

SJR 380: Joint Subcommittee Studying Lead Poisoning Prevention

November 14, 2005

HIGHLIGHTS

- **The Lead-Safe Virginia Program targets resources to increase testing of high-risk and Medicaid enrolled children ages 12-36 months.**
- **A federal grant for lead abatement in homes was used to abate a total of 103 units located on the Eastern Shore, Danville, Petersburg, and Richmond at a cost of \$1.9 million.**

The lead poisoning prevention study evolved from the 1993 study of lead paint abatement to its present posture of seeking to prevent lead poisoning. SJR 380, the 2005 enabling resolution, directed the joint subcommittee to: (i) monitor the evolution of the data-sharing partnership established in the health and human services data sharing statute, § 32.1-127.1:04; (ii) monitor the completion of the reference database of statewide health-related data elements required by SB 565 of 2004; (iii) examine issues relating to lead poisoning among immigrant and adopted children; and (iv) seek to assist the Department of Health and the Department of Housing and Community Development in every appropriate way in maintaining federal funding.

Childhood Lead Poisoning in Virginia: Elimination Plan

Nancy K. Van Voorhis, the director of the Lead-Safe Virginia Program discussed efforts to detect instances of childhood lead poisoning in Virginia. The Program targets resources to increase testing of high-risk and Medicaid enrolled children ages 12-36 months.

Ms. Van Voorhis reported that the

federal Centers for Disease Control Meeting announced 10 essential lead program elements in October. Virginia, she noted, does not currently have two of elements, i.e., (i) regulatory authority to require abatement of lead hazards in housing units containing children with elevated blood lead levels; and (ii) statutory protection for clients from retaliatory eviction or discrimination related to disclosure of lead hazards.

Ms. Van Voorhis identified the key issues for Lead-Safe Virginia as the potential for elimination of federal funding after 2010 and the “lack of a standard Virginia process to assure that hazards are removed to prevent future lead exposures.

Data Sharing Partnership

Kim S. Barnes, a policy analyst from the Department of Health's Office of Family Health Services, discussed interagency collaborations in general during 2005. She acknowledged the cost savings to the Commonwealth as a result of the data sharing initiative that was established as a 2002 initiative of the joint subcommittee.

Ms. Barnes stated that the Governor's Task Force on Information Technology

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in Healthcare, a uniform foster child personal health record and a VDH/Carilion electronic health record pilot, is under construction. This effort will provide a mechanism for sharing medical information about foster children, including any elevated blood lead levels that will provide a valuable and effective means of tracking foster children's health.

Virginia Lead-Safe Homes Program

Nikki Nicholau, the Deputy Director of the Virginia Department of Housing and Community Development, addressed the accomplishments of the 2002 federal grant for lead abatement in homes. The grant was used to abate a total of 103 units located on the Eastern Shore, Danville, Petersburg, and Richmond at a cost of \$1.9 million.

Ms. Nicholau stated that the Department had been awarded a new grant of \$3 million for a project beginning in 2005. The new grant will be used primarily for units that have been cited for multiple incidents of lead.

Ms. Nicholau gave the committee an overview of their partnership efforts with the Health Department, the VCU Center for Environmental Studies, housing development organizations and within the Department of Housing and Community Development. Their partnership with the Health Department lead to a "LeadTrax" System which pinpoints addresses with multiple addresses and to collaborative training in communities.

Early Periodic Screening Diagnosis and Treatment Outreach

Tammy Whitlock, the Manager of the Maternal and Child Health Division of the Department of Medical Assistance Services, addressed the joint subcommittee on outreach activities relating to screening for lead poisoning.

Ms. Whitlock clarified the federal requirements that mandate lead testing for all Medicaid enrolled children at ages one and two, and children without a medical history up to age six. Ms. Whitlock noted that a memo is currently in development to de-

fine the lead testing strategies and mandates for EPSDT screeners. With the use of Labcorp or other contracted entities being mandated, VDH sent out letters to the health departments informing them of proper billing procedures. In the future, DMAS will send the parents of children in Medicaid and Medicaid MCOs a postcard reminding them of the need for testing at 9 months and 21 months.

Report on SB 565: Reference Database of Statewide Health-Related Data

Charles W. Lawver, the Director of Information Architecture at the Department of Medical Assistance Services (DMAS), spoke about implementation of SB 565 (2004), the Health Care Data Element Project. The project is building a relational database of individual data elements from the information systems of each of the Health and Human Resources agencies to be used in research and improve the planning, delivery, and financing of the health care available to all Virginians. Mr. Lawver identified the steps that are being taken for full implementation of the project.

Certification of Lead Contractors and Workers

Joseph C. Kossan, a regulatory administrator from the Department of Professional and Occupational Regulation, informed the Joint Subcommittee about the current regulatory infrastructure of the Board for Asbestos, Lead, and Home Inspectors. Mr. Kossan explained that the Board's regulations must not be any more stringent than federal Environmental Protection Agency regulations and thus cover only projects that meet the definition of lead abatement and are conducted in target housing and child-occupied facilities. The regulation revisions in 2003 and 2004 conformed Virginia's regulations to EPA's more recent regulations by removing the licensing requirement for lead-based paint activities conducted in public buildings, commercial buildings

and superstructures. He also described a voluntary reciprocity agreement that relates to training.

WORK SESSION

During its work session, the Joint Subcommittee deliberated concerning its legislative actions for the 2006 Session, addressing three issues on the study's continuation, the two CDC essential program elements required for the 2006 grant funding cycle that Virginia lacks, and mechanisms for engaging the health care community in eliminating lead poisoning.

The Department of Health observed that the CDC's goal for elimination of lead poisoning is 2010, the 2006 grant will be competitive, and will not be given to all 50 states. To cite the joint subcommittee as a forum and advocate for enhancing its programs will be significant for Virginia's application.

After extended discussion, the joint subcommittee recommended seeking continuation for an additional two years in order to assist the agencies, in all appropriate ways, to seek funding. Further, if no regulatory solutions result from a December conference involving the stakeholders, two bills to provide the essential program elements will be introduced.

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<http://dls.state.va.us/Lead.htm>