HB 1221

Department of Legislative Services

Maryland General Assembly
2000 Session

FISCAL NOTE
Revised

House Bill 1221 (Delegate Marriott, *et al.*) (Baltimore City Administration)
Environmental Matters

Education - Lead Poisoning Tests - Administering and Reporting

This bill requires children residing in areas designated as at risk for lead poisoning to receive a blood test for lead poisoning. The Secretary of Health and Mental Hygiene must require providers caring for children in such areas to administer blood tests to children by ages 12 months and 24 months, and to children over age 24 months who have not received a blood test for lead poisoning. The bill provides a waiver of blood lead testing for religious reasons.

Medical laboratories must report blood lead test results to the Department of the Environment and in Baltimore City to the Commissioner of the Baltimore City Health Department. The Commissioner of the Baltimore City Health Department is authorized to report the test results to the Baltimore Immunization Registry and the Department of the Environment is authorized to report the test results to an immunization registry subsequently developed by the Department of Health and Mental Hygiene (DHMH). By September 2003, parents and legal guardians of children residing in areas designated as at risk for lead poisoning must provide proof that their children have received blood lead testing at the time the child enters a public prekindergarten program, kindergarten program, or first grade.

The bill takes effect July 1, 2000.

Fiscal Summary

State Effect: The FY 2001 State budget includes an additional $500,000 in general funds to augment the State's existing program to prevent lead poisoning in children and to expand the State's existing testing program for lead. However, these funds are targeted primarily for Baltimore City. An additional $500,000 in general funds would be required to ensure that all children residing in a designated at-risk area receive a blood lead test. Future year

expenditures are assumed to be relatively constant.

Local Effect: None. Any reporting requirements for local health departments could be handled with existing resources.

Small Business Effect: Minimal.

Analysis

Current Law: The Secretary of Health and Mental Hygiene is required to establish and administer a Lead Poisoning Screening Program that will assure the appropriate screening of children in Maryland for lead poisoning. The Secretary must employ an initial questionnaire to assess children's exposure to potential lead hazards. Children residing in areas of highest risk must be screened by a venous blood test.

Background: Childhood lead poisoning is the number one environmental hazard facing children. Each year over 6,000 children in Baltimore City are diagnosed with dangerous lead levels and 1,200 children are diagnosed with lead poisoning. Baltimore City's lead poisoning rate is over 15 times the national average and Maryland's lead poisoning rate is almost seven times the national average. In 1998, 31.2% (17,753) of the children under the age of six in Baltimore City received a blood lead test. Of these children, 22% had an elevated blood lead level and 3.8% had lead poisoning. The high lead poisoning rate in Baltimore City is due to a high percentage of pre-1950 housing, a high percentage of rental housing, a high concentration of low-income communities, and a failure by government agencies to enforce existing laws aimed at reducing lead poisoning.

Childhood lead poisoning affects both student academic performance and juvenile delinquency. Children who are poisoned by lead are seven times more likely to drop out of school and five times more likely to suffer from learning disabilities. This tends to increase special education costs, lower student academic performance, and increase juvenile delinquency.

According to the Coalition To End Childhood Lead Poisoning (CTECLP), the severe lack of essential maintenance practices and repairs of housing in Baltimore City has lead to a dilapidated housing stock in which deteriorating, chipping, flaking paint is commonplace and where hazardous lead dust levels pose a constant danger to Baltimore's children. In addition, less than 10% of the mandated rental housing units in Baltimore City has completed the risk reduction measures required by the Lead Risk Reduction and Housing Act of 1994.

Chapter 411 of 1994 established the Lead Paint Poisoning Prevention Program. The program provides limited liability relief for owners of rental property built before 1950 and others in exchange for the reduction of lead hazards in these older rental properties and limited compensation of children poisoned by lead. The program also provides increased public health intervention. Although the program was due to begin in October 1994, controversy over MDE's proposed regulations delayed full implementation of the program until February 1996.

State Fiscal Effect: The Secretary of Health and Mental Hygiene has defined four categories that designates a child's risk for lead poisoning: negligible, low, moderate, and high risk. Children residing in a low, moderate, and high risk area are considered at risk for lead poisoning and would be required to obtain a blood lead test pursuant to this bill. Children residing in a negligible risk area are not considered at risk for lead poisoning and would not be required to obtain a blood lead test. **Exhibit 1** indicates the jurisdictions that are at risk for lead poisoning.

