

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE.

The meeting was called to order by Chairperson Senator Susan Wagle at 1:30 p.m. on February 18, 2003 in Room 231-N of the Capitol.

All members were present except: Senator Nick Jordan

Committee staff present: Ms. Emalene Correll, Kansas Legislative Research Department
Mr. Norm Furse, Revisor of Statutes
Ms. Margaret Cianciarulo, Administrative Assistant

Conferees appearing before the committee: Ms. Sally Finney, CAE, Executive Director,
Kansas Public Health Association
Ms. Lesa Roberts, Director, Bureau of Consumer Health
KS Department of Health and Environment
Mr. Richard A. Baker, Co-Chair of the Kansas Lead Council

Others attending: See attached guest list

Hearing on SB204 - an act concerning lead poisoning prevention

Upon calling the meeting to order, the Chair announced there would be a hearing on **SB204**, an act concerning lead poisoning prevention and asked Ms. Emalene Correll, Kansas Legislative Research Department to give a brief overview of the bill. Some of the highlights included: the current bill only addresses residential facilities, new law generally expands the lead abatement program to include types of places and activities not currently covered by the law, title change ("Child and Adult Lead Poisoning Act"), reference to the federal program and accreditation has been deleted, new definitions added (ex. commercial and industrial properties and the definition of residential real property), expanded definitions (ex. Of "immediate family" and training to include "engaged in any type of lead activity"), new authority given to the secretary (ex. For licensing, training, and certification, standards for businesses to get licensed), corrective plan for violation, nomenclature changes, undertaking an internal voluntary audit in return is granted immunity from discovery in a legal action, and an expiration change.

The Chair then asked the Committee if there were questions for Ms. Correll. Senators Steineger, Harrington, and Barnett asked for clarification of the bill's expiration date, what are the penalties for the two offenses referred to on page 8, lines 11 and 12, and on page 3, line three has "screened or tested" and on line four, "screening" was removed (why one place removed and another left in)

As there were no more questions for Ms. Correll, the Chair recognized the first proponent conferee, Ms. Sally Finney, CAE, Executive Director, Kansas Public Health Association (KPHA), who stated that their association was intimately involved in the passage of the original act. Ms. Finney stated that their involvement was prefaced on the faith that KDHE's lead program would be able to deliver the promises it made in 1999, securing federally funding to support the program and delivering quality services to professionals and members of the general public who have an interest in preventing exposure to lead. Lastly, she mentioned the extension of the sunset on the original act is of major concern to KPHA's members. A copy of her testimony is (Attachment 1) attached hereto and incorporated into the Minutes as referenced.

The Chair recognized the next proponent conferee, Ms. Lesa Roberts, Director, Bureau of Consumer Health, Kansas Department of Health and Environment, stated that the bill was introduced at the request of KDHE in order to repeal the sunset provision of K.S.A.65-1, 214 and to incorporate the following topics into the Child and Adult Lead Poisoning Prevention Act:

CONTINUATION SHEET

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE at on February 18, 2003 in Room 231-N of the Capitol.

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- 1.) Procedures relevant to the case management of elevated blood lead levels;
- 2.) Incorporate renovation activities in pre-1978 housing;
- 3.) Incorporate lead activities in commercial and industrial properties; and
- 4.) Adult lead poisoning prevention.

A copy of her testimony is (Attachment 2) attached hereto and incorporated into the Minutes as referenced.

The Chair then recognized the last proponent conferee, Mr. Richard Baker, Co-Chair of the Kansas Lead Council, who provided death-related statistics (ex. Empirically known deaths of lead poisoning in the last few years have occurred as a result of improperly conducted renovation), its effects (permanent and irreversible), and the cost of prevention. He also stated that by keeping the KS lead Poisoning Prevention Program up-to-date, Kansas is eligible to receive millions of dollars in grants and give all Kansans the opportunity to be normal and productive. A copy of his testimony is (Attachment 3) attached hereto and incorporated into the Minutes as reference.

As there was no opponent, neutral, or written testimony, the Chair then asked the Committee for questions or comments. Senators Harrington, Wagle, Salmans, and Brownlee and Ms. Correll asked a range of questions for the proponents, from clarification of "permanent and irreversible" but "can be removed," doesn't the federal government already regulate, define "lead activities," what is the purpose of expanding the act, clarification of the 257 reported cases, does this expand the types and places required to use, who would certify the individuals who do the renovations, how do we compare with other states, to what other states have this policy available?

