



Senate Fiscal Agency
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BILL ANALYSIS

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Senate Bills 753, 756, and 757 (as enrolled)
House Bill 5116 (as enrolled)
House Bill 5117 (as enrolled)
House Bill 5118 (as enrolled)
House Bill 5119 (as enrolled)

Sponsor: Senator Martha G. Scott (S.B. 753)
Senator Bill Hardiman (S.B. 756)
Senator Hansen Clarke (S.B. 757)
Representative Randy Richardville (H.B. 5116)
Representative Stephen Ehardt (H.B. 5117)
Representative Chris Kolb (H.B. 5118)
Representative Carl M. Williams (H.B. 5119)

Senate Committee: Families and Human Services
House Committee: Health Policy

Date Completed: 1-5-05

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 was suggested that this public health problem should be addressed through a comprehensive approach focusing on prevention, public awareness, increased screening, improved rental housing, and law enforcement.

CONTENT

The bills amended various acts to do the following:

PUBLIC ACTS 431, 433 & 434 of 2004
PUBLIC ACT 432 of 2004
PUBLIC ACT 54 of 2004
PUBLIC ACT 400 of 2004
PUBLIC ACT 55 of 2004

- **Require the Governor to establish the Childhood Lead Poisoning Prevention and Control Commission, and require the Commission to study the public health hazard of lead and make recommendations.**
- **Require the Department of Community Health (DCH), in cooperation with the Family Independence Agency (FIA) and the Michigan State Housing Development Authority (MSHDA), to establish and maintain a public Lead Safe Housing Registry.**
- **Prescribe criminal penalties for knowingly renting or leasing a unit containing a lead-based paint hazard to a family with a minor child who has an elevated blood lead level.**
- **Require clinical laboratories that perform lead screening tests to report the results to the DCH electronically.**
- **Require the DCH to ensure that, as a condition of participation and funding, all health professionals, facilities, and health maintenance organizations (HMOs) that receive Medicaid payments are in substantial compliance with Federal standards for lead screening for children**

- **enrolled in Medicaid, and allow the DCH to contract with community agencies to provide lead screening tests if the screening rate is less than 80%.**
- **Establish an annual "Lead Poisoning Prevention Week".**

Senate Bill 753 and House Bill 5118 were tie-barred to each other. House Bills 5117 and 5119 took effect on April 12, 2004. Other than Senate Bill 757, the remainder of the bills took effect on December 21, 2004. Senate Bill 757 took effect on January 2, 2005.

Senate Bill 753

The bill amended the Lead Abatement Act (Part 54A of the Public Health Code) to require the Governor, within 30 days after the bill's effective date, to establish a Childhood Lead Poisoning Prevention and Control Commission within the DCH. The section establishing the Commission will be repealed on July 1, 2007.

The Commission must consist of the following nine voting members appointed by the Governor with the advice and consent of the Senate:

- One member representing the DCH, who will serve as chairperson.
- One member representing the FIA.
- One member representing the Department of Environmental Quality.
- One member representing MSHDA.
- One member representing "Get the Lead Out!" from a county with a population over 500,000 but not more than 700,000 (i.e., Kent County).
- One member representing a local health department located in a county with a population over 170,000 but not more than 200,000 (i.e., Muskegon County).
- One member representing certified lead-abatement contractors.
- Two members representing the general public.

Of the members representing the general public, one must be from a city with a population of at least 750,000 (Detroit) who is a parent of a child who has experienced lead poisoning or is a child advocate who has experience with lead poisoning in children. The other public member must

represent property owners and developers in Michigan.

The Commission is subject to the Open Meetings Act and the Freedom of Information Act. Commission members must serve without compensation but, subject to appropriations, may be reimbursed for their actual and necessary expenses while attending meetings or performing other authorized official Commission business. If a vacancy occurs, it must be filled in the same manner as the original appointment.