Exhibit 1
Jurisdictions Defined as At Risk for Lead Poisoning

Risk Category	Jurisdictions
Negligible Risk - (Not at risk) 790 census tracts	All or most of Anne Arundel, Calvert, Carroll, Cecil, Charles, Frederick, Howard, Kent, Montgomery, Prince George's, St. Mary's, and Talbot counties. Northern Baltimore County and western Queen Anne's County.
Low Risk - (At risk) 238 census tracts	All or most of Allegany, Caroline, Dorchester, Garrett, Somerset, Washington, Wicomico, and Worcester counties. Southern Baltimore County, eastern Queen Anne's County, western Prince George's County, and parts of Carroll, Charles, Frederick, Harford, and Kent counties and Baltimore City.
Moderate Risk - (At risk) 77 census tracts	Central Allegany County, portions of Baltimore City, and portions of Baltimore County.
High Risk - (At risk) 46 census tracks	Nine zip codes in Baltimore City (21201, 21205, 21213, 21215, 21216, 21217, 21230).

Source: Department of Health and Mental Hygiene

In 1998, 14% (58,500) of the children under the age of six in Maryland were blood lead tested, ranging from 31% in Baltimore City to 4% in St. Mary's County. Of these children, 8.7% had an elevated blood lead level and 1.3% had lead poisoning. However, in five jurisdictions, over 10% of children had an elevated blood lead level: (Baltimore City at 22%, Caroline County at 10.7%, Dorchester County at 14.4%, Somerset County at 13.1%, and

Wicomico County at 10%).

The Medical Assistance Program requires providers to perform a blood lead test on children at ages one and two. However, only about one-half the children in the Medical Assistance Program actually receive a blood lead test. The laboratory cost for a blood lead test totals $5 per person at the State laboratory operated by DHMH. The number of children residing in areas designated as at risk for lead poisoning that currently do not receive a blood lead test is not known at this time. Current law requires children residing in areas of highest risk of lead poisoning to be screened by a venous blood test.

The Governor has included an additional $300,000 in the fiscal 2001 State budget for the State's Childhood Lead Screening Program. These additional funds will augment DHMH's existing program to prevent lead poisoning in children. The funds will support improved outreach, public education, and data surveillance. An additional $200,000 in State funding is provided to hire five additional positions to augment DHMH's existing testing program for lead. Currently, the department has 2.8 positions dedicated to blood lead testing. The additional positions are aimed primarily at increasing blood lead testing in Baltimore City. However, since this bill requires blood lead testing for children residing in at-risk areas statewide, additional State funding would be required.

Baltimore City accounts for over one-third of the designated lead poisoning testing areas. A large number of children in Western Maryland, the Eastern Shore, and older communities of Baltimore, Harford, and Prince George's counties are at risk for lead poisoning. Accordingly, an additional $500,000 in State funding may be required to ensure that all children in these at-risk areas receive blood tests. Of this amount, $200,000 would be used to hire five positions at the State laboratory and $300,000 would be used to support improved outreach, public education, and data surveillance in jurisdictions outside of Baltimore City.

Additional Comments: There are 69,533 pre-1950 rental units in Baltimore City that must meet the requirements of the 1994 Act which includes performing risk reduction measures to reduce lead hazards, registering the property, and distributing lead prevention pamphlets to tenants. The compliance rate for older rental properties in Baltimore City with the 1994 Act is very low. Only 30% of affected Baltimore City properties and 48% of Maryland properties are registered with the State and less than 10% of the affected properties are annually meeting the risk reduction standard in Maryland. According to the CTECLP, over 1,100 Baltimore City Health Department Lead Hazard Violation Notices have gone unenforced. In addition, CTECLP reports that landlords have evicted families with lead poisoned children and required children's blood test prior to submission of rental applications.

Additional Information

Prior Introductions: None.

Cross File: SB 712 (Senator McFadden) - Economic and Environmental Affairs.

Information Source(s): Department of Health and Mental Hygiene, Maryland Department of the Environment, Coalition To End Childhood Lead Poisoning, Department of Legislative Services

Fiscal Note History: First Reader - February 18, 2000
jir/jr Revised - House Third Reader - March 30, 2000
Revised - Enrolled Bill - May 3, 2000

Analysis by: Hiram L. Burch, Jr.

Direct Inquiries to:
John Rixey, Coordinating Analyst
(410) 946-5510
(301) 970-5510