

SENATE JOINT RESOLUTION NO. 66

Continuing the Joint Subcommittee Studying Lead Poisoning Prevention.

Agreed to by the Senate, March 6, 2002
 Agreed to by the House of Delegates, March 5, 2002

WHEREAS, the lead poisoning prevention study was originally established in 1993 to ensure that Virginia would be able to obtain federal housing money designated to abate lead-based paint; and

WHEREAS, because the grant implementation process was complex and raised issues relating to federal law and regulation that impacted Virginia programs related to lead paint abatement and lead poisoning prevention, the joint subcommittee was continued each year to act as a forum for resolving these problems; and

WHEREAS, the joint subcommittee, thus, monitored Virginia's federal grant activities and proposed all necessary changes to Virginia's law over the years; and

WHEREAS, lead poisoning is among the most common of childhood diseases in Virginia and the nation; and

WHEREAS, the tragic effects of lead poisoning on young children have been documented once again in various reports in 2001 with research now indicating that, even in mild lead poisoning cases in children, neurological effects occur, such as loss of hearing, retarded growth, lower intelligence, and loss of coordination and balance; and

WHEREAS, the tragedy of lead poisoning among young children is that it is among the most preventable of pediatric diseases, primarily through simple procedures for cleaning and removing dust and chips; and

WHEREAS, Virginia has many communities with older housing that still contain lead paint and many situations where lead may be a risk in the soil; and

WHEREAS, new sources of lead risk must now be faced by Virginia and the nation from various imported items, such as designer candles with metal wicks, colorful pottery contaminated with lead, spices containing lead, and even diet supplements containing lead; and

WHEREAS, neither the public nor most health care practitioners are aware of these new and dangerous risks of lead poisoning, particularly for children through inhalation and ingestion of substances containing lead; and

WHEREAS, in addition, the Commonwealth's immigrant population has grown rapidly in recent years, including new arrivals from Eastern Europe, Central Asia and the Asian Rim, Africa, and Central and South America; and

WHEREAS, many, if not most, of these immigrants are from countries in which lead poisoning is not recognized as a disease and most of these immigrants move into housing that was built before the 1978 ban on lead paint; and

WHEREAS, the Commonwealth's public schools currently enroll approximately 36,000 students classified as limited-English proficient and federal law and court opinions render it necessary to provide the children of these immigrants with instruction in English to enable them to access learning; and

WHEREAS, educating Virginia's immigrant population about lead poisoning may, therefore, be a difficult but necessary task in order to ameliorate the risk of lead poisoning among their children; and

WHEREAS, the joint subcommittee studying lead-poisoning prevention has, through its work, conserved state resources and stimulated extraordinary cooperation between the relevant agencies in order to leverage federal funds and state efforts to reduce and prevent lead poisoning; and

WHEREAS, among its many initiatives, the joint subcommittee has initiated a partnership between and revision of the memorandum of agreement relating to the responsibilities of the Departments of Health and Medical Assistance Services for lead-poisoning prevention and child health activities; and

WHEREAS, in the 2000 General Assembly session, the joint subcommittee sponsored ground-breaking legislation to require the development of a blood-lead level testing and low-risk determination protocol that became enforceable on July 1, 2001; and

WHEREAS, the data-sharing between state health and social services agencies that is crucial to efforts to identify children who are at risk of or have been identified as having lead poisoning and to provide such children with follow-up services is now threatened by recent federal regulations; and

WHEREAS, although Virginia continues to receive grant support through the Centers for Disease Control and Prevention for prevention activities of Lead-Free Virginia, federal funding for abatement has been difficult to obtain; and

WHEREAS, the joint subcommittee needs additional time to (i) complete the task of providing a blueprint for consumers, homeowners, real estate professionals, and medical professionals on lead

poisoning prevention; (ii) stimulate the development of a secure system for sharing patient information among the state agencies; and (iii) assist the various departments in retaining and obtaining federal funding through positive written support of grant efforts; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Joint Subcommittee Studying Lead Poisoning Prevention be continued. The joint subcommittee shall be composed of 19 members, which shall include 10 legislative members and five nonlegislative citizen members, and four ex officio members as follows: four members of the Senate, to be appointed by the Senate Committee on Privileges and Elections; six members of the House of Delegates, to be appointed by the Speaker of the House, in accordance with the principles of proportional representation contained in the Rules of the House of Delegates; one-lead abatement contractor and one local building official, to be appointed by the Senate Committee on Privileges and Elections; one member of a local governing body, one licensed physician with expertise in treating lead poisoning, and one expert in assisting real estate professionals and property owners in developing safe work practices for remodeling buildings constructed prior to 1978 to be appointed by the Speaker of the House; and the Director of the Department of Professional and Occupational Regulation, the Commissioner of the Department of Labor and Industry, the Director of the Department of Housing and Community Development, and the Commissioner of Health, or their designees, all of whom shall serve ex officio with full voting privileges.

The Division of Legislative Services shall continue to provide staffing for the study.

All agencies of the Commonwealth shall provide assistance to the joint subcommittee, upon request.

The direct costs of this study shall not exceed \$6,000.

The joint subcommittee shall complete its work by November 30, 2002, and shall submit its written findings and recommendations to the Governor and the 2003 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

Implementation of this resolution is subject to subsequent approval and certification by the Joint Rules Committee. The Committee may withhold expenditures or delay the period for the conduct of the study.