

2025 Current Fiscal Year Report: Lead Exposure and Prevention Advisory Committee

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1. Department or Agency	2. Fiscal Year
Department of Health and Human Services	2025
3. Committee or Subcommittee	3b. GSA Committee No.
Lead Exposure and Prevention Advisory Committee	2617

4. Is this New During Fiscal Year?	5. Current Charter	6. Expected Renewal Date	7. Expected Term Date
No	01/17/2024	01/17/2026	

8a. Was Terminated During Fiscal Year?	8b. Specific Termination Authority	8c. Actual Term Date
No		

9. Agency Recommendation for Next Fiscal Year	10a. Legislation Req to Terminate?	10b. Legislation Pending?
Continue	Not Applicable	Not Applicable

11. Establishment Authority Statutory (Congress Created)

12. Specific Establishment Authority	13. Effective Date	14. Committee Type	14c. Presidential?
Section 2203 of Public Law 114-322, "Water Infrastructure Improvements for the Nation Act"; 42 U.S.C. §300j-27	12/16/2016	Continuing	No

Section 2203 of Public Law 114-322, "Water Infrastructure Improvements for the Nation Act"; 42 U.S.C. §300j-27

15. Description of Committee Scientific Technical Program Advisory Board

16a. Total Number of Reports No Reports for this Fiscal Year

17a. Open 1 **17b. Closed** 0 **17c. Partially Closed** 0 **Other Activities** 0 **17d. Total** 1

Meetings and Dates

Purpose	Start	End
The purpose of the meeting was to vote on the 2023 LEPAC Annual Report, discuss presentation "Improving Blood Lead Testing from a Local Perspective," hear public comments; have lead related updates from LEPAC Members, discuss the Preventing Lead Exposure in Adults (PLEA) Workgroup Report, and discuss blood lead testing challenges and opportunities post-COVID.	12/11/2024	12/11/2024

Number of Committee Meetings Listed: 1

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	\$1,750.00	\$5,250.00
18a(2). Personnel Pmts to Federal Members	\$5,372.00	\$0.00
18a(3). Personnel Pmts to Federal Staff	\$260,633.00	\$325,860.00
18a(4). Personnel Pmts to Non-Member Consultants	\$0.00	\$0.00
18b(1). Travel and Per Diem to Non-Federal Members	\$0.00	\$9,256.00
18b(2). Travel and Per Diem to Federal Members	\$0.00	\$0.00
18b(3). Travel and Per Diem to Federal Staff	\$0.00	\$1,525.00
18b(4). Travel and Per Diem to Non-member Consultants	\$0.00	\$0.00
18c. Administrative Costs (FRNs, contractor support, In-person/hybrid/virtual meetings)	\$0.00	\$0.00

18d. Other (all other funds not captured by any other cost category)	\$18,272.00	\$17,997.00
18e. Total Costs	\$286,027.00	\$359,888.00
19. Federal Staff Support Years (FTE)	1.50	1.58

20a. How does the Committee accomplish its purpose?

The Committee accomplishes its purpose by reviewing federal programs and services available to lead-exposed individuals and communities; reviewing current research on lead poisoning to identify additional research needs; reviewing and identifying best practices, or the need for best practices, regarding lead screening and the prevention of lead poisoning; identifying effective services for individuals and communities affected by lead exposure; and undertaking any other review or activities that the Secretary determines to be appropriate and provide advice to the Secretary. Annually for five years the Committee is required to develop a Report to Congress.

20b. How does the Committee balance its membership?

Membership in the Committee shall not exceed 15 members, including both Federal and non-Federal members, with not less than ½ of the members being Federal members. Membership in the Committee shall represent specific fields of expertise including: epidemiology, toxicology, mental health, pediatrics, early childhood and special education, environmental health, and nutrition/dietetics. Membership balance also takes into affect demographic characteristics. The Committee may also include non-voting liaison representatives to provide additional scientific and

programmatic expertise on lead poisoning.

20c. How frequent and relevant are the Committee Meetings?

The Committee expects to hold two meetings every fiscal year. The Committee will review federal programs and services available to lead-exposed individuals and communities; review current research on lead poisoning to identify additional research needs; review and identify best practices, or the need for best practices, regarding lead screening and the prevention of lead poisoning; identify effective services for individuals and communities affected by lead exposure; and undertake any other review or activities that the Secretary determines to be appropriate and provide advice to the Secretary. As required by Congress, the committee will submit a report of the committee activities, annually for five years. These meetings are necessary to accomplish this requirement.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

The Water Infrastructure Improvements for the Nation (WIIN) Act [S.612 signed into law on December 16, 2016] authorized HHS to establish an Advisory Committee, in coordination with the Director of the Centers for Disease Control and Prevention and other relevant agencies, as determined by the Secretary consisting of Federal members and non-Federal members which shall include specific fields of expertise (epidemiology, toxicology, mental health, pediatrics, early childhood and special education, environmental health, and nutrition/dietetics). This capability centralized in one Committee does not exist elsewhere in the Department of Health and Human Services.

20e. Why is it necessary to close and/or partially closed committee meetings?

NA

21. Remarks

The committee met once in FY25. The annual report for the HHS Secretary will soon be provided for Calendar Year 2024 and a similar report will be prepared for Calendar Year 2025. The committee includes federal members.