Adjournment

As it was going on 2:30 p.m., Senate session time, the Chair again thanked the conferees and adjourned the meeting. The time was 2:30 p.m.

The next meeting is scheduled for February 19, 2003.

**KANSAS
PUBLIC
HEALTH
ASSOCIATION, INC.**

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To: Senate Committee on Public Health and Welfare
From: Sally Finney, CAE, Executive Director
Re: Senate Bill 204
Date: February 18, 2003

The Kansas Public Health Association supports Senate Bill 204. KPHA is a non-profit membership organization dedicated to promoting sound public health programs and policies in Kansas. Lead poisoning has serious consequences, especially for children, and providing education to prevent it is good public health policy.

Lead poisoning is preventable. The provisions of this act will allow Kansans to continue to receive the kind of education and training they need to prevent lead poisoning.

KPHA was intimately involved in the passage of the original act. Our involvement was prefaced on the faith that the Kansas Department of Health and Environment's lead program would be able to deliver the promises it made in 1999, securing federal funding to support the program and delivering quality services to professionals and members of the general public who have an interest in preventing exposure to lead. We believe KDHE can now demonstrate that it has delivered what it promised.

Because of KPHA's past involvement with this legislation, I must mention that the extension of the sunset on the original act is of major concern to the association's members. We believe KDHE must be allowed to continue its work in preventing residential cases of childhood lead poisoning. I ask, therefore, that whatever you decide to do with the other provisions requested by KDHE that above all you support extending or removing the sunset.

On behalf of the members of the Kansas Public Association, I ask that you support SB 204.

Thank you.

*Senate Public Health & Welfare Committee
Date: February 18, 2003
Attachment 1-1*



K A N S A S

RODERICK L. BREMBY, SECRETARY

DEPARTMENT OF HEALTH AND ENVIRONMENT

KATHLEEN SEBELIUS, GOVERNOR

**Testimony presented to
Senate Committee on Public Health and Welfare**

by

**Les Roberts, Director, Bureau of Consumer Health
Kansas Department of Health and Environment
February 18, 2002**

Chairman Wagle and members of the committee, thank you for the opportunity to speak to you today concerning Senate Bill 204. This bill was introduced at the request of the Department in order to repeal the sunset provision of K.S.A. 65-1,214 and to incorporate these topics into the Child and Adult Lead Poisoning Prevention Act:

1) Procedures relevant to the case management of elevated blood lead levels. The Department has developed screening and case management guidelines for lead poisoned children. These guidelines have been distributed to all county health departments and about 1,200 private health providers in Kansas. The Department contracts with nine county health departments to provide case management of lead poisoned children and 46 county health departments to conduct follow-up environmental investigations.

2) Incorporate renovation activities in Pre-1978 Housing. About 40 percent of all children with blood lead levels >20 mcg/dl had some form of remodeling or renovation work performed in their homes. It is essential to increase the number of contractors in Kansas who incorporate lead-safe work practices to eliminate lead poisoning in Kansas by 2010.

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*Senate Public Health & Welfare Committee
Date: February 18, 2003
Attachment 2-1*

This addition to the act would create a centralized authority for coordinating all lead hazard training in Kansas.

3) Incorporate lead activities in commercial and industrial properties. Lead removal projects in commercial and industrial settings have the potential for widespread lead contamination. There has been no effort to establish safe lead levels in commercial or industrial paint. The waste and debris created during paint removal and rehabilitation projects in these settings, as well as debris on the equipment and clothing of individuals working on these projects, may serve as potential sources of lead contamination to the environment and to children and adults.

4) Adult lead poisoning prevention. This will address adult lead poisoning prevention efforts. The Department currently operates an adult blood lead surveillance program through a grant from the federal Department of Health and Human Services. Since September 2001, nearly 2,000 KS residents in 36 counties were identified with elevated blood lead levels. Individuals identified with elevated blood lead levels (greater than 25mcg/dl) are given information on lead poisoning and steps to prevent it. Efforts have also been made toward partnerships with employment locations where exposure to lead may result in risk to adults and potentially their families.

