

**REPORT OF THE
JOINT SUBCOMMITTEE STUDYING**

**THE ABATEMENT OF
LEAD-BASED PAINT**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



SENATE DOCUMENT NO. 4

**COMMONWEALTH OF VIRGINIA
RICHMOND
1995**

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Delegate Alan E. Mayer, Vice Chairman
Delegate William C. Mims
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Mr. Neal Barber
Mr. Steven C. Cochran
Ms. Willette Joyner
Ms. Bonnie Salzman
Dr. Robert Stroube

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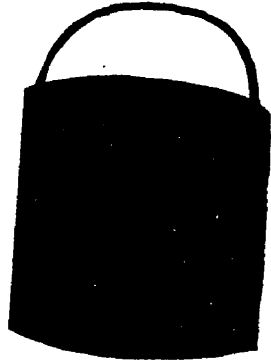
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**REPORT OF THE
JOINT SUBCOMMITTEE STUDYING
THE ABATEMENT OF LEAD-BASED PAINT
PURSUANT TO SJR 245 OF 1993**



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SJR 245 of 1993

1994 Legislation

SB 405 - Certification and Training

SJR 127 - Continuing Resolution

SJR 142 - Requesting Cooperation of Pediatricians

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TO
THE GOVERNOR AND THE GENERAL ASSEMBLY OF VIRGINIA
RICHMOND, VIRGINIA
1994**

I. Study Authority

During the 1993 Session, Senate Joint Resolution 245, patroned by Senator Elliot S. Schewel, established a nine-member joint subcommittee to study abatement of lead-based paint. Consisting of one Senate member, two members of the House of Delegates, one contractor currently engaged in lead-based paint abatement, one owner of rental property, the State Health Commissioner, the Director of the Department of Professional and Occupational Regulation (formerly, the Department of Commerce), the Commissioner of Labor and Industry, and the Director of the Department of Housing and Community Development, the joint subcommittee was charged with examining policy and planning issues related to such abatement, including prevention of lead exposure; public awareness of the risks of lead exposure and the need for abatement; appropriate training and demonstration of competency in proper lead abatement; and the licensure or certification of various groups, such as contractors, inspectors, project designers, and workers, to ensure the suitable application of work standards in lead abatement.

The joint subcommittee was directed to consult with the American Industrial Hygiene Association, the Virginia Pediatric Society, universities, public health professionals, environmental health consultants, lead-abatement workers, and laboratories performing lead analyses.

Senator Benjamin J. Lambert III served as chairman and Delegate Alan E. Mayer served as vice chairman. Others appointed to serve were Delegate William C. Mims, Mr. Steven C. Cochran, and Ms. Willette Joyner. Serving ex officio were Dr. Robert B. Stroube, Commissioner of Health, Ms. Bonnie S. Salzman, Director of the Department of Professional and Occupational Regulation, Ms. Carol Amato, Commissioner of Labor and Industry, and Mr. Neal J. Barber, Director of the Department of Housing and Community Development.

II. Lead Poisoning: A Big Problem for Little People

Recently, the Centers for Disease Control reported that an estimated "3 million children in the United States have lead concentrations above the danger level of 10 micrograms per deciliter of blood." The Agency for Toxic Substances and Disease Registry reported much higher estimates: 10 million children have blood levels of 15 micrograms of lead per deciliter of blood. The seriousness of these reports must be considered in conjunction with the fact that peeling, chipped or flaking paint is the most common lead-poisoning source. Lead can be ingested or inhaled in or around the home, school, day care center, or other facility from various sources, for example, tap water, ceramic dishes, or even the soil in the yard or playground.

As noted in SJR 245 of 1993, ingestion or inhalation of lead can cause severe symptoms, including headaches, anemia, abdominal pain, loss of appetite, loss of weight, stupor, convulsions, vomiting, and coma. However, symptoms may be absent or unobserved, or may mimic other illnesses, such as colic, flu, or intestinal disorders. When no symptoms are initially observed, such conditions as growth suppression, hearing disorders, speech and language delays, learning disabilities, and behavior problems may result and yet not become apparent until school entrance. Very young children may

appear excessively irritable--crying, fussing, and unfocused. But very young children can exhibit these symptoms under normal conditions. Although the symptoms can be unpleasant and serious, these manifestations are inconsequential as compared with the potential long-term effects of lead poisoning--mental retardation, cerebral palsy, brain abnormalities, kidney damage, and, in severe cases, death.