The Commission must hold at least two public hearings to seek input from the general public and all of the following groups, or their successor organizations, or individuals who have an interest in childhood lead poisoning prevention and control:

- The Michigan Association of Osteopathic Family Practitioners.
- The Michigan Nurses Association.
- The Michigan Association of Nurse Practitioners.
- The Michigan Association of Health Plans.
- The Michigan Association of Local Public Health.
- Blue Cross and Blue Shield of Michigan.
- The Michigan Health and Hospital Association.
- The Michigan Head Start Association.
- The Michigan Council for Maternal and Child Health.
- Michigan's Children.
- The Michigan League for Human Services.
- Detroit Public Schools.
- The Rental Property Owners Association.
- The Michigan Association of General Contractors.
- The Michigan Association of Realtors.
- The Michigan Environmental Council.
- The Michigan Adult Blood Lead Epidemiology and Surveillance Program.
- The Michigan State University Extension Program.
- The Detroit Lead Partnership.
- The Michigan Lead Safe Partnership.
- The Detroit Mayor's Lead Task Force.
- United Parents Against Lead.
- The Department of Education.
- The DCH Medical Services Administration.
- The Michigan Occupational Safety and Health Administration.
- The DCH Bureau of Laboratories.
- An occupational and environmental medicine specialist.

- Parents or patient advocates of children who have experienced lead poisoning.
- A local housing authority.
- A community reinvestment officer.
- The Michigan State Medical Society.
- The Michigan Academy of Family Practice.
- Saint Mary's Field Neurosciences Institute.
- The American Academy of Pediatrics.
- The arc Michigan Organization.
- Any other interested organization or association concerned with the prevention, treatment, and control of lead poisoning that the DCH determines necessary.

The first public hearing must be held within 60 days after the Commission is appointed. The Commission may hold additional public hearings as it determines necessary or appropriate to carry out its duties under the bill.

House Bill 5118

The bill amended the Lead Abatement Act to require the Childhood Lead Poisoning Prevention and Control Commission 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 will be repealed on July 1, 2007.

The Commission must consider all information received from its public hearings, review information from other sources, and study other states' experiences. The Commission must develop short- and long-range strategic recommendations for childhood lead poisoning prevention and control in Michigan. The recommendations must 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 must 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 DCH must 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.

Senate Bill 756 & House Bill 5116

Lead Safe Housing Registry

The bills amended the Lead Abatement Act to require the DCH, in cooperation with the FIA and MSHDA, to establish and maintain a registry, called the Lead Safe Housing Registry, to provide the public with a listing of residential and multifamily dwellings and child-occupied facilities that have been abated or have had interim controls performed to control lead-based paint hazards as determined through a lead-based paint investigation performed by a risk assessor certified under the Act.

The owner of target housing that is offered for rent or lease as a residence, or the owner of a child-occupied facility, must register that property with the DCH, free of charge and in a form prescribed by the DCH, if it has been abated or has had interim controls performed to control lead-based paint hazards. The form must include, at a minimum, the name of the building's owner, the building's address, and the date of construction. The form also must contain the date and description of any lead-based paint activity, including the name of the certified abatement worker or the certified risk assessor who performed the abatement or conducted the inspection, lead-hazard screen, assessment, or clearance testing of the building and the results of the lead-based paint activity.

An owner required to register his or her property must give the DCH a copy of each report, document, or other information that

must be filed with the Federal government under Federal law and regulations related to lead-based paint.

The owner of any other residential or multifamily dwelling that is offered for rent or lease as a residence, or the owner of a child-occupied facility, may register that property with the DCH, which must include the property on the Registry. A person who wishes to register must execute and return the registration form to the DCH, with payment of the registration fee as prescribed by the Department.

The DCH must publish the Registry on its website and provide a copy to a person upon request. The DCH may charge a reasonable, cost-based fee for providing a copy.

(The Act defines "abatement" as a measure or set of measures designed to eliminate lead-based paint hazards permanently; the Act describes activities that abatement includes and others that it does not include. "Child-occupied facility" means a building or portion of a building constructed before 1978 that is visited regularly by a child who is six years old or younger, on at least two different days within a given week, if each day's visit is at least three hours and the combined weekly visit is at least six hours long, and the combined annual visits are at least 60 hours in length. The term includes, but is not limited to, a day-care center, a preschool, and a kindergarten classroom.

