children and communities. The Study Commission encourages the Division of Public Health Services to monitor the experiences of other states, such as Connecticut, that have moved toward a universal program to ascertain how this approach fares in increasing blood lead testing rates. As well, the Commission agrees that it remains important to continue to track and consider the recommendations of the Centers for Disease Control (CDC).

- **The Study Commission recommends that New Hampshire learn more about the effectiveness and feasibility of establishing an immediate, time-limited intervention initiative that complements existing New Hampshire statute and regulations.** The Commission appreciated strategies that assisted families in taking immediate action to reduce the risks of exposure as a first step in implementation of a remediation plan. The Commission reviewed the experience of the City of Philadelphia with its intervention initiative known as the SuperClean program. The Commission appreciated elements of the program such as a trained team going into a home to work with the family and the property owner to take immediate steps to reduce the impact of the lead hazards through cleaning to protect children from additional exposure. The Commission expressed concern about whether a model that had only been implemented at the city level could be adapted as a statewide initiative, and were interested in seeing more evaluation data as well as information about cost to understand whether such a model could work in New Hampshire or could be a potential pilot program. This strategy, which is aimed at providing

immediate action, would not preclude action by the state to address any underlying lead hazards.

E. Additional recommendations

1. Short Term Recommendations

- **The Study Commission recommends that the existing CLPPP advisory committee be expanded and charged with further examination of the recommendations, issues and policy options outlined in this report**.
  The Study Commission thought it wise to coordinate its goals with an existing body, and therefore determined that building upon the current CLPPP Advisory Committee was an effective and efficient use of resources. Therefore, the Study Commission recommends that the legislature expand the Advisory Committee to include appointments drawn from categories of stakeholders not currently represented on the Advisory Committee. The Study Commission recognized that key to its success over the last year has been the varied perspectives and voices at the table, and as such the Commission feels strongly that the Advisory Committee be expanded to include a broad representation of stakeholders including landlords and representatives from the NHPOA.[65] It should be charged with reporting back to the legislature on the progress of addressing issues identified within this report.

2. Long Term Recommendations

- **The Study Commission recommends the Legislature continue to monitor federal level action, as well as best practices in other states, on regulation of consumer and other products that cause lead poisoning, and assess the need for further study and possible additional action for New Hampshire.**

[65] To review the broad nature of stakeholders represented on the Study Commission, please see Appendix 4.

VI. ISSUES FOR FURTHER CONSIDERATION

The Study Commission worked diligently over the year that it met. Members tackled a broad range of issues as charged by the legislature. There were myriad issues that the Study Commission could not address. Some issues were outside the scope of the Commission's mandate. In other cases, there was a lack of sufficient time to explore an issue as fully as would be required to come to consensus and pose a recommendation. These issues and the subsequent varying perspectives captured from Study Commission members include the following:

- **The Study Commission considered whether the process of requiring certification of lead hazard reduction in pre-1950 rental properties would be a feasible process in New Hampshire.**
  To gather more information and broad perspectives on this issue, two Study Commission members developed a memo outlining some of the background information, questions and challenges associated with creating a mechanism to require property owners to certify properties to ensure that they are lead safe upon change in occupancy.[66] The Commission engaged in conversation about this issue, examining evidence and hearing perspective on all sides.

  The Study Commission learned of this certificate strategy through a presentation made to Study Commission members at the March, 2008, meeting. The process in Maryland requires property owners to complete registration documents, which list their units, states that tenants have received notice of their rights, and indicates what type of lead safe treatments have been performed and when, thus enabling tracking of units. They must also have an inspector certify at tenant turnover that risk reduction standards similar to normal maintenance done between tenancies have been met.[67] In Maryland, the certificate process provides an incentive for property owners by linking compliance to liability protection for property owners. Some Study Commission members liked this policy approach because of the impact of enforcement experienced in Maryland – a 91.3 percent decrease in elevated blood lead levels since 1993, as well as collection of over $2 million in enforcement penalties since 2001, with these funds supporting enforcement efforts in the state.

  Some Study Commission members were opposed to a mandatory certification process. There were a number of concerns raised. For example, who would be paying for the certification process? Would property owners have to pay the fee? Would this program become a slippery slope for more regulation, allowing requirements that become more onerous or costly year after year? With limited

[66] The memo developed for the Study Commission details the various positions held by Commission Members on this topic, and can be found accompanying the October 24, 2008, Study Commission meeting minutes contained in Appendix 4.

[67] Steps include: Repairing any structural defects causing paint to chip, peel or flake; Removing chipping, peeling, flaking paint; Repainting, replacing, or encapsulating windowsills and window wells with safe, approved materials; Fixing the top sash of windows that are not lead-free to prevent friction; Ensuring that floors are smooth and cleanable; HEPA vacuuming and washing the unit to remove lead dust.

funding available to address lead poisoning prevention, should a certificate process be created rather than placing more resources toward education or a window replacement program? Are there opportunities to create a greater atmosphere of cooperation and incentives instead of a stronger focus on enforcement? In the case of Maryland, did a certificate process result in a drop in EBLL rates that was similar to or greater than the drop experienced in New Hampshire? A preliminary examination of available data indicates that the trends between the two states were similar.[68]

The suggestion was made that it may make sense to pilot a voluntary certification program, so that property owners who would like the limited liability could seek it out and a mechanism for a certificate program could be developed and tested in the Granite State. This would also provide additional incentives to voluntary participants to receive priority consideration with related lead remediation programs such as window replacement and historical preservation.

