

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

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 their 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 7,000 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.

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 a 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' Healthy People 2010 strategy for improving the Nation's health includes eliminating elevated blood lead levels in young children ages one to five years old. CDC required all state and local CLPPP's 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 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 Services Program, to provide care and treatment of children with elevated blood lead levels.

Effect of Bill

HB 495 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 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 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 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, 2005.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None

2. Expenditures:

Estimated Expenditures	1 st Year	2 nd 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 (FTE computed w/31% fringe)	83,293	85,375
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. This amount is reduced by \$1.1 million if the Department of Health receives a grant from the Center for Disease Control to implement the program. If the department is successful in the grant application, the fiscal amount of this bill is \$308,748. CDC grants are typically announced around June 1.

For the 2005-06 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 \$1M 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 an 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:

The Jacksonville Environmental Protection Board urges in strong support for this bill.²

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

On April 13, 2005, the Committee on Governmental Operations adopted an amendment that deletes a requirement that literature about childhood lead poisoning be distributed by the owners, agents, or their employees, of affected rental property. It is known that this type of distribution is already facilitated.

The analysis is drafted to the committee substitute.

On April 27, 2005, the Health and Families Council adopted an amendment that provides for the 2005-06 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 \$1M or greater.

The analysis is drafted to the bill as amended.

² Todd L Sack, MD, FACP, Chairman; Jacksonville Environmental Protection Board