"Target housing" means housing constructed before 1978, except a) housing for the elderly or persons with disabilities, unless one or more children age six or younger reside or are expected to reside in the housing; b) a zero-bedroom dwelling; or c) an unoccupied dwelling unit pending demolition, provided the unit remains unoccupied until demolition.)

Lead Poisoning Prevention Week

Senate Bill 756 states: "The legislature recognizes the imminent threats posed to children's health and cognitive development from ingestion of lead paint dust in residential neighborhoods, the broad dispersal of lead-laden soils from historical airborne deposition of leaded fuel emissions, and identified specific facilities that present known or potential lead hazards. The legislature further recognizes the need to

educate the citizens of this state regarding those threats."

The bill also states: "The legislature declares that October 23 through October 29, 2005 shall be known as the 'Lead Poisoning Prevention Week' and for each year the period beginning on the fourth Sunday of October through the following Saturday shall be known as the 'Lead Poisoning Prevention Week'."

Senate Bill 757

The bill amended the Lead Abatement Act to prescribe criminal penalties for a property manager, housing commission, or owner of a rental unit who rents or continues to rent a residential housing unit to a family with a minor child who is found to have at least 10 micrograms of lead per deciliter of venous blood. The person is subject to the penalties if all of the following apply:

- The property manager, housing commission, or owner has prior actual knowledge that the rental unit contains a lead-based paint hazard.
- At least 90 days have passed since the manager, commission, or owner had actual knowledge of the hazard.
- The manager, commission, or owner has not acted in good faith to reduce the hazards through interim controls or abatement or a combination of interim controls and abatement.

A property manager, housing commission, or owner is presumed to have prior actual knowledge that a unit contains a lead-based paint hazard only if the person signed an acknowledgement of the hazard as a result of a risk assessment under the Act at the time the risk assessment was made, or was served as a result of a risk assessment with notice of the hazard by first-class mail and a return receipt of the service was obtained.

A violation of the bill is a misdemeanor punishable by imprisonment for up to 93 days and/or a maximum fine of \$5,000. A subsequent violation of the bill or a substantially corresponding local ordinance is a misdemeanor punishable by imprisonment for up to 93 days and/or a maximum fine of \$10,000.

The property manager, housing commission, or owner may assert either or both of the

following as an affirmative defense in a prosecution:

- That the manager, commission, or owner requested or contracted with a person having responsibility for maintaining the rental unit to reduce the hazard through interim controls or abatement and reasonably expected that the hazard would be reduced.
- That the tenant would not allow entry into or upon premises where the hazard is located or otherwise interfered with correcting the hazard.

The property manager, housing commission, or owner has the burden of providing that defense by a preponderance of the evidence.

(The bill defines "property manager" as a person who engages in property management as defined in Section 2501 of the Occupational Code. That section defines "property management" as the leasing or renting, or the offering to lease or rent, of real property of others for a fee, commission, compensation, or other valuable consideration pursuant to a property management employment contract.

The Lead Abatement Act defines "lead-based paint hazard" as any of the following conditions:

- Any lead-based paint on a friction surface that is subject to abrasion and where the lead dust levels on the nearest horizontal surface are equal to or greater than the dust lead level hazards identified in rules promulgated under the Act.
- Any damaged or otherwise deteriorated lead-based paint on an impact surface that is caused by impact from a related building component.
- Any chewable lead-based paint surface on which there is evidence of teeth marks.
- Any other deteriorated lead-based paint in or on any residential building or child-occupied facility.
- Surface dust in a residential dwelling or child-occupied facility that contains lead in a mass-per-area concentration equal to or exceeding the levels established by rules promulgated under the Act.
- Bare soil on residential real property or property of a child-occupied facility that contains lead equal to or exceeding levels

established by rules promulgated under the Act.)

House Bill 5117

The bill amended the Public Health Code to require a clinical laboratory that analyzes a blood sample for lead to report the results to the DCH in a DCH-prescribed electronic format within five days after the analysis is completed. The reporting requirements will apply beginning October 1, 2005.

Within 90 days after the bill's effective date, the DCH had to mail notice of the reporting requirements to each clinical laboratory doing business in Michigan.

