

North Carolina Childhood Lead Poisoning Prevention Program Chronology

- June 1989 The North Carolina General Assembly ratifies An Act To Provide For The Prevention And Control Of Lead Poisoning In Children.
- July 1991 The Childhood Lead Poisoning Prevention Program is transferred from the Division of Epidemiology to the Divisions of Maternal and Child Health (clinical surveillance activities) and Environmental Health (environmental investigation and abatement enforcement).
- October 1991 The CDC announces new recommendations lowering the overall level of concern from 25 to 10 micrograms per deciliter (ug/dl); the action level for environmental intervention is lowered to 20 ug/dl. The new guidelines call for universal screening of young children using direct blood lead measures.
- October 1992 The State Health Director requires blood lead screening for all local health department and Medicaid clients.
- August 1993 The State Legislature appropriates more than \$1,000,000 for an expanded Childhood Lead Poisoning Prevention Program. Positions are established in the Division of Environmental Health and the State Laboratory to provide for increased environmental investigation and enforcement needs and to increase blood lead testing and environmental analysis capacity. Half of this funding is allocated to support local health department programs.
- January 1994 The State Laboratory offers blood lead analysis at no charge for all North Carolina children less than 6 years old.
- July 1994 The manuscript, "Rural-Urban Blood Lead Differences in North Carolina Children," authored by program staff, is published in *Pediatrics*. An elevated risk of lead exposure is reported for children from rural counties.
- November 1994 An attorney is hired by the Attorney General's Office to work with the lead program and assist local health departments enforce abatement requirements.
- July 1995 Medicaid reimbursement for environmental investigation at the homes of eligible lead-poisoned children is initiated.
- August 1997 The Childhood Lead Exposure Control Act establishes a voluntary Preventive Maintenance Program, expands lead-related educational efforts, and allows for in-place management to control lead-based paint hazards. An annual appropriation of \$210,000 and new state positions are included. Separate legislation creating a statewide certification and accreditation program for lead inspectors and risk assessors, project designers, abatement contractors, workers, and training providers is enacted.
- October 1997 The manuscript, "Childhood Lead Poisoning and Vinyl Miniblind Exposure," authored by program staff, is published in the *Archives of Pediatric and Adolescent Medicine*. An alarming 9% of all lead-poisoned children in North Carolina over a six-month period are linked to vinyl miniblind exposure.

- November 1997 The CDC revises screening and medical follow-up guidelines targeting high risk children and communities.
- June 1998 North Carolina is awarded a three-year, \$1.7 million grant from the CDC to support the State Laboratory and target communities including Buncombe, Craven, Edgecombe, Guilford, and Mecklenburg Counties. Additional state program staff are hired including a first ever Environmental Health Educator.
- September 1998 The Division of Medical Assistance revises the North Carolina Medicaid screening policy in accordance with CDC guidelines. Medicaid clients must be screened with a blood lead test at 12 months and again at 24 months (and at older ages if never tested) as a part of EPSDT (HealthCheck) screenings.
- October 1998 The State Health Director issues an updated statewide screening plan that encourages universal screening at 12 and 24 months but allows for targeted screening in low risk communities. The State Legislature adopts amendments to the Childhood Lead Exposure Control Act geared at easing remediation requirements for owner-occupied housing.
- September 1999 The state health director again issues an updated statewide screening and follow-up plan requiring the WIC program to offer blood lead screening for its clientele. In addition, the action level for environmental investigation is lowered to 10 ug/dl with the Division of Medical Assistance agreeing to pay, \$438 per child, for investigations conducted for Medicaid recipients.
- January 2001 A statistical brief entitled "Lead Screening Coverage for North Carolina's Medicaid Children, 1998-1999" is published by program staff. Through data matching it is determined that lead screening among 1- and 2-year-old Medicaid recipients increased from 41.4% in 1998 to 49.8% in 1999.
- June 2001 North Carolina's cooperative agreement with the CDC is renewed for \$1.4 million over a two-year period to support an expanded group of seven target communities, which now include Durham and Forsyth Counties. CDC funds are also used to support a GIS project at the Duke University Nicholas School of the Environment.
- June 2003 North Carolina State Law amended to conform with EPA dust and soil standards. Statutory Authority established to offer investigations to all families with EBL children. North Carolina's cooperative agreement with the CDC is renewed once again for \$2.4 million over a three-year period.
- September 2004 North Carolina issues a Plan to Eliminate Childhood Lead Poisoning by 2010. The plan proposes increased collaboration with Medicaid and Carolina Access, a social marketing campaign targeting Hispanic families, continued leveraging of the federal disclosure law, providing increased lead-safe work practices and certification training throughout the state, and adoption of tax credits for abatement and interim control efforts.