

1 *House* BILL NO. *499*
 2 INTRODUCED BY *Cochiaula Jacobson*
 3 *Heavy Runner Urey*

4 A BILL FOR AN ACT ENTITLED: "AN ACT DIRECTING THE DEPARTMENT OF HEALTH AND
 5 ENVIRONMENTAL SCIENCES TO ESTABLISH A LEAD POISONING REDUCTION PROGRAM; REQUIRING
 6 REPORTING OF LEAD POISONING; AUTHORIZING THE DEPARTMENT TO IMPLEMENT A CASE
 7 MANAGEMENT SYSTEM; REQUIRING A HEALTH CARE PROVIDER OR A HEALTH CARE FACILITY
 8 EMPLOYEE WHO MAKES A DIAGNOSIS OF LEAD POISONING TO PROVIDE TO THE VICTIM
 9 INFORMATION CONCERNING TREATMENT AND FOLLOWUP; AND PROVIDING EFFECTIVE DATES."

11 STATEMENT OF INTENT

12 A statement of intent is required for this bill because the bill gives the department of health and
 13 environmental sciences authority to adopt administrative rules. The legislature intends that the department
 14 by rule:

15 (1) define the blood lead levels that are injurious to human health and that are consistent with the
 16 standards of national public health authorities, including the U.S. centers for disease control and prevention;
 17 and

18 (2) adopt lead poisoning reporting requirements for health care providers and laboratories, including
 19 reporting deadlines and the information to be reported that the department needs in order to identify victims
 20 of lead poisoning, the circumstances causing the poisoning, the blood lead levels of the victims, and other
 21 relevant demographic information, particularly information that allows the department to identify high-risk
 22 situations and encourage remedial action to alleviate the risk.

24 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

26 NEW SECTION. **Section 1. Short title.** [Sections 1 through 8] may be cited as the "Comprehensive
 27 Lead Reduction Act".

29 NEW SECTION. **Section 2. Findings and purpose.** (1) The legislature finds that exposure to low
 30 levels of lead increases a child's risk of developing permanent learning disabilities, including inattentiveness



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1 and behavior problems, problems that can persist and adversely affect the child's chances for success in
2 school and life.

3 (2) The legislature also finds that:

4 (a) lead poisoning is a condition that is preventable;

5 (b) knowledge about the locations and the extent of harmful childhood lead exposures could lead
6 to the prevention of these exposures and to the protection of the health of Montana's future citizens; and

7 (c) comprehensive environmental lead inspection is necessary to address the causes of lead
8 poisoning in children, identify children and other high-risk individuals who may suffer from lead poisoning,
9 and assess the risks to their health.

10 (3) It is the purpose of [sections 1 through 8] to protect public health, safety, and welfare by
11 preventing lead poisoning and to establish a state childhood lead poisoning prevention program within the
12 department.

13

14 NEW SECTION. Section 3. Definitions. As used in [sections 1 through 8], the following definitions
15 apply:

16 (1) "Comprehensive environmental lead inspection" means the inspection of any dwelling, dwelling
17 unit, or premises for the presence of lead, including but not limited to examination of painted surfaces,
18 paint, dust, and other media in which lead may be found. The term also means the sampling of suspected
19 lead sources, interviews with residents and employees to determine the presence of lead, and the review
20 of documents, licenses, permits, and certifications.

21 (2) "Department" means the department of health and environmental sciences provided for in
22 2-15-2101.

23 (3) "Dwelling" means any enclosed space that is wholly or partly used or intended to be used for
24 living or sleeping by human occupants.

25 (4) "Dwelling unit" means a structure or part of a structure that is used as a home, residence, or
26 sleeping place by a person who maintains a household or by two or more persons who maintain a common
27 household.

28 (5) "Elevated blood lead level" means a blood lead measurement at or above the levels that are
29 defined by department rule as indicative of lead poisoning.