House Bill 5119

The bill amended the Social Welfare Act to require the DCH, beginning October 1, 2007, to ensure that, as a condition of participation and funding, all health professionals, health facilities, and HMOs that receive Medicaid payments are in substantial compliance with Federal standards for lead screening for children enrolled in Medicaid.

The bill requires the DCH to determine the statewide average of lead screening tests being performed on Medicaid-enrolled children on October 1, 2007, and determine whether the rate is substantially in compliance with Federal standards. If the rate is below 80%, the DCH Director must present to the Senate and House Health Policy Committees a written report detailing why the rate is not in substantial compliance with Federally required standards for lead screening, and the DCH recommendations for improving the rate.

If the statewide lead screening testing rate is not at least 80% for Medicaid-enrolled children by October 1, 2007, the DCH may use funds appropriated for Medicaid managed care or Medicaid fee for services to contract with community agencies to provide the tests needed to reach the 80% rate. A contracting organization that meets or surpasses contract performance requirements will be entitled to share in financial bonuses awarded under the performance bonus program and receive at least 10% of the beneficiaries who do not voluntarily select a specific health plan at the time of managed care enrollment, in

addition to any other auto assignments to which the organization is entitled.

MCL 333.5474a (S.B. 753)
333.5474b & 333.5474c (S.B. 756)
333.5475a (S.B. 757)
333.5474a (H.B. 5116)
333.20531 (H.B. 5117)
333.5474c (H.B. 5118)
400.111k (H.B. 5119)

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 the presence of 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. 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 219 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

(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 committee testimony, only 25% children who should be tested actually are. An estimated 15,000 to 16,000 children are lead-poisoned but not tested. For the protection of children's health, it is necessary to employ an expansive approach to lead poisoning, as the bills do. Reportedly, occurrences of elevated blood lead levels are down by 80% since Maryland's comprehensive lead program was put in place in 1996.

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.

Supporting Argument

It often is difficult for families to know where it is safe to rent. According to *The Detroit News* (8-21-02), an estimated 50% to 80%

of families affected by lead poisoning are renters. The new Lead Safe Housing Registry will enable families to make an informed choice about housing. It also will encourage property owners to be proactive in having a lead assessment done and completing abatement activities. Being included in the Registry will make their property more attractive to prospective renters and the owners' rental opportunities will increase. In addition, the Registry may be used as an indicator of the overall success of the State's lead poisoning prevention efforts over time. Such a registry already exists for housing built with grants from the U.S. Department of Housing and Urban Development (HUD).

Response: The Registry should be mandatory for all homes built before 1970. In Wisconsin, which has a voluntary registry, only a few dozen homes are listed. In Maryland, registration is mandatory for all rental property built before 1950, and voluntary for property built between 1950 and 1978. It is funded by a \$5 per-unit annual fee, as well as \$1.0 million per year from the state's general fund.

Furthermore, HUD reportedly considers a designation that a unit has no lead hazards to be valid at most for two years, unless it is known that no lead-based paint is on the property. Thus, listings on the State's Registry should expire within 24 months after the inspection date. Additionally, a prospective renter will need assurance that the listing encompasses the entire lease period. Many landlords offer leases on a yearly basis, so a reevaluation might be needed every 12 months. Reportedly, the cost of evaluating small apartment buildings and single family homes is \$300 to \$600 per unit; thus, it is unlikely that an owner will be willing to maintain a listing on the Registry without financial incentives.

A listing in the registry will guarantee only that a home does not contain lead-based paint, not that it is lead-safe or lead-free. Housing constructed after lead-based paint was banned in 1978 still might contain lead hazards. Lead can be tracked into a home from the surrounding soil, occupational lead can be brought home on clothing, and some miniblinds contain lead.

Supporting Argument

According to the DCH, Michigan's lead screening rate for Medicaid-enrolled children

has been between 27% and 35% in recent years. Some states test over 70% of children statewide, not just those enrolled in Medicaid. The 80% rate specified by House Bill 5119 certainly is feasible. The bill also will provide incentives for contracting organizations to meet or exceed performance standards, if the screening rate is not 80% by October 1, 2007.

