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Notice of Intended Regulatory Action Agency Background Document

Agency Name:	Department of Health (State Board of)
VAC Chapter Number:	12 VAC 5-120
Regulation Title:	Regulations for Testing Children for Elevated Blood-Lead Levels
Action Title:	Adopt regulations to implement a program for testing children to determine those who have elevated blood-lead levels as required by 2000 legislation
Date:	August 15, 2000

This information is required prior to the submission to the Registrar of Regulations of a Notice of Intended Regulatory Action (NOIRA) pursuant to the Administrative Process Act § 9-6.14:7.1 (B). Please refer to Executive Order Twenty-Five (98) and Executive Order Fifty-Eight (99) for more information.

Purpose

Please describe the subject matter and intent of the planned regulation. This description should include a brief explanation of the need for and the goals of the new or amended regulation.

The Commonwealth of Virginia has recognized the need for early identification of children with elevated blood-lead levels to alert parents and guardians to the need for intervention to prevent developmental, behavioral, and learning problems associated with elevated blood lead levels. The purpose of this chapter is to provide a protocol for identifying children with elevated blood-lead levels.

Basis

Please identify the state and/or federal source of legal authority to promulgate the contemplated regulation. The discussion of this authority should include a description of its scope and the extent to which the authority is mandatory or discretionary. The correlation between the proposed regulatory

action and the legal authority identified above should be explained. Full citations of legal authority and, if available, web site addresses for locating the text of the cited authority must be provided.

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Section 32.1-46.1 of the Code of Virginia directs the Board of Health to promulgate regulations establishing a protocol for the identification of children at risk for elevated blood-level levels which shall provide (i) for blood-lead level testing at appropriate ages and frequencies, when indicated, and (ii) for criteria for determining low risk for elevated blood-lead levels and when such blood-lead level testing is not indicated. The protocol may also address follow-up testing for children with elevated blood-lead levels, dissemination of the protocol and other information to relevant health care professions, appropriate information for parents, and other means of preventing lead poisoning among children.

Substance

Please detail any changes that would be implemented: this discussion should include a summary of the proposed regulatory action where a new regulation is being promulgated; where existing provisions of a regulation are being amended, the statement should explain how the existing regulation will be changed. The statement should set forth the specific reasons the agency has determined that the proposed regulatory action would be essential to protect the health, safety or welfare of citizens. In addition, a statement delineating any potential issues that may need to be addressed as the regulation is developed shall be supplied.

The intended regulations will establish a protocol for testing children for elevated blood-lead levels. The intended protocol is based on guidelines published by the Centers for Disease Control and Prevention in 1997 to assure a sound scientific basis for effective and efficient identification of elevated blood-lead levels that will protect the health of citizens.

Article 1 of the intended regulations (sections 10 through 50) contains provisions that define key terms and set forth general information relating to the protocol for testing children for elevated blood-lead levels. These provisions include a statement of the general policy, purpose and administration of the regulations.

Article 2 (sections 60 through 100) of the intended regulations sets forth the protocol for identifying children with elevated blood-lead levels. The protocol includes the ages and frequencies of testing, time limits for confirming screening tests, criteria for determining low risk for elevated blood-lead levels and when blood testing is not indicated, and provisions for providing guidelines for follow-up testing and appropriate information to parents and health care professionals.

No potential issues have been identified that may need to be addressed as a permanent final regulation is developed.

Alternatives

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Please describe, to the extent known, the specific alternatives to the proposal that have been considered or will be considered to meet the essential purpose of the action.

In light of the clear, specific, and mandatory authority of the State Board of Health to promulgate the intended regulations, the Board has not considered any alternatives to the intended regulations. The Board has, however, carefully drafted the intended regulations to ensure that they embody the most appropriate, least burdensome, and least intrusive protocol for effectively identifying children with elevated blood-lead levels. The Board considered the guidelines of the Centers for Disease Control and Prevention and the recommendations of a state advisory group consisting of private physicians, public health professionals, and parents of lead-poisoned children.

In drafting the intended regulations, the Board considered alternatives that would have required testing of all children without regard to risk status, annual testing to age six years, and testing of venous blood only. In all cases the Board accepted the recommendations of the state advisory group for less burdensome and less intrusive alternatives for achieving the essential purpose of the regulations. The intended regulations exempt low risk children from testing, require testing after two years of age only if the child was not previously tested, and allow for testing of capillary blood. The Board chose to address follow-up testing for children with elevated blood-lead levels, dissemination of the protocol and other information to relevant health care professions, appropriate information for parents, and other means of preventing lead poisoning among children through guidance documents rather than regulation.

Family Impact Statement

Please provide a preliminary analysis of the potential impact of the proposed regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one's spouse, and one's children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.

- 1. The intended regulations will strengthen the authority of parents in the supervision of their children by providing a protocol for parents to use with health care providers to ensure that children receive appropriate testing for elevated blood-lead levels. Early identification of children with elevated blood-lead levels will alert parents and guardians to the need for intervention to prevent physical, developmental, behavioral, social, and learning problems associated with elevated blood lead levels in children.
- 2. The intended regulations will encourage economic self-sufficiency for one's children. Children with elevated blood-lead levels have been shown to suffer the adverse effects of

decreased intelligence, behavioral disturbances, and developmental disabilities. Lead has lasting effects on the health of children that reach well into their adult years.

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- 3. The intended regulations will neither strengthen nor erode the marital commitment.
- 4. The intended regulations will decrease disposable family income in the short term for those families with children not covered by health insurance for blood-lead level testing. The intended regulations will increase disposable family income in the long term for those families with children with elevated blood-lead levels if the source of lead poisoning is identified and controlled before medical treatment is needed or the lead significantly effects the developing brain and nervous system. Such effects can be associated with increased medical and social costs over a person's lifetime.

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