

AMENDMENTS TO LB 1038

Introduced by Education

1 1. Strike the original sections and insert the following
2 new section:

3 Section 1. (1) The Division of Public Health of the
4 Department of Health and Human Services shall establish a lead
5 poisoning prevention program that has the following components:

6 (a) A coordinated plan to prevent childhood lead
7 poisoning and to minimize exposure of the general public to
8 lead-based paint hazards. Such plan shall:

9 (i) Provide a standard, stated in terms of micrograms
10 of lead per deciliter of whole blood, to be used in identifying
11 elevated blood-lead levels;

12 (ii) Require that a child be tested for an elevated
13 blood-lead level in accordance with the medicaid state plan as
14 defined in section 68-907 if the child is a participant in the
15 medical assistance program established pursuant to the Medical
16 Assistance Act; and

17 (iii) Recommend that a child be tested for elevated
18 blood-lead levels if the child resides in a zip code with a
19 high prevalence of children with elevated blood-lead levels as
20 demonstrated by previous testing data or if the child meets one
21 of the criteria included in a lead poisoning prevention screening
22 questionnaire developed by the department; and

23 (b) An educational and community outreach plan regarding

1 lead poisoning prevention that shall, at a minimum, include the
2 development of appropriate educational materials targeted to health
3 care providers, child care providers, public school personnel,
4 owners and tenants of residential dwellings, and parents of young
5 children. Such educational materials shall be made available to the
6 general public via the department's web site.

7 (2) The results of all blood-lead level tests conducted
8 in Nebraska shall be reported to the department. When the
9 department receives notice of a child with an elevated blood-lead
10 level as stated in the plan required pursuant to subdivision (1)(a)
11 of this section, it shall initiate contact with the local public
12 health department or the physician, or both, of such child and
13 offer technical assistance, if necessary.

14 (3) The department shall report to the Legislature by
15 January 1, 2013, and each January 1 thereafter, the number of
16 children from birth through age six who were screened for elevated
17 blood-lead levels during the preceding fiscal year and who were
18 confirmed to have elevated blood-lead levels as stated in the plan
19 required pursuant to subdivision (1)(a) of this section. The report
20 shall compare such results with those of previous fiscal years and
21 shall identify any revisions to the plan required by subdivision
22 (1)(a) of this section.

23 (4) This section does not require the department to pay
24 the cost of elevated-blood-lead-level testing in accordance with
25 this section except in cases described in subdivision (1)(a)(ii) of
26 this section.