HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 495 Lead Poisoning Prevention Screening and Education Act
SPONSOR(S): Joyner and others
TIED BILLS: **IDEN./SIM. BILLS:** SB 1498

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Health Care General Committee		Schiefelbein	Brown-Barrios
2) Governmental Operations Committee			
3) Health Care Appropriations Committee			
4) Health & Families Council			
5)			

SUMMARY ANALYSIS

The federal Centers for Disease Control and Prevention (CDC) have termed excessive absorption of lead as "one of the most common pediatric health problems in the U.S. today and it is entirely preventable. Approximately 434,000 U.S. children aged 1-5 years have blood-lead levels greater than the CDC recommended level of 10 microgram of lead per deciliter (ug/dL) of blood. Lead poisoning can affect nearly every system in the body. Because lead poisoning often occurs with no obvious symptoms, it frequently goes unrecognized. Lead poisoning can cause learning disabilities, behavioral problems, and, at very high levels, seizures, coma and even death.

HB 495 creates the "Lead Poisoning Prevention Screening and Education Act." The bill expands the Department's role as the entity responsible for public health education by establishing a multifaceted, statewide educational program designed to increase public awareness; creating a collaborative public information initiative along with the Governor, the Secretary of Health and private industry representatives, and developing and distributing culturally and linguistically appropriate information.

The bill establishes a screening program within the Department of Health to systematically screen children under six years of age within certain categories and requires that the Department of Health maintain comprehensive screening records. The bill also provides that all cases or probable cases of lead poisoning found during screenings be disclosed to the affected individual, his or her parent or legal guardian if the individual is a minor, and to the secretary of the Department of Health.

The fiscal impact of this bill is estimated by the Department of Health at $1.4 million. This amount could be reduced by $1.1 million if the Department of Health received a grant to implement the program. If the department is successful in the grant application, the fiscal amount of this bill would be $308,748.

The bill provides an effective date of July 1, 2005

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Provide limited government

This bill expands the Department of Health's health education and awareness activities with input from private industry.

Empower families

This bill empowers families, as a result of receiving certain public health advisements, to choose housing or living accommodations based on accurate health-risk information.

B. EFFECT OF PROPOSED CHANGES:

HB 495 creates the "Lead Poisoning Prevention Screening and Education Act." The bill affects the Department of Health's role as the entity responsible for public health education and expands the department's health education responsibilities by establishing a multifaceted, statewide educational program designed to increase public awareness on the hazards of lead-based paint poisoning. The bill establishes a state-wide screening program for early identification of persons at risk of lead poisoning. The bill also creates a collaborative public information initiative along with the Governor, the Secretary of Health and private industry representatives to provide public service announcements and to develop and distribute culturally and linguistically appropriate information. The bill also establishes guidelines for medical follow-up of children identified with elevated lead blood levels.

PRESENT SITUATION

The Federal Centers for Disease Control and Prevention (CDC) have termed excessive absorption of lead as "one of the most common pediatric health problems in the U.S. today and it is entirely preventable." Approximately 434,000 U.S. children aged 1-5 years have blood-lead levels greater than the CDC recommended level of 10 micrograms of lead per deciliter (ug/dL) of blood. Lead poisoning can affect nearly every system in the body. Because lead poisoning often occurs with no obvious symptoms, it frequently goes unrecognized. Lead poisoning can cause learning disabilities, behavioral problems, and, at very high levels, seizures, coma, and even death.

The main source of lead exposure among U.S. children is lead-based paint and lead-contaminated dust found in deteriorating building. Lead-based paints were banned from use in housing in 1978. However, approximately 24 million housing units in the U.S. have deteriorated leaded paint and elevated levels of lead-contaminated house dust. More than 4 million of these dwellings are homes to one or more young children. Children are at particular risk for lead exposure due to their regular hand-to-mouth activity during daily play where lead-based paint is peeling or flaking. The dust from this deteriorating paint is easily ingested and is a significant source of exposure.

According to the Children's Environmental Health Network, children 9 months of age to 2 l/2 years of age are at the greatest risk of lead poisoning. They have greater hand-to-mouth activity, their brains are more sensitive to the toxic effects of lead, and they absorb a greater percentage of the lead that is ingested. Other effects of lead poisoning may include diminished intelligence, learning disabilities, delayed congenital development, interference with calcium metabolism, reduced heme syntheses (or the body's ability to manufacture red blood cells), reduced kidney function, and damage to the central nervous system. The damage to the central nervous system is not reversible. The extent to which these effects will be present in a child depends on a number of factors, including the duration and

intensity of exposure. These factors are still being studied to determine long-term effects of exposure on children.

According to the Department of Health, lead poisoning became a reportable disease in 1992. Since then, more than 7,000 children in Florida have been identified with a confirmed case of lead poisoning, a venous (blood drawn through the vein) blood level, =10 micrograms per deciliter (ug/dL). Children enrolled in the Medicaid program are required by federal law to be tested and they represent the larges population screened. Many other children are exposed to lead, but are not screened. Confirmed venous draws are counted as cases, but many children with elevated unconfirmed capillary (finger stick) tests do not receive their appropriate follow-up venous draw. Blood-lead results submitted by laboratories do not always contain complete and consistent identifying information important for thorough public health surveillance.

PROGRAM BACKGROUND

The Childhood Lead Poisoning Prevention Program (CLPPP) was established in 1992 with a grant from the Centers for Disease Control and Prevention (CDC). The CLPPP currently operates within the Department of Health (DOH), Bureau of Community Environmental Health. According to the DOH, lead poisoning became a notifiable disease in Florida in 1992, and in 1993 the program began collecting and entering laboratory-based surveillance data into the state database at the Division of Environmental Health in Tallahassee. Program staff maintains laboratory data and blood lead level results and accompanying information are entered, checked for quality and merged to a main database.