Over the years, studies have demonstrated various findings in terms of estimated poisoning cases, blood levels considered dangerous, and the reversibility or irreversibility of the lead poisoning effects. Because young children habitually stick things in their mouths, they may ingest lead while the adults around them do not. Further, since children and developing fetuses are growing fast, lead is absorbed and metabolized rapidly, with permanent brain damage frequently resulting.

Although children are particularly susceptible to lead poisoning, all individuals can be affected. Again, lead-poisoning symptoms may mimic the symptoms of flu or various intestinal conditions and the poisoning can go undiagnosed or can be misdiagnosed. Therefore, months or years after the poisoning, the resulting learning disabilities, behavioral problems, growth slowness, cognitive disabilities, etc., may be shockingly traced to the undetected lead poisoning.

Children with lead poisoning have been reported to have high incidences of reading disabilities and behavioral problems and to fail in school seven times more often than other children. Although estimates of exposures among children are high throughout the general population (EPA estimates are one out of six children), among inner city children who may live in old, deteriorating structures, the estimates are horrendous, with one out of two children exposed.

Blood-level testing is the only sure way of detecting lead poisoning. The American Academy of Pediatrics has recommended testing of babies at nine to twelve months and at two years old. Earlier and more frequent testing is recommended for children living in old houses, i.e., any house built before 1980. Although the effects of lead poisoning are, in many cases, permanent and irreversible, a recent study published in the Journal of the American Medical Association found that moderately lead-poisoned children improved scores on intelligence tests following reduction of blood-lead levels.

III. Treatment and Prevention

The tragedy of lead poisoning is even more devastating because it is preventable. Further, treatment does not appear to be highly developed. Treatment is accomplished through a painful process called chelation (injections of compounds which will, hopefully, cleanse the body of the lead). Individuals may, however, prevent lead poisoning by such activities as:

- Routine blood-lead testing for children (not the older and less accurate test called FEP).
- Testing of paint, water, and yard soil.
- Flushing of tap water.
- Carefully controlled renovations of older homes (or any home).
- Cleaning of lead-contaminated areas with high-phosphate solutions, not by vacuuming.
- Good health habits, such as washing hands, not putting things in the mouth, storing food properly, and eating nutritious meals that are high in calcium and iron--elements which help prevent lead poisoning by limiting absorption.

Over the last several decades, governmental prevention actions have served to decrease the overall lead exposure in the United States. In 1978,

lead-based paints were banned by the federal government. However, among houses built before 1980, 75 percent have been decorated with leaded paint. There does not appear to be any pattern, with all levels and kinds of housing likely to be affected.

In 1992, the Residential Lead-Based Paint Hazard Reduction Act was passed by Congress. This act, which amended Title X of the Housing and Community Development Act, includes inspection, control and abatement guidelines, and training regulations for lead-hazard related activities. In 1993, this act was funded. For states, the important provisions of the Act relate to training, certification, and accreditation programs. The Department of Housing and Urban Development grant programs that were funded by Congress in 1993 are conditioned on state laws addressing these matters, i.e., training and certification (or other regulation) of lead contractors and workers and implementation of lead-poisoning prevention programs.

IV. Joint Subcommittee Findings

The joint subcommittee found that Virginia's public agencies have already taken steps to alleviate lead poisoning, using federal grant money and shared resources. The Department of Health applied for and received a five-year grant of \$2.3 million to expand its lead poisoning prevention activities in 1992, funded through the Centers for Disease Control under the Community-Based Childhood Lead Poisoning Prevention Program. On July 1, 1993, the Board of Health declared childhood lead poisoning a reportable disease in Virginia.

