

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 393

Lead Poisoning Prevention Screening and Education Act

SPONSOR(S): Joyner

TIED BILLS:

IDEN./SIM. BILLS: SB 642

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

SUMMARY ANALYSIS

House Bill 393 creates the "Lead Poisoning Prevention Screening and Education Act."

The bill establishes a public information initiative for the purpose of communicating to the public the significance of lead poisoning prevention. The bill expands the Department of Health's role as the entity responsible for this initiative.

The bill establishes a screening program within the Department of Health to systematically screen children less than six years of age within certain categories and requires that the Department of Health maintain comprehensive screening records. The bill also requires the Department of Health to disclose cases or probable cases of lead poisoning 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 \$798,802. The provisions of this act will take effect upon the Department of Health receiving a federal lead poisoning prevention grant of \$1m or greater.

The bill provides an effective date of July 1, 2006.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Provides limited government

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

Empower families

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

B. EFFECT OF PROPOSED CHANGES:

Background

Due to potentially harmful effects, lead-based paints were banned from use in housing in 1978. 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 Department of Health, lead poisoning became a reportable disease in 1992. Since then, more than 7,100 children in Florida have been identified with a confirmed case of lead poisoning. Lead poisoning can affect nearly every system in the body, and 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.

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.

Since 1992, the state CLPPP has received up to \$1 million dollars annually from the CDC 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. However, due to anticipated federal grant reductions, the state may not receive the amount of money received in the past. 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 a large population of at-risk children. In total, CDC funding supports fourteen full-time and seven-part time DOH staff.

The United States Department of Health and Human Services' Health People 2010 strategy for improving the Nation's health includes eliminating elevated blood lead levels in young children ages one to five years old. The CDC required all state and local CLPPP's to develop a strategic plan to meet this objective. To develop this plan, the CDC encouraged states to convene an advisory committee to assist in the development and implementation of the jurisdictional wide plan to eliminate lead poisoning. The Florida CLPPP 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 is available on the CDC website.¹

¹ www.cdc.gov

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, age 24 months or between the ages of 36 and 72 months. The Screening Guideline provides a case management structure of services and interventions which were 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 Service Program, to provide care and treatment of children with elevated blood levels.

Effect of Bill

HB 393 creates the "Lead Poisoning Prevention Screening and Education Act." The bill asserts the Department of Health's role as the entity responsible for public health education, and expands DOH's health education responsibilities by establishing a program designed to increase public awareness on the hazards of lead-based paint 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 establishes a state-wide screening program for early identification of lead poisoning. The program provides screening for children under 6 years of age. Other than children, persons at risk are given priority for screening. The bill establishes guidelines for medical follow-up of children identified with elevated lead blood levels. The bill also requires the Department of Health to disclose cases or probably cases of lead poisoning 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 secretary is required to maintain comprehensive records of all screenings conducted.

C. SECTION DIRECTORY:

Section 1. Creates an unnamed section to provide a popular name.

Section 2. Provides legislative findings related to lead poisoning.

Section 3. Creates definitions.

Section 4. Establishes the Lead Poisoning Prevention Educational Program; establishes a public information initiative; establishes distribution of literature about childhood lead poisoning.

Section 5. Establishes a lead screening program.

Section 6. Provides an effective date of July 1, 2006.

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		
3 Environmental Specialist I @\$45,222 (1 Epidemiologist, 1 Screening Program Coordinator, and 1 Evaluation Specialist)	\$ 177,722	\$ 183,054
1 Data Manager@\$36,000	47,160	48,575
1 Admin Support Specialist @\$21,830	28,597	29,455
1 Outreach Coordinator @\$42,000 (FTE computed w/31% fringe)	55,020	56,571
Other Personal Services	- 0 -	- 0 -
Expense		
4 FTE @ Std DOH Professional package w/limited travel @\$13,733 and 2 FTE @ Std DOH support staff @ \$7,986 first year	\$ 70,904	\$ 51,950
Screening costs @\$20/screening	300,000	309,000
Case management of 63 cases	30,240	32,000
Educational materials	50,000	52,000
Screening database development	25,000	15,000
Operating Capital Outlay		
4 FTE @ Std. DOH Professional package @ \$1,900 and 2 FTE support staff @ \$2,100	11,800	
HR Service FTE 4 @\$393	2,358	2,358
Total Estimated Expenditures	\$ 798,802	\$ 780,063

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 developing and coordinating a state-wide public information initiative regarding the "Lead Poisoning Prevention Screening and Prevention act." 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:

The lead poisoning prevention program is funded through a grant from the Center for Disease Control (CDC). The department will apply for grant funds (as in prior years) to continue the program for the 2006/07 fiscal year. The department's estimated cost to implement the bill is \$798,802 as outlined above reflects certain DOH staff and operational expenses. Of this, CDC grant monies are anticipated

to fund \$322,536, leaving a deficit cost (according to the department) to implement the aspects of the bill of \$476,286.

For the 2006/07 fiscal year, \$308,000 in recurring general revenue funds is appropriated to the Department of Health for the purposes of this act. Such an appropriation is contingent upon the Department of Health receiving a federal lead poisoning prevention grant of \$1 million or greater.

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 action requiring the expenditure of funds. This bill does not reduce the percentage of a state tax shared with counties or municipalities. This bill does not reduce the authority that municipalities have to raise revenue.

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