30 (6) "Health care facility" means a hospital, clinic, nursing home, laboratory, physician's office,

1 public health center, or similar place where a health care provider provides health care to patients.

2 (7) "Health care provider" means a person who is licensed, certified, or otherwise authorized by
3 the laws of this state to provide health care in the ordinary course of business or practice of a profession.
4 The term does not include a person who provides health care solely through the sale or dispensing of drugs
5 or medical devices or a person rendering emergency medical services.

6 (8) "High-risk individual" means:

7 (a) a lead-exposed pregnant or breastfeeding woman;

8 (b) a sibling of a lead-exposed child; or

9 (c) a child 72 months of age or younger who resides on the same premises as another individual
10 with an elevated blood lead level.

11 (9) "Lead-exposed" or "lead exposure" means the condition of an individual who has an elevated
12 blood lead level or who resides or spends considerable amounts of time in the same environment as an
13 individual who has been determined to have an elevated blood lead level.

14 (10) "Lead poisoning" means a condition in which an individual has a blood lead concentration at
15 a level that has the potential for causing harmful or adverse effects in humans.

16 (11) "Lead-safe" means that a dwelling or dwelling unit and the premises either do not contain lead
17 or contain lead in a condition and location that preclude the exposure of humans to lead levels above the
18 acceptable environmental lead levels established by department rules.

19 (12) "Person" means:

20 (a) any federal, state, municipal, or local organization or agency; or

21 (b) an individual, firm, corporation, association, joint venture, or partnership.

22 (13) "Premises" means land that is occupied by a dwelling and that is a platted lot, a part of a
23 platted lot, an unplatted lot, a parcel of land, or a plot of land. The term includes any land, open area,
24 building, accessory structure, or other structure that is occupied by a dwelling.

25 (14) "Screening" means the medical procedures by which the concentration of lead in whole venous
26 or capillary blood is measured.

27

28 **NEW SECTION. Section 4. Department functions.** (1) The department may:

29 (a) implement a program to identify children with lead poisoning, conduct followup of high-risk
30 children and other high-risk individuals in order to provide medical, nutritional, and other appropriate care

1 to alleviate the harm associated with lead poisoning, and establish procedures for environmental abatement
2 and followup designed to reduce the incidence of lead exposures in Montana; and

3 (b) in conjunction with appropriate local and state agencies, develop a program to ensure, on a
4 priority basis by blood lead level, that lead-safe housing is available to individuals with lead poisoning and
5 to high-risk individuals.

6 (2) The department shall:

7 (a) develop and issue health advisories urging health care providers to conduct routine annual
8 screening of children who are high-risk individuals and who are 12 months of age or older and under 72
9 months of age;

10 (b) develop a program to assist local health departments in identifying and following up cases of
11 elevated blood lead levels in children and other high-risk individuals;

12 (c) develop and conduct programs to educate health care providers regarding the magnitude and
13 severity of and the necessary responses to lead poisoning in Montana;

14 (d) in consultation with appropriate federal, state, and local agencies, develop a comprehensive
15 public education program regarding environmental lead exposures and lead poisoning by:

16 (i) identifying appropriate target groups that are in a position to prevent lead poisoning or reduce
17 the number of children who are exposed to lead;

18 (ii) assessing the information needed for each of the target groups and determining the best means
19 of educating the members of each target group; and

20 (iii) disseminating the information to the target groups in an effective manner;

21 (e) issue recommendations for the methods and the intervals for lead poisoning screening and
22 testing of children 72 months of age and younger and other high-risk individuals, taking into account the
23 individual's age, the probability of exposure to high-dose sources of lead, and other risk factors. The
24 department recommendations must take into account recommendations by the U.S. centers for disease
25 control and prevention and the American academy of pediatrics.

26 (f) encourage health care providers who provide medical care to ensure that parents and guardians
27 of children 72 months of age and younger and other high-risk individuals are advised of the availability and
28 advisability of screening and testing for lead poisoning;

29 (g) develop lead exposure prevention and screening activities and a data management system
30 designed to collect and analyze information regarding childhood lead poisoning; and

1 (h) investigate the extent of childhood lead poisoning in Montana.