Additional recommendations are made for wording changes for clarity. Most of these changes are simple clarification of terminology.

Today, 26 years after lead-base paint was banned in 1978, approximately 6,400 of the 227,000 Kansas children 1-5 years of age are still at risk for lead poisoning. According to the 2000 Census data, approximately 72 percent of the homes in Kansas were built before 1979 and could contain lead-based paint. There are two typical causes in childhood lead poisoning: deteriorating paint in housing that is in poor condition from little or no maintenance, and, remodeling activities conducted in pre-1978 homes in which no measures were taken to prevent lead-based paint exposure. According to Kansas Environmental Blood

Lead Level Investigation Questionnaires completed in 2001, about 40 percent of the children in Kansas with elevated blood lead levels of 20 micrograms per deciliter had been exposed to lead during remodeling activities in their home within six months prior to the follow up investigation. Lead poisoning is a preventable tragedy that dramatically impacts a child's ability to learn. At low and moderate levels, lead poisoning can cause learning disabilities, hyperactivity and behavioral disorders. High levels can result in mental retardation and death. Lead is also harmful to adults at moderate and high levels. A worker in a battery plant, radiator repair shop, or remodeling or construction project workers can bring lead hazards into the home on equipment and clothing after work.

The program will continue to provide services and support lead poisoning prevention activities with no increase in staff or administrative costs. The federal Environmental Protection Agency (EPA) bears administrative responsibility for implementing and enforcing the federal Title X-Residential Lead-Based Paint Hazard Reduction Act of 1992. As an approved state program, the Department receives about \$300,000 in cooperative agreement funds to oversee the program and generates approximately \$50,000 per year in fees from the licensing of individuals and firms. In addition, cities and state agencies in Kansas are currently eligible for federal Housing and Urban Development (HUD) funded Lead Hazard Remediation Grants due to a state authorized Residential Lead-Based Paint Hazard Reduction Program. Kansas City/KDHE and Wichita applied for HUD grants in 2002 with a total request of approximately \$5,000,000.

Without a change in this section of the statute, the Kansas Childhood Lead Poisoning Prevention Act and its program activities conclude July 2004. This would result in a loss of funding to state and local governments currently made available by EPA, as noted above. Other potential resources would be unavailable if no authorized state lead program exists; EPA would assume administration of the program at the regional level.

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Thank you for allowing me to discuss the intent of Senate Bill 204. I will be happy to answer questions that you may have at this time.

Name: Richard A. Baker

About me: Co-Chair of the Kansas Lead Council

A parent of a lead poisoned child

A former manager of a lead poisoning prevention program

An environmental professional with over 27 years of technical experience

- Reason for Testimony:**
- * By Governmental estimates, Kansas has over 6400 lead poisoned children (about 1 of every 28 children is lead poisoned in Kansas)
 - * My professional and personal experiences prove that a large number of lead poisoning cases occur because of improperly conducted renovation, as well as because of parents taking contaminants home from their jobs on their clothes and in/on their personal vehicles.
 - * The empirically known deaths of lead poisoning in the last few years have occurred as a result of improperly conducted renovation and from occupational exposures.
 - * Lead poisoning is 100% and easily preventable, when people are made aware of prevention measures.
 - * The effects of lead poisoning are 100% permanent and irreversible; once a child or an adult is lead poisoned, the health effects will never go away.
 - * By keeping the Kansas Lead Poisoning Prevention Program up-to-date effective, Kansas is eligible to receive millions of dollars in grants from EPA, HUD, HHS, OSHA, NIOSH, and CDC, among others.
 - * By keeping the Kansas Lead Poisoning Prevention Program up-to-date effective, we will be giving our children, grandchildren and all adults the opportunities that they deserve to be normal, productive, voting, & tax paying citizens.
 - * The cost of prevention is MUCH less expensive than the cost of addressing lead poisoning as an afterthought;
 - Medical removal of lead from a person's body can cost as much as \$80, 000.00 per person
 - Institutionalization of a lead poisoned person can cost as much as \$1, 500, 000.00
 - The proven direct correlation between exposure to lead and criminal behavior cost Kansas Citizens anywhere from \$23,000.00 to \$51,500.00 per year, per person, to place people into penal institutions.

*Senate Public Health & Welfare Committee
Date: February 19, 2003
Attachment 3-1*