

MAINE STATE LEGISLATURE

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R.O.S.

L.D. 2038

DATE: *3-25-02*

(Filing No. H-*1007*)

HEALTH AND HUMAN SERVICES

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**STATE OF MAINE
HOUSE OF REPRESENTATIVES
120TH LEGISLATURE
SECOND REGULAR SESSION**

COMMITTEE AMENDMENT "*A*" to H.P. 1535, L.D. 2038, Bill, "An Act to Assist the Maine Lead Advisory Council in Testing High-risk Children for Lead Poisoning"

Amend the bill by striking out the title and substituting the following:

'An Act to Amend the Lead Poisoning Control Act'

Further amend the bill by inserting after the enacting clause and before the concept draft summary the following:

'Sec. 1. 22 MRSA §1317-A, as amended by PL 1999, c. 276, §7, is repealed.

Sec. 2. 22 MRSA §1317-C, sub-§1, as enacted by PL 1991, c. 810, §23, is amended to read:

1. Screening. ~~Beginning--January--1,--1994,--all~~ All health care providers ~~must~~ shall advise parents of the availability and advisability of screening their children for lead poisoning. ~~By January--1,--1994,--any~~ A health care program that receives funds from the State and has a child health component ~~must~~ shall provide screening of children for lead poisoning in accordance with rules adopted by the department.

Sec. 3. 22 MRSA §1317-D is enacted to read:

§1317-D. Lead poisoning risk assessment and blood lead level testing program

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The commissioner shall establish a lead poisoning risk assessment and blood lead level testing program, referred to in this section as the "program," for assessment of lead poisoning risks to children and the testing of blood lead levels in children in accordance with this section and within the limits of available funding.

1. Lead poisoning risk assessment tool. The program must include a simplified lead poisoning risk assessment tool, developed by the department, based on questions from the United States Department of Health and Human Services, Centers for Disease Control and Prevention.

2. Information. The program must include the distribution of information on lead poisoning risk assessment to providers for children.

3. Testing of children covered by MaineCare program. As required by Section 1905(r)(5) of the Social Security Act and the federal Omnibus Budget Reconciliation Act of 1989, the program must require the testing of blood lead levels of all children covered by the MaineCare program at one year of age and 2 years of age. The drawing of blood for the testing may be done in the health care provider's office or may be referred to another laboratory.

4. Testing of children not covered by MaineCare program. The program must require the testing of blood lead levels of all children not covered by the MaineCare program at one year of age and 2 years of age unless, in the professional judgment of the provider of primary health care, in conjunction with the use of the lead poisoning risk assessment tool, the child's level of risk does not warrant a blood lead level test. The drawing of blood for the testing may be done in the health care provider's office or may be referred to another laboratory.

5. Inspections. The program must conduct comprehensive environmental lead inspections and technical assistance and give advice regarding the appropriate reduction of environmental lead hazards to families with children who have elevated levels of lead in their blood.

6. Funding. As resources permit and in accordance with rules adopted by the department, pursuant to section 1323, the program must include payment by the department for blood lead level testing and related services and diagnostic evaluations when a child's parent is unable to pay and does not have health coverage for testing and services.

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7. Exception. This section does not apply to a child whose parent or guardian objects to that child's participation in the program on the grounds that the assessment or testing is contrary to the parent's or guardian's sincerely held religious or philosophical beliefs.

Sec. 4. 22 MRSA §1319-A, first ¶, as enacted by PL 1991, c. 810, §26, is amended to read:

~~Beginning January 1, 1993, any~~ A blood sample taken from a child by a health care provider or laboratory to test for blood lead level must be sent to the State Health and Environmental Testing Laboratory for analysis. ~~By January 1, 1993, the~~ The department shall adopt rules regarding lead-related testing conducted by the State Health and Environmental Testing Laboratory. Whenever possible, the laboratory shall bill 3rd-party payors for services provided under this chapter and shall deposit all fees received into the State Health and Environmental Testing Laboratory dedicated account. The laboratory shall use the funds to:

Sec. 5. 22 MRSA §1323, sub-§§9 and 10, as enacted by PL 1991, c. 810, §31, are amended to read:

9. **Fees.** Establishing fees for services performed under this chapter; and

10. **Advisory boards.** Establishing boards or commissions to advise the department regarding lead poisoning; and

Sec. 6. 22 MRSA §1323, sub-§11 is enacted to read:

11. Risk assessment and testing. Developing the lead poisoning risk assessment tool and the requirements for its administration and testing for blood lead levels, pursuant to section 1317-D.

