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FISCAL IMPACT STATEMENT

LS 7646

BILL NUMBER: HB 1473

NOTE PREPARED: Jan 12, 2007

BILL AMENDED:

SUBJECT: Biomonitoring Program.

FIRST AUTHOR: Rep. Dvorak

FIRST SPONSOR:

BILL STATUS: As Introduced

FUNDS AFFECTED: GENERAL
 DEDICATED
 FEDERAL

IMPACT: State

Summary of Legislation: The bill requires the State Department of Health to establish a biomonitoring program to identify and assess the concentration of toxic chemicals in the bodies of individuals. The bill also establishes a Biomonitoring Advisory Panel. It requires the State Department of Health to issue reports to the General Assembly and post certain information on an Internet web site.

Effective Date: July 1, 2007.

Explanation of State Expenditures: *Biomonitoring Program:* The Indiana State Department of Health (ISDH) with assistance from the Department of Environmental Management (IDEM) and the federal Centers for Disease Control and Prevention (CDC) is required to establish a biomonitoring program intended to gather specimens to identify and measure chemicals in people. The ISDH is to consider the scientific methods used by the CDC's National Biomonitoring Program. The program must include the gathering of specimens from populations to be determined on the basis of certain specifications. The ISDH would be required to provide the resources for the collection and testing of specimens.

Participation in any biomonitoring project must be voluntary and if necessary, participants must receive consultation regarding test results, health care referrals, educational materials regarding their specific chemical exposure, and state and local resources available to them. The fiscal impact of this bill will depend upon how the ISDH develops and implements the provisions of the bill and the level of federal funding that might be available to expand upon existing activities.

State Biomonitoring Background: The oldest and probably best known biomonitoring initiative is the Childhood Lead Screening Program. The CDC's 1976 biomonitoring study of lead levels in children's blood

ultimately resulted in the removal of lead additives from gasoline. The Department of Health continues to monitor lead levels in children under age 7. Additionally, it is a federal requirement that Medicaid children be tested for blood lead levels. In order to conduct lead monitoring activities for children throughout the state, the ISDH receives a federal grant that pays for the expenses associated with maintaining 7 staff positions. However, the grant does not provide funds for laboratory testing. The ISDH reports that lead tests cost the state about \$17 each, and approximately 15,160 samples were tested in the ISDH's lab in FY 2006. The laboratory testing expense is paid with funds provided from the ISDH's main administrative appropriation. The state of Pennsylvania selected an expansion of its existing Childhood Lead Poisoning Prevention Program as its first biomonitoring initiative under a federal CDC planning grant.

Background Information on ISDH Appropriations: The Indiana State Department of Health administrative appropriations were made from the dedicated Tobacco Master Settlement Agreement Fund for FY 2006 and FY 2007. Revenues from fees and penalties collected by the ISDH are deposited in the state General Fund, with augmentation allowed in amounts not to exceed the additional revenue from fees or penalties received after July 1, 2003.

Federal Grants: The CDC has recognized that their Environmental Health Laboratory does not have the time or resources to address each state or region's individual health concerns. State departments of health frequently request the assistance of the Environmental Health Laboratory for investigations of geographic clusters of cancer, birth defects, or known environmental exposures to toxic chemicals since the states lack the ability to do the biomonitoring testing necessary. In FFY 2002, the CDC issued \$10 M in grant funds to states for biomonitoring plan development over a two-year period. In FFY 2004, the agency issued another \$2.7 M for implementation grants. Several of the grants were for consortiums of states in regions with similar concerns. Indiana did not receive any funding under this program. It is not known if the CDC has additional planning and implementation funds available for this initiative.

Advisory Panel: The bill establishes the 9-member Biomonitoring Advisory Panel. The Panel is to consist of 8 voting members with specific professional credentials to be appointed by the Governor. The Commissioner or a designee of the ISDH is designated to be the nonvoting chairperson of the Panel. The Advisory Panel, which is to meet at least twice a year, is to be staffed by IDEM and ISDH. Members of the Panel are not eligible to receive a salary per diem, but are entitled to receive reimbursement for travel expenses. The bill requires the Governor to appoint the members of the panel before July 1, 2008. The expenses of the Panel would be dependent on when the appointments are made, the number of meetings attended by members, and the members' geographic locations. The bill does not specify the source of funding for the Panel's travel expenses.

The Panel is to make recommendations concerning the design of the Biomonitoring Program, review the prioritization of the selection of certain chemicals or locations for biomonitoring activities, and review the dissemination of findings and reports.

List of Toxic Chemicals: The ISDH is required to develop a list of toxic chemicals that have been demonstrated to cause or contribute to an increase in serious illness or death in humans. The CDC has been developing this information for several years, and the list developed by the CDC could be incorporated by reference into the State Department's program.

Reporting Requirements: Beginning in 2011, the bill requires the ISDH to prepare a biennial report to the General Assembly regarding the activities of the Biomonitoring Program. The Department is also required to maintain specified information about the Biomonitoring Program on an Internet website. The fiscal impact

of the biennial report would be dependent upon the established activities of the program. Currently, the Childhood Blood Lead Monitoring Program is required to annually report to the General Assembly. The Internet requirement should be achievable within the current level of resources available to the ISDH.

Explanation of State Revenues:

Explanation of Local Expenditures:

Explanation of Local Revenues:

State Agencies Affected: State Department of Health; Indiana Department of Environmental Management.

Local Agencies Affected:

Information Sources: State Department of Health and Centers for Disease Control website at: <http://www.cdc.gov/biomonitoring/> and *Biomonitoring, Measuring Chemicals in People*, published by the Association of Public Health Laboratories, May 2004.

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