In July 2003, the Florida CLPPP became a centralized, statewide lead poisoning prevention program and absorbed three previously independent CDC funded lead programs in Miami-Dade, Pinellas and Duval counties. The state CLPPP receives an estimated $1 million dollars from the CDC each year and distributes the majority of these funds to the Miami-Dade, Pinellas, and Duval county health departments who continue to operate comprehensive childhood lead programs. A small amount of funding is also distributed to Broward, Hillsborough, Orange, Palm Beach and Polk counties. Like Miami-Dade, Pinellas and Duval these five counties also have a number of older housing units and large population of at-risk children. In total, CDC funding supports fourteen full time and seven part time DOH staff. These employees coordinate and assist with educating the public, improving the blood lead screening rates, educating health care providers and providing comprehensive case management. Staff also develops partnerships to coordinate primary prevention activities. Funds are also used for travel and to purchase and distribute outreach materials.

The United States Department of Health and Human Services' Healthy People 2010 strategy for improving the Nation's health includes eliminating elevated blood lead levels in young children aged one to five years old. CDC required all state and local Childhood Lead Poisoning Programs to develop a strategic plan to meet this objective. To develop this plan, CDC encouraged states to convene an advisory committee to assist in the development and implementation of the jurisdiction wide plan to eliminate lead poisoning. The Florida CLPP convened an Advisory Committee in late 2003. The program worked with the committee to develop a statewide strategic plan to meet the elimination goal. The plan should be available in March 2005.

SCREENING BACKGROUND

Florida developed a statewide Screening Guideline (updated in 2001) with grant monies from the CDC, DOH, CLPPP and its advisory council, supporting the screening of children in at-risk groups. The document includes the Florida Agency for Health Care Administration requirement that all Medicaid eligible children receive a blood lead test at age 12 months and age 24 months or between the ages of 36 and 72 months. The Screening Guideline provides a case management structure of services and interventions, updated in 2003 to meet the most current CDC recommendations. County CLPPPs

collaborate with local partners to identify and ensure that children in high-risk groups are screened. They also assist private providers and the DOH's, Children's medical Services Program, to provide care and treatment of children with elevated blood lead levels.

C. SECTION DIRECTORY:

Section 1. Creates an identifying name for the bill creating the "Lead Poisoning Prevention Screening and Education Act."
Section 2. Provides legislative finding related to lead poisoning.
Section 3. Creates definitions.
Section 4. Establishes the Lead Poisoning Prevention Educational Program; establishes a public information initiative and provides for a series of public service announcements regarding the nature and prevention of lead poisoning; provides for the development of culturally and linguistically appropriate information pamphlets regarding lead poisoning; provides for the distribution of specified literature regarding childhood lead poisoning.
Section 5. Establishes a program for early identification of persons at risk of having elevated lead in the blood; providing for screening of children; identifies persons for screening priority; provides for the maintenance of screening records; and requires the reporting of probable cases of lead poisoning. Requires the department to adopt rules necessary for the duties conferred upon it under this act pursuant to ss. 120.536 and 120.54, F.S.
Section 6. Provides an effective date of July 1, 2005.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None

2. Expenditures:

Estimated Expenditures	**1st Year**	**2nd Year (Annualized/Recurring)**
Salaries		
6 Environmental Specialist I @$36,559	$ 287,283	$ 294,465
4 Environmental Specialist III $43,905	230,062	235,814
7 Health Educators $23,595	216,366	221,775
3 Phlebotomists @ $21,194	83,293	85,375
(FTE computed w/31% fringe)		
Other Personal Services		
Expense		
17 FTE @ Std DOH Professional package w/limited travel @$13,730 and 3 @ Std DOH support staff @ $8,150 first year	$ 257,860	$ 178,500
Screening costs @$20/screening	298,748	306,548
Literature Publication @100,000 @.10	10,000	15,000
Operating Capital Outlay		
22 FTE @Std DOH professional package @$1,800	39,600	
HR Service FTE 4 @$389	1,556	1,556
CHD 10 @ $285	4,560	4,560
Total Estimated Expenditures	$ 1,426,628	$ 1,343,593

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None

2. Expenditures:

None

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Private industry organizations, including those involved in real estate, insurance, mortgage banking and pediatrics would be solicited by the Department of Health in the development and coordination of a statewide, multifaceted, ongoing educational program. Property owners, health care providers, and child care facility owners or operators would be responsible to distribute information pamphlets regarding childhood lead poisoning, testing, prevention and treatment.

D. FISCAL COMMENTS:

According to the Department of Health, the lead poisoning prevention program is funded through a grant from the Center for Disease Control. The department will apply for grant funds (as in prior years) to continue the program for the 2005/06 fiscal year. If the Department is successful in being awarded the full amount requested in the grant application, the fiscal note could be reduced for the 2005-06 fiscal year by $1,117,880. CDC grants are typically announced around June 1. The remaining cost of $308,748 would still be needed from an additional funding source to implement the requirements in the bill that are not covered by the CDC grant. These requirements include additional screening costs and required literature. Second year costs could also be reduced depending on the application and successful award of the grant application.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds.

2. Other:

None

B. RULE-MAKING AUTHORITY:

The Department of Health is provided the rulemaking authority to implement this act. Specifically the bill would require the Secretary of Health to codify the current Childhood Lead Poisoning Screening Guidelines and medical follow-up guidelines.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES