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BILL ANALYSIS

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House Bill 5118 (Substitute S-3 as reported)
Sponsor: Representative Chris Kolb
House Committee: Health Policy
Senate Committee: Families and Human Services

Date Completed: 7-9-04

RATIONALE

In the 1970s, in response to a growing body of evidence that lead was linked to serious health and developmental problems, the Federal government began requiring the removal of lead additives from paint, gasoline, and other household products. In 1978, lead-based paint was banned. Although the number of children with lead poisoning has dropped from a high of 15 million nationwide in 1979 to under 500,000 today (*The Detroit News*, 8-23-03), lead poisoning remains a significant public health risk, particularly for children in low-income, urban families who live in older homes.

According to a July 2003 State of Michigan report entitled *Childhood Lead Poisoning Prevention: A Call to Action*, lead poisoning affects an estimated 20,000 children under age six in Michigan. It has been suggested that a commission should be created to explore ways to address this public health problem.

CONTENT

The bill would amend the Lead Abatement Act (Part 54a of the Public Health Code) to require the Childhood Lead Poisoning Prevention and Control Commission (proposed by Senate Bill 753) to study the environmental threats of lead poisoning to children's health; review the State's lead poisoning prevention program; evaluate the effectiveness of the program, including its ability to satisfy Federal law requirements that 100% of all young children enrolled in Medicaid be screened with a blood lead test; and make recommendations for the

program's improvement. The bill's provisions would be repealed on July 1, 2007. The bill is tie-barred to Senate Bill 753.

The Commission would have to consider all information received from its public hearings, review information from other sources, and study other states' experiences. The Commission would have to develop short- and long-range strategic recommendations for childhood lead poisoning prevention and control in Michigan. The recommendations would have to include, at a minimum, strategies to:

- Enhance public and professional awareness of lead poisoning as a child health emergency.
- Significantly increase blood lead testing rates for young children.
- Eliminate or manage the sources of lead poisoning, especially focusing on lead-based paint in aged housing.
- Assure State interagency as well as public and private cooperation and communication regarding resolution of "this complex environmental and public health problem".

The Commission would have to submit a written report of its findings, including the recommendations, to the Governor and Legislature by March 31 of each year, beginning in 2005. Additionally, a representative of the Department of Community Health would have to provide testimony summarizing the Commission's findings and recommendations to the standing committees of the Senate and House of Representatives with jurisdiction

over issues pertaining to public health and children.

Proposed MCL 333.5474c

BACKGROUND

Lead Poisoning

Lead is a toxin that builds up in the body as it is ingested, and collects in bone tissue and blood. Although lead-based paint itself is not dangerous, it can crack and peel in deteriorating buildings. Small children and pets can ingest the paint chips or dust. Industrial pollution can contribute to the problem when lead in the emissions from factories and incinerators gets into the air and soil surrounding homes where children play. The dust can saturate carpets and build up in ventilation ducts. Drinking water in older structures also can be contaminated by lead, which is often present in the pipes and solder used in the plumbing. A lead-based paint hazard is abated either by removal, which makes the building lead-free, or, more commonly, by encapsulation, which makes it lead-safe. Encapsulation entails activities short of removal, such as painting over lead-based paint with lead-free paint. The procedure, however, does not necessarily mean that the new paint will not deteriorate, exposing the lead-based paint in the future.

While people of any age can be adversely affected by lead poisoning, young children are particularly susceptible to it because their brains are still developing. Prolonged exposure to lead can interfere with the development of the central nervous system and has been linked to brain damage, mental retardation, developmental delays, learning difficulties, anemia, liver and kidney damage, hearing loss, seizures, hyperactivity, attention deficit disorder, and, in extreme cases, coma and death. Recent studies also have suggested a link between lead poisoning and juvenile delinquency and violent behavior. Lead poisoning can be treated through a potentially painful and expensive process called "chelation therapy", in which the lead is cleared from the blood and excreted in urine.

In Michigan, the highest incidence of lead poisoning is in the Counties of Wayne, Kent, Muskegon, Berrien, Calhoun, Kalamazoo, Genesee, Ingham, Saginaw, and Oakland.

Childhood lead poisoning is of particular concern in the Cities of Detroit, where 63% of the homes were constructed before 1950, and Grand Rapids, which has the highest concentration of lead poisoning in the State. Based on data from 1998 blood screenings, in some Detroit zip codes, children had blood lead levels up to 10 times the national average (*The Detroit News*, 5-17-01).

Lead Abatement Act

The Federal Toxic Substances Control Act contains requirements for the certification of individuals engaged in lead-based paint activities and for the accreditation of lead-based paint activity training programs. In 1996, the U.S. Environmental Protection Agency (EPA) promulgated final regulations for the accreditation of training programs, the certification of individuals and firms engaged in lead-based paint activities, and work practice standards for performing these activities. The regulations required states to have an authorized program in place as of August 1998; in a state without an authorized program, no individual or firm could perform lead-based paint activity without certification from the EPA.

Before the EPA regulations were promulgated, Michigan had administratively established a certification program. In response to the regulations, Public Acts 119 and 220 of 1998 created the Lead Abatement Act within the Public Health Code. The Act contains training program requirements, prescribes accreditation and certification fees, and requires the DCH to conduct training programs. The Act also required the DCH to establish a lead poisoning prevention program. The program must include a comprehensive educational and community outreach program regarding lead poisoning prevention, as well as a technical assistance system to assist health care providers in managing cases of childhood lead poisoning. As part of this system, the DCH must require that results of all blood lead level tests conducted in Michigan be reported to the Department. When the DCH receives notice of blood lead levels above 10 micrograms per deciliter, it must initiate contact with the local public health department or the physician, or both, of the child whose blood lead level exceeds that level.

ARGUMENTS

Fiscal Analyst: Dana Patterson

(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)

Supporting Argument

Despite efforts to eliminate lead from paint, gasoline, and other common substances, lead poisoning remains a major hazard for children, particularly those in urban areas. Although symptoms of lead poisoning can include eating disorders, lethargy, headaches, and changes in behavior and sleeping patterns, most lead-poisoned children have no symptoms at all. Parents might not recognize a problem until irreversible damage to a child's physical health or cognitive abilities has occurred. Unfortunately, by the time a child is hospitalized for lead poisoning, irreversible brain damage probably has occurred already. Often, the child is treated on an outpatient basis and returned to the home before lead hazards have been cleared. For these reasons, it is vital that the State focus attention and resources on public education and prevention. According to Senate Committee testimony, however, only 25% of children who should be tested actually are. An estimated 15,000 to 16,000 children are lead-poisoned but not tested. In addition, lead disproportionately affects the African-American, Hispanic, and Arab-American communities, as well as children enrolled in Medicaid. Lead poisoning prevention is a matter of social and economic justice for those who have no choice but to live in high-risk housing. For the protection of children's health, it is necessary to conduct an expansive study of lead poisoning and identify strategies the State could employ to reduce and prevent it. Reportedly, occurrences of elevated blood lead levels are down by 80% since Maryland's comprehensive lead program was put in place in 1996.

Legislative Analyst: Julie Koval

FISCAL IMPACT

This bill would cause the Department of Community Health to incur costs related to the activities of the Childhood Lead Poisoning Prevention and Control Commission through July 1, 2007. Most of the associated costs could be covered by existing staff and resources.

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.