2

3 **NEW SECTION. Section 5. Rulemaking authority.** The department shall adopt rules to implement
4 [sections 1 through 8] that set:

5 (1) requirements for reporting cases of lead poisoning; and

6 (2) blood lead levels indicative of lead poisoning.

7

8 **NEW SECTION. Section 6. Reporting requirements.** (1) A health care provider who identifies an
9 individual with lead poisoning shall report to the department the information required by department rule,
10 within the time period established by the department.

11 (2) A laboratory located within Montana that analyzes blood samples for lead levels shall report
12 to the department the information required by department rule concerning each blood lead analysis,
13 including the results of the analysis.

14 (3) A health care provider who uses a laboratory located outside of Montana to analyze blood
15 samples for lead levels shall report to the department the information required by department rule, including
16 the results of the blood lead analyses.

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18 **NEW SECTION. Section 7. Case management.** (1) The department may develop a case
19 management program to provide appropriate services to individuals with lead poisoning.

20 (2) The services may include but are not limited to:

21 (a) diagnosis and appropriate medical followup for each child with lead poisoning;

22 (b) a comprehensive environmental lead inspection of the dwelling, dwelling unit, or premises
23 occupied by each child with lead poisoning;

24 (c) lead hazard reduction actions; and

25 (d) any other activities necessary to reduce lead exposure and the consequences of exposure.

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27 **NEW SECTION. Section 8. Provision of educational materials to patients.** A health care provider
28 or an employee of a licensed, registered, or approved health care facility who makes a diagnosis of lead
29 poisoning shall provide to the individual diagnosed or, if a minor, to the parent or guardian of the minor the
30 informational materials provided by the department concerning treatment and followup for lead poisoning.

1 NEW SECTION. **Section 9. Severability.** If a part of [this act] is invalid, all valid parts that are
2 severable from the invalid part remain in effect. If a part of [this act] is invalid in one or more of its
3 applications, the part remains in effect in all valid applications that are severable from the invalid
4 applications.

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6 NEW SECTION. **Section 10. Effective dates.** (1) [Section 5] and this section are effective on
7 passage and approval.

8 (2) [Sections 1 through 4 and 6 through 9] are effective October 1, 1995.

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-END-

STATE OF MONTANA - FISCAL NOTE

Fiscal Note for HB0499 as introduced

DESCRIPTION OF PROPOSED LEGISLATION:

An act directing the Department of Health and Environmental Sciences (DHES) to establish a lead poisoning reduction program.

ASSUMPTIONS:

1. The current Center for Disease Control Lead Prevention Grant will provide necessary resources to establish the program. The training and materials developed through this grant will enable the DHES to provide the minimum service required by the bill. Additional services may be provided through federal funding if there is need and available funding.

FISCAL IMPACT:

Passage of HB499 will have no fiscal impact on state government.

David Lewis 2-15-95
DAVID LEWIS, BUDGET DIRECTOR DATE
Office of Budget and Program Planning

Vicki Cocchiarella
VICKI COCCHIARELLA, PRIMARY SPONSOR DATE

Fiscal Note for HB0499, as introduced

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APPROVED BY COMMITTEE
ON BUSINESS AND LABOR

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House BILL NO. 499

INTRODUCED BY Cochranella Jacobson
Heavy Runner Wagon

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- (2) adopt lead poisoning reporting requirements for health care providers and laboratories, including reporting deadlines and the information to be reported that the department needs in order to identify victims of lead poisoning, the circumstances causing the poisoning, the blood lead levels of the victims, and other relevant demographic information, particularly information that allows the department to identify high-risk situations and encourage remedial action to alleviate the risk.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

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SECOND READING

1 and behavior problems, problems that can persist and adversely affect the child's chances for success in
2 school and life.

3 (2) The legislature also finds that:

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