CHAMBER ACTION

The Health Care Appropriations Committee recommends the following:

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Council/Committee Substitute

Remove the entire bill and insert:

A bill to be entitled

An act relating to the Lead Poisoning Prevention Screening and Education Act; providing a short title; providing legislative findings; providing definitions; providing for the establishment of a statewide comprehensive educational program on lead poisoning prevention; providing for a public information initiative; providing for distribution of literature about childhood lead poisoning; requiring the establishment of a screening program for early identification of persons at risk of elevated levels of lead in the blood; providing for screening of children; providing for prioritization of screening; providing for the maintenance of records of screenings; providing for reporting of cases of lead poisoning; providing contingencies for implementing the screening program and educational program under the act; providing an effective date.

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24 Be It Enacted by the Legislature of the State of Florida:

Section 1. Short title.--This act may be cited as the "Lead Poisoning Prevention Screening and Education Act."

28 Section 2. <u>Legislative findings.--</u>

- (1) Nearly 300,000 American children may have levels of lead in their blood in excess of 10 micrograms per deciliter (ug/dL). Unless prevented or treated, elevated blood-lead levels in egregious cases may result in impairment of the ability to think, concentrate, and learn.
- (2) A significant cause of lead poisoning in children is the ingestion of lead particles from deteriorating lead-based paint in older, poorly maintained residences.
- (3) Childhood lead poisoning can be prevented if parents, property-owners, health professionals, and those who work with young children are informed about the risks of childhood lead poisoning and how to prevent it.
- (4) Knowledge of lead-based-paint hazards, their control, mitigation, abatement, and risk avoidance is not sufficiently widespread.
- (5) Most children who live in older homes and who otherwise may be at risk for childhood lead poisoning are not tested for the presence of elevated lead levels in their blood.
- (6) Testing for elevated lead levels in the blood can lead to the mitigation or prevention of the harmful effects of childhood lead poisoning and may also prevent similar injuries to other children living in the same household.
 - Section 3. <u>Definitions.--As used in this act, the term:</u>
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within a property constructed before January 1, 1960, or within a property constructed between January 1, 1960, and January 1, 1978, where the owner has actual knowledge of the presence of lead-based paint, that form a single independent habitable dwelling unit for occupation by one or more individuals and that has living facilities with permanent provisions for living, sleeping, eating, cooking, and sanitation. Affected property does not include:

- (a) An area not used for living, sleeping, eating, cooking, or sanitation, such as an unfinished basement;
- (b) A unit within a hotel, motel, or similar seasonal or transient facility, unless such unit is occupied by one or more persons at risk for a period exceeding 30 days;
- (c) An area that is secured and inaccessible to occupants; or
 - (d) A unit that is not offered for rent.
- (2) "Dust-lead hazard" means surface dust in a residential dwelling or a facility occupied by a person at risk which contains a mass-per-area concentration of lead equal to or exceeding 40 ug/ft2 on floors or 250 ug/ft2 on interior windowsills based on wipe samples.
- (3) "Elevated blood-lead level" means a quantity of lead in whole venous blood, expressed in micrograms per deciliter (ug/dL), which exceeds 10 ug/dL or such other level as specifically provided in this act.
- (4) "Lead-based paint" means paint or other surface coatings that contain lead equal to or exceeding 1.0 milligram

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per square centimeter, 0.5 percent by weight, or 5,000 parts per million (ppm) by weight.

- (5) "Lead-based-paint hazard" means paint-lead hazards and dust-lead hazards.
- (6) "Owner" means a person, firm, corporation, nonprofit organization, partnership, government, guardian, conservator, receiver, trustee, executor, or other judicial officer, or other entity which, alone or with others, owns, holds, or controls the freehold or leasehold title or part of the title to property, with or without actually possessing it. The definition includes a vendee who possesses the title, but does not include a mortgagee or an owner of a reversionary interest under a ground rent lease. The term includes any authorized agent of the owner, including a property manager or leasing agent.
 - (7) "Paint-lead hazard" means any one of the following:
- (a) Any lead-based paint on a friction surface that is subject to abrasion and where the dust-lead levels on the nearest horizontal surface underneath the friction surface, such as the windowsill or floor, are equal to or greater than the dust-lead-hazard levels defined in subsection (2);
- (b) Any damaged or otherwise deteriorated lead-based paint on an impact surface that is caused by impact from a related building material, such as a door knob that knocks into a wall or a door that knocks against its door frame;
- (c) Any chewable lead-based painted surface on which there is evidence of teeth marks; or

(d) Any other deteriorated lead-based paint in or on the exterior of any residential building or any facility occupied by a person at risk.