Supporting Argument

According to testimony before the Senate Committee on Families and Human Services, approximately 95% of laboratories already report the results of blood lead screening tests to the DCH electronically. The electronic reporting requirements in House Bill 5117 will not present an undue burden to laboratories.

Opposing Argument

The Registry will be ineffective in helping families find safe housing. Parents who need to find housing as soon as possible will have to wade through numerous listings, looking for one that is available, affordable, and suitable to meet their various other needs. By requiring that every rental property built before 1978 be registered, Senate Bill 756 and House Bill 5116 simply will create more bureaucracy and an enormous amount of paperwork for property owners and the State.

Opposing Argument

Senate Bill 757 duplicates Federal law. Under Title X of the Federal Lead-based Paint Residential Reduction Act, an owner must give tenants a pamphlet about lead poisoning, and tenants must sign a statement acknowledging that a rental unit built before 1978 might contain lead-based paint hazards. The Act also prescribes penalties for landlords who knowingly rent lead-contaminated units to others. There are differences between the Federal law and the bill's provisions, however, and it is unclear which will apply.

Response: While Federal law does provide for penalties, the EPA does not systematically enforce the law. Reportedly, few cases are filed with the Agency, and it conducted the first visit with respect to notification of a lead hazard only recently.

Opposing Argument

Senate Bill 757 uses a punitive system when an incentive system would be more appropriate. Inclusion in the Registry or

financial incentives, for example, would encourage abatement more than fines or the threat of jail time will deter violations. Under the bill, a property owner may be held liable only if he or she *knowingly* rents a home containing lead-based paint hazards to another person; thus the bill might deter landlords from doing voluntary property evaluations and might result in more cases of lead poisoning.

Response: According to an August 2003 article in *The Detroit News* (8-23-03), City of Detroit officials knew of 2,080 homes that had poisoned more than one child in the previous six years. There are thousands of cases in which rental unit owners have not taken abatement action after children have been poisoned, demonstrating that a stronger approach is necessary to encourage adherence to and enforcement of various laws.

Legislative Analyst: Julie Koval

FISCAL IMPACT

Senate Bill 753 & House Bill 5118

The bills will have an indeterminate, but likely nominal, fiscal impact on State government. The Department of Community Health has stated that costs associated with implementing the bills may be covered with existing staff and resources. In addition, the Senate bill allows members of the Commission to receive reimbursement for their actual and necessary expenses while performing official commission business, subject to appropriations for that purpose.

Senate Bill 756 & House Bill 5116

The bills will have a moderate, indeterminate fiscal impact upon the State. The Department of Community Health will incur costs creating and maintaining the Lead Safe Housing Registry, handling required documents submitted to the State by owners of registered structures, and disseminating information to property owners and the general public.

This cost will be somewhat diminished by revenue generated from a registration fee imposed by DCH on owners of nontarget housing seeking inclusion on the Registry and a cost-based fee for those seeking a paper copy of the Registry.

Fiscal year 2004-05 Department of Community Health appropriations (Public Act 349 of 2004) include two line items for lead abatement-related activities totaling \$4,220,400.

Senate Bill 757

The bill will have no fiscal impact on the State and an indeterminate fiscal impact on local units of government.

There are no data to indicate how many offenders will be convicted of the new misdemeanor. Local units of government will incur the costs of both probation and incarceration, which vary by county. Public libraries will benefit from any additional penal fine revenue raised due to the penalty.

House Bill 5117

The bill will have an indeterminate, but likely nominal, fiscal impact on State government. A system for the electronic reporting of blood lead analysis by clinical labs is already in place, so the bill will not result in any additional costs for implementing that system. The bill potentially may result in a small amount of savings for the Department because it will no longer have to process paper reports. (The majority of labs already report electronically; however, a small number still report on paper.)

House Bill 5119

The fiscal impact on State and local units of government is indeterminate. Funds currently appropriated for Medicaid managed care or Medicaid fee for service may be allocated to community agencies to provide lead screening tests in the event that the statewide lead screening rate is not at least 80% by October 1, 2007. If this bill increases the number of tests provided and the number of children identified as having elevated blood lead levels, it may lead to an increase in medical and remediation costs.

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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.