Designated Federal Officer

Paul Allwood Branch Chief

Committee Members	Start	End	Occupation	Member Designation
Ammon, Matthew	07/01/2019	12/31/2025	U.S. Department of Housing and Urban Development	Regular Government Employee (RGE) Member
Barnhill-Proctor, Tammy	07/10/2019	06/30/2027	U.S. Department of Education, Office of Elementary and Secondary Education	Regular Government Employee (RGE) Member
Edwards, Gary	07/01/2024	06/30/2027	retired	Special Government Employee (SGE) Member
Flannery, Brenna	04/17/2024	06/30/2026	United States Food and Drug Administration	Regular Government Employee (RGE) Member
Fry, Rebecca	04/26/2023	12/31/2025	University of North Carolina-Chapel Hill	Special Government Employee (SGE) Member
Hance, Mary	05/05/2023	06/30/2027	Centers for Medicare and Medicaid Services	Regular Government Employee (RGE) Member

Hatlelid, Kristina	06/14/2021	12/31/2025	Consumer Product Safety Commission	Regular Government Employee (RGE) Member
Huerta-Montanez, Gredia	06/21/2024	06/30/2026	Icahn School of Medicine	Special Government Employee (SGE) Member
Kulungara, Abraham	11/06/2024	06/30/2026	Senior Director, Environmental Health	Representative Member
Lopata, Aaron	04/25/2023	06/30/2025	Health Resource and Services Administration	Regular Government Employee (RGE) Member
Meadows-Oliver, Mikki	06/21/2024	06/30/2026	New York University	Special Government Employee (SGE) Member
Norton, Ruth Ann	04/04/2022	06/30/2026	President and Chief Executive Officer	Representative Member
Parsons, Patrick	04/14/2022	06/30/2026	Director Division of Environmental Health Sciences, New York State Department of Health	Representative Member
Reddy, Amanda	04/08/2022	06/30/2026	Executive Director	Representative Member
Robiou-Ramirez de Arellano, Grace	05/01/2023	12/31/2025	United States Environmental Protection Agency	Regular Government Employee (RGE) Member
Sanchez, Jeffrey	07/01/2024	06/30/2026	Impact Assessment Inc.	Special Government Employee (SGE) Member
Sparks, Megan	06/21/2024	06/30/2026	Johnson County Department of Health and Environment	Special Government Employee (SGE) Member
Weaver, Brian	06/22/2024	06/30/2026	Wisconsin Department of Health Services	Special Government Employee (SGE) Member
Yendell, Stephaine	04/18/2018	06/30/2026	Senior Epidemiologist Supervisor	Representative Member

Number of Committee Members Listed: 20

Narrative Description

The Lead Exposure and Prevention Advisory Committee (LEPAC) shall provide advice and guidance to the Secretary of the Department of Health and Human Services and the Director of the Centers for Disease Control and Prevention to support the agency’s mission and its strategic plan by reviewing research and Federal programs and services related to lead poisoning and to identify effective services and best practices for addressing and preventing lead exposure in communities. Annually for five years the Committee is required to develop a Report to Congress.

What are the most significant program outcomes associated with this committee?

	Checked if Applies
Improvements to health or safety	<input checked="" type="checkbox"/>
Trust in government	<input type="checkbox"/>
Major policy changes	<input type="checkbox"/>
Advance in scientific research	<input checked="" type="checkbox"/>
Effective grant making	<input type="checkbox"/>
Improved service delivery	<input checked="" type="checkbox"/>
Increased customer satisfaction	<input type="checkbox"/>
Implementation of laws or regulatory requirements	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>

Outcome Comments

Recommendations for policy changes

What are the cost savings associated with this committee?

	Checked if Applies
None	<input type="checkbox"/>
Unable to Determine	<input checked="" type="checkbox"/>

- Under \$100,000
- \$100,000 - \$500,000
- \$500,001 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$10,000,000
- Over \$10,000,000
- Cost Savings Other

Cost Savings Comments

Not Applicable

What is the approximate Number of recommendations produced by this committee for the life of the committee?

2

Number of Recommendations Comments

The Committee approved the Preventing Lead Exposure in Adults (PLEA) report in FY25. LEPAC recommended lowering the Blood Lead Reference Value (BLRV). In 2012, CDC adopted the BLRV as a way of identifying the 2.5% of U.S. children ages 1–5 at greatest risk of lead exposure. The BLRV is based on the 97.5th percentile of the blood lead level (BLL) distribution among children 1–5 years old in the U.S. from the two most recent cycles of data from the National Health and Nutrition Examination Survey (NHANES). Thus, based on NHANES data from 2015–2018, CDC accepted the Lead Exposure and Prevention Advisory Committee (LEPAC) recommendation to update the BLRV to 3.5 g/dL. In October 2021, CDC announced the lower BLRV.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

50%

% of Recommendations Fully Implemented Comments

The Blood Lead Reference Value (BLRV) recommendation was fully implemented in FY22.

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

0%

% of Recommendations Partially Implemented Comments

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes No Not Applicable

Agency Feedback Comments

LEPAC meeting minutes and recommendations are posted and available to the public on CDC's NCEH/ATSDR website.

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

- Reorganized Priorities
- Reallocated resources
- Issued new regulation
- Proposed legislation
- Approved grants or other payments
- Other

Action Comments

Not Applicable

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

This is not a grant review committee.

How is access provided to the information for the Committee's documentation?

Checked if Applies

- Contact DFO
- Online Agency Web Site
- Online Committee Web Site
- Online GSA FACA Web Site
- Publications
- Other

Access Comments

Not Applicable