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SENATE JOINT RESOLUTION NO. 379

Offered January 10, 2001

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Requesting the Boards of Health and Medicine to cooperate in publicizing the statutory requirements for blood-lead testing or low-risk determinations for Virginia's children.

Patrons—Lambert, Miller, Y.B. and Puckett

Referred to Committee on Rules

WHEREAS, lead, a heavy metal which is toxic to animals, including humans, is ubiquitous in our environment because of industrialization; and

WHEREAS, children are more susceptible to the effects of lead poisoning than adults, primarily because they engage in more hand-to-mouth activities than adults and because they are developing rapidly and thus absorb more lead than adults; and

WHEREAS, childhood lead poisoning is a common pediatric illness in Virginia and throughout the United States, affecting an estimated 25,000 Virginia children under the age of six; and

WHEREAS, lead poisoning causes irreversible effects in children, including in severe cases, coma, convulsions, and even death, and in less severe cases, adverse effects on the central nervous system, the kidneys, and the blood; and

WHEREAS, translated into layman's terms, lead poisoning causes reduced intelligence and mental retardation and impaired neurobehavioral development, such as decreased stature or growth, hearing impairment, and decreased physical coordination and stability; and

WHEREAS, lead poisoning is a silent agent of disease, often going undetected because it mimics other baby and early childhood illnesses, such as colic and the effects of teething; and

WHEREAS, the Joint Subcommittee to Study Lead Poisoning Prevention has, over the years, initiated various initiatives to prevent lead poisoning, particularly among children; and

WHEREAS, during the 2000 Session, the joint subcommittee recommended, the 2000 General Assembly approved, and the Governor signed into law, SB 725 (Chapter 907 of the 2000 Acts of Assembly) requiring the Board of Health to promulgate a protocol for identification of children at risk for elevated blood-lead levels, and stipulating that, effective July 1, 2001, Virginia will require testing of children for elevated blood-lead levels or determinations that the children are at low risk for lead poisoning pursuant to the Board's regulations; and

WHEREAS, the Board of Health adopted emergency regulations to implement SB 725 on November 3, 2000, which follow the Centers for Disease Control and Prevention's guidelines for blood-lead testing; and

WHEREAS, this protocol and the soon to follow testing and determination requirements are ground-breaking approaches to prevention of childhood lead poisoning; and

WHEREAS, the Joint Subcommittee Studying Lead Poisoning Prevention congratulates the Board and Department of Health on these steps; and

WHEREAS, the joint subcommittee still has concerns about the implementation of the protocol requirements and the knowledge and involvement of the medical community; and

WHEREAS, the joint subcommittee knows that when informed of the law's requirements, Virginia's medical community will aggressively seek compliance; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Boards of Health and Medicine be requested to cooperate in publicizing the statutory requirements for blood-lead testing or low-risk determinations for Virginia's children. The Medical Society of Virginia and the Virginia Chapter of the American Pediatric Society are requested to assist the Boards in this effort.

To implement this request, the Board of Health is requested to submit an article concerning the dangers of lead poisoning to children, the CDC's goal of eliminating childhood lead poisoning by 2001, the origin of the protocol statute, the requirements of the protocol law, the development of the protocol, and the contents of the protocol to the Board of Medicine; the Board of Medicine is requested to include the Board of Health's article and protocol regulations in one of its issues of "Board Briefs" or any other regularly published Board of Medicine document. The two boards are further requested to initiate other reasonable efforts within the scope of their present duties and activities to publicize the new lead-testing requirements to practitioners who treat pediatric patients.

The two boards are also requested to keep the Joint Subcommittee to Study Lead Poisoning Prevention informed of their progress during the coming year.

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