- **The Study Commission considered briefly whether requiring water testing as part of every investigation within a home should be recommended.**
  Federal level regulation in the 80s and 90s lead to a reduction in exposures to lead in tap water.[69] Lead continues to be found in some metal water taps and water pipes, and exposure comes from corrosion or from solder connecting pipes. Study Commission members agreed that they needed to learn more about the potential of water as a source of lead, and what requiring testing as a part of an investigation would entail. Currently, CLPPP will investigate water sources if they deem it a necessary part of their investigation, but it is not a required or mandated feature of an investigation. There was no objection by any member of the Commission to this occurring given the information that was available at the time, but that there may be outstanding issues that need to be considered, including fiscal impact of doing so.

- **The Study Commission considered whether any policy initiatives are appropriate to protect landlords from tenant activities contributing to lead hazards.**
  Study Commission members had a broad ranging discussion regarding responsibility for the creation of lead hazards and avenues for liability protection for tenant-caused damage. This is a complex issue and greater exploration is needed. Some Study Commission members argued that it is unfair to have an Order of Lead Hazard Reduction issued against a property owner in the scenario where the property was lead safe when rented, and the tenant undertakes action or renovation that creates a lead hazard. A few Commission members suggested that in such circumstances, some action less than an Order of Lead Hazard Reduction should be taken allowing the property owner to fix the particular area of the property that caused the problem.[70]

[68] For CDC data charts, see http://www.cdc.gov/nceh/lead/surv/stats.htm
[69] For more about lead in water, see http://www.cdc.gov/nceh/lead/faq/leadinwater.htm.
[70] See email correspondence submitted to the Study Commission, dated October 17, 2008, accompanying the October 24, 2008, meeting minutes contained in Appendix 4.

A challenge surrounding this issue is that there currently exists no mechanism in New Hampshire practice or statute, which would allow property owners relief from the costs of an abatement order and liability. To succeed, this concept needs to have a mechanism by which as part of an established and well-documented process, a baseline measure could be taken as part of a set of criteria that then would provide proof that a property owner is entitled to relief from liability as a result of their compliance with having provided a lead-safe environment. The Study Commission encouraged additional study of this issue, including looking to the experience of other states for opportunities to address this issue. Some Study Commission members cited a new Connecticut law effective in 2009, which would allow landlords and families 3 months to quickly address the source of the lead contamination at reasonable costs before an Order of Lead Hazard Reduction is issued.[71] As with all issues for further consideration, Study Commission members encouraged fully examining the implications of implementing this strategy for unintended consequences.

- **The Study Commission considered the issue of requiring compliance for owner occupied homes the same as rental property.**
  Current New Hampshire statute extends the state's authority to issue an Order of Lead Hazard Reduction only to property owners of rental units. Property Owners who live in their own homes may avail themselves of the services of the CLPPP including education and a nurse visit but cannot be forced to partake of DHHS services or address any lead hazards.

  Some Commission members expressed strong belief that as rental property is a business where a property owner is selling something and receiving income, there is a higher level of responsibility requiring regulation. Some Commission members noted that in a rental situation, a tenant does not have the legal right or ability to make changes to the property to make it lead safe, while in an owner occupied situation, the owner has the incentive of protecting his or her own child to rectify any hazards. Knowing that the data show that children in New Hampshire are exposed to lead in both owner occupied properties and rental properties, some Study Commission members felt strongly that if the interest is protecting all children from lead poisoning or further exposure, then the lead laws should apply equally to owner occupied and rental properties. Data prepared by the NH DHHS CLPPP's Environmental Epidemiologist for the Study Commission, show that 56 percent of reported elevated blood lead levels are attributable to rental properties and 41 percent of reported elevated blood levels attributable to owner occupied properties. Additionally, some Commission members felt that it was an issue of fairness that both groups of home owners be treated equally.

  The Commission learned that current law in the other New England states is similar to current New Hampshire law. In examining this issue, Commission members were interested in learning more about the implications of this policy decision, and more

[71] See May 9, 2008, Study Commission meeting minutes and handout materials contained in Appendix 4.

about states that may provide equal treatment to owner occupied and rental properties.

VII. CONCLUSION

The recommendations and ideas generated throughout this report reflect a year of hard effort and careful consideration by a group of individuals giving of their time and commitment to move the issue of lead poisoning prevention forward. It is the Study Commission's hope that these recommendations and items contained within the section for further consideration will provide guidance and impetus to the legislature and other policymakers to carry the momentum on this issue forward.

VIII.

APPENDICES

- Information that helps provide basis for decision making
- Glossary
- Copy of enabling legislation
- Existing statute and rules
- Minutes: (Meetings and proceedings: Process and procedures, workgroup structure, hearing presentations and soliciting, collecting, gathering information from…)
- White papers and other information submitted to Study Commission
- Bibliography/Resources