Sec. 7. **Lead screening task force.** The Department of Human Services and any boards or advisory commissions established to advise the department pursuant to the Maine Revised Statutes, Title 22, section 1323, subsection 10 shall convene a task force of representatives of pertinent health care organizations to determine the standard lead poisoning risk assessment tool for use statewide pursuant to Title 22, section 1317-D, subsection 1, to help disseminate the assessment tool and information on lead poisoning and to assist in developing additional recommendations that will increase lead screening in the State pursuant to Title 22, section 1317-D, subsection 2. By January 1, 2004, the department shall report on

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2 the initial work of the task force to the joint standing
committee of the Legislature having jurisdiction over health and
human services matters.

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6 **Sec. 8. Report; review.** By March 1, 2005, the Department of
Human Services shall report to the joint standing committee of
the Legislature having jurisdiction over health and human
8 services matters regarding the extent and result of lead
poisoning risk assessment and blood lead level testing pursuant
10 to the Maine Revised Statutes, Title 22, section 1317-D.

12 **Sec. 9. Appropriations and allocations.** The following
appropriations and allocations are made:

14 **HUMAN SERVICES, DEPARTMENT OF**

16 **Medical Care - Payments to Providers 0147**

18 Initiative: Provides funds to cover the costs incurred by a
20 health care provider for performing a drawing of blood for the
blood lead level test for children covered by the MaineCare
22 program.

24	General Fund	2001-02	2002-03
	All Other	\$0	\$50,000
26		—	—
	Total	\$0	\$50,000

28	Federal Expenditures Fund	2001-02	2002-03
30	All Other	\$0	\$98,412
32		—	—
	Total	\$0	\$98,412

34	HUMAN SERVICES, DEPARTMENT OF		
	DEPARTMENT TOTAL	2001-02	2002-03
36			
	GENERAL FUND	\$0	\$50,000
38	FEDERAL EXPENDITURES FUND	0	98,412
40	DEPARTMENT TOTALS - ALL FUNDS	\$0	\$148,412

42 **Sec. 10. Effective date.** This Act takes effect January 1, 2003.'

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46 Further amend the bill by inserting at the end before the
summary the following:

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FISCAL NOTE

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2002-03

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APPROPRIATIONS/ALLOCATIONS

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General Fund	\$50,000
Other Funds	98,412

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REVENUES

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Other Funds	\$98,412
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This bill includes a General Fund appropriation of \$50,000 in fiscal year 2002-03 for the Medical Care - Payments to Providers program in the Department of Human Services to cover the costs to health care providers to draw blood for blood lead level tests for children covered by the MaineCare program.

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This bill also includes a Federal Expenditures Fund allocation of \$98,412 in fiscal year 2002-03 for this purpose.'

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SUMMARY

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This amendment replaces the bill and its title. It requires the Department of Human Services to distribute information on lead poisoning and to develop and distribute a lead poisoning risk assessment tool. It requires primary health care providers for children to test for blood lead levels in all children one year of age and 2 years of age who are covered by the MaineCare program, which succeeded the Medicaid and Cub Care programs, and to test all children one year of age and 2 years of age unless, in the professional judgment of the attending physician, in conjunction with the use of the lead poisoning risk assessment tool, the child's level of risk does not warrant a blood lead level test. The amendment requires the Department of Human Services to report by March 1, 2005 on the incidence of lead poisoning risk assessment and blood lead level testing. The amendment requires the Department of Human Services to convene a task force of representatives of pertinent health care organizations to determine a standard lead poisoning risk assessment tool for use statewide, to help disseminate the assessment tool and information on lead poisoning and to assist in developing additional recommendations that will increase lead screening in Maine. The amendment requires the department to report by January 1, 2004 on the initial work of the task force

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2 to the joint standing committee of the Legislature having
jurisdiction over health and human services matters. The
4 amendment adds an effective date of January 1, 2003, an
appropriation and a fiscal note to the bill.

COMMITTEE AMENDMENT