- (8) "Person at risk" means a child under the age of 6 years or a pregnant woman who resides or regularly spends at least 24 hours per week in an affected property.
- (9) "Secretary" means the secretary of the Department of Health or a designee chosen by the secretary to administer the Lead Poisoning Prevention Screening and Education Act.
- (10) "Tenant" means the individual named as the lessee in a lease, rental agreement, or occupancy agreement for a dwelling unit.

Section 4. Educational programs. --

- (1) LEAD POISONING PREVENTION EDUCATIONAL PROGRAM

 ESTABLISHED.--In order to achieve the purposes of this act, a

 statewide, multifaceted, ongoing educational program designed to

 meet the needs of tenants, property owners, health care

 providers, early childhood educators, care providers, and

 realtors is established.
- (2) PUBLIC INFORMATION INITIATIVE.--The Governor, in conjunction with the Secretary of Health and his or her designee, shall sponsor a series of public service announcements on radio, television, the Internet, and print media about the nature of lead-based-paint hazards, the importance of standards for lead poisoning prevention in properties, and the purposes and responsibilities set forth in this act. In developing and coordinating this public information initiative, the sponsors shall seek the participation and involvement of private industry

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organizations, including those involved in real estate, insurance, mortgage banking, and pediatrics.

- POISONING.--By January 1, 2007, the Secretary of Health or his or her designee shall develop culturally and linguistically appropriate information pamphlets regarding childhood lead poisoning, the importance of testing for elevated blood-lead levels, prevention of childhood lead poisoning, treatment of childhood lead poisoning, and, where appropriate, the requirements of this act. These information pamphlets shall be distributed to parents or the other legal guardians of children 6 years of age or younger on the following occasions:
- (a) By a health care provider at the time of a child's birth and at the time of any childhood immunization or vaccination unless it is established that such information pamphlet has been provided previously to the parent or legal guardian by the health care provider within the prior 12 months.
- (b) By the owner or operator of any child care facility or preschool or kindergarten class on or before October 15 of the calendar year.

Section 5. Screening program. --

(1) The secretary shall establish a program for early identification of persons at risk of having elevated blood-lead levels. Such program shall systematically screen children under 6 years of age in the target populations identified in subsection (2) for the presence of elevated blood-lead levels. Children within the specified target populations shall be screened with a blood-lead test at age 12 months and age 24

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months, or between the ages of 36 months and 72 months if they
have not previously been screened. The secretary shall, after
consultation with recognized professional medical groups and
such other sources as the secretary deems appropriate,
promulgate rules establishing:

(a) The means by which and the intervals at which such children under 6 years of age shall be screened for lead poisoning and elevated blood-lead levels.

- (b) Guidelines for the medical followup on children found to have elevated blood-lead levels.
- (2) In developing screening programs to identify persons at risk with elevated blood-lead levels, priority shall be given to persons within the following categories:
- (a) All children enrolled in the Medicaid program at ages

 12 months and 24 months, or between the ages of 36 months and 72

 months if they have not previously been screened.
- (b) Children under the age of 6 years exhibiting delayed cognitive development or other symptoms of childhood lead poisoning.
- (c) Persons at risk residing in the same household, or recently residing in the same household, as another person at risk with a blood-lead level of 10 ug/dL or greater.
- (d) Persons at risk residing, or who have recently resided, in buildings or geographical areas in which significant numbers of cases of lead poisoning or elevated blood-lead levels have recently been reported.
- (e) Persons at risk residing, or who have recently resided, in an affected property contained in a building that

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during the preceding 3 years has been subject to enforcement for
violations of lead-poisoning-prevention statutes, ordinances,
rules, or regulations as specified by the secretary.

- (f) Persons at risk residing, or who have recently resided, in a room or group of rooms contained in a building whose owner also owns a building containing affected properties which during the preceding 3 years has been subject to an enforcement action for a violation of lead-poisoning-prevention statutes, ordinances, rules, or regulations.
- (g) Persons at risk residing in other buildings or geographical areas in which the secretary reasonably determines there to be a significant risk of affected individuals having a blood-lead level of 10 ug/dL or greater.
- (3) The secretary shall maintain comprehensive records of all screenings conducted pursuant to this section. Such records shall be indexed geographically and by owner in order to determine the location of areas of relatively high incidence of lead poisoning and other elevated blood-lead levels.

All cases or probable cases of lead poisoning found in the course of screenings conducted pursuant to this section shall be reported to the affected individual, to his or her parent or legal guardian if he or she is a minor, and to the secretary.

Section 6. The establishment of a screening program for early identification of persons at risk of having elevated blood-lead levels shall be implemented to the extent funding is provided in the General Appropriations Act.

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Section 7. The lead poisoning prevention education program shall be implemented only to the extent that the requirements in this act are consistent with the requirements of any federal childhood lead poisoning prevention grant awarded to the Department of Health and to the extent that federal funds awarded with any such grant are permitted to be used to implement the requirements in this act.

Section 8. This act shall take effect July 1, 2006.