Through the CDC grant, screening and health education activities are being conducted, with five localities identified for assistance because of significant lead problems, i.e., Lynchburg, Norfolk, Petersburg, Portsmouth, and Richmond. Other areas have been identified as having a moderate risk

for childhood lead poisoning, i.e., Accomac County, Alexandria, Arlington County, Danville, Hampton, Lee County, Newport News, Pittsylvania County, Roanoke, and Suffolk. Department of Health activities focused on lead-poisoning prevention, e.g., revised protocols for lead screening, case management, and hazard reduction, are being implemented by all local health departments. No treatment or abatement activities may, however, be supported through the CDC grant funds.

The subcommittee learned that the need for lead-poisoning prevention is great in Virginia. For example, the Department of Health estimates that almost half of Virginia's children under the age of six or approximately 283,951 children are at risk for lead poisoning (i.e., blood lead levels of 10 ug/dL or greater). Testimony indicated that 10 to 12 percent of the total population may be lead poisoned and that, in older areas, the lead-poisoning incidence may be as great as 40 to 50 percent. According to the Department of Housing and Community Development, 34,374 Virginia homes are estimated to have peeling leaded paint. The Comprehensive Housing Affordability Strategy (developed by the Department of Housing and Community Development) indicates that, based solely on age, as many as 787,158 housing units in the Commonwealth may have been painted with leaded paint and may, therefore, present lead-based paint hazards.

The joint subcommittee also noted that the Department of Housing and Community Development has applied for a three-year Lead Safe Homes Demonstration Program grant. As part of the grant activities, the Department plans to develop a flexible lead-based paint hazard identification and abatement protocol for inclusion in current housing rehabilitation programs and for addressing housing units identified by local health officials through the lead-poisoning education and screening program. The grant will

afford the opportunity to evaluate the effectiveness of various abatement methods in terms of costs and efficiency of lead removal. In addition, the demonstration grant will fund the development, within the Virginia Department of Professional and Occupational Regulation, of a regulatory program for the training and credentialing of lead-abatement contractors, inspectors, and workers and expansion of community and household education concerning lead hazards, with emphasis on households where young children and identified lead hazards are present.

The Department of Housing and Community Development also plans to review and revise the relevant section of the State Building Code to update provisions on lead-based paint hazards. Because grant funds are conditioned on the development and implementation of a lead-abatement certification program, the enactment of state law authorizing the certification program's development became essential.

Pursuant to Residential Lead-Based Paint Hazard Reduction Act of 1992, the Environmental Protection Agency, the Federal Occupational Safety and Health Administration, and the federal Secretary of Health and Human Services must promulgate regulations on lead-based paint activities, such as training and certification of individuals engaged in lead-based paint work, approval and accreditation of training programs, encouragement of states' reciprocity, and a model accreditation program for state administration.

Upon receiving testimony concerning the status of lead poisoning among Virginia's children, the number of houses with peeling leaded paint, and the costs of lead-paint abatement, the joint subcommittee expressed its concern about the scope of the lead problem in Virginia and the need for long-term efforts to remediate lead-poisoning hazards and to prevent lead poisoning, particularly among young children. The only real lead-poisoning

cure, the joint subcommittee concluded, is to prevent lead exposure. This can only be accomplished through multi-agency, cooperative, coordinated efforts and sharing of resources. Clearly, the funding currently available will not be sufficient to remove all lead from residential housing in Virginia.

The joint subcommittee noted, with gratitude, that the medical community has been cooperating in treating lead-poisoned children. Anecdotal reports suggest, however, that some individuals may dismiss the notion of lead poisoning among children of high-income parents, perhaps because of the high incidence of lead poisoning among children living in poverty and a lack of understanding that lead hazards may be present in the environment of any child living in an old house, regardless of economic status. Therefore, the current recommendations of the American Academy of Pediatrics must be implemented to prevent lead poisoning, i.e., that, in order to detect high blood-lead levels and take steps to prevent permanent lead-poisoning effects, testing be conducted of all babies at nine to twelve months and at two years, and that children at risk of lead poisoning, (living in houses built before 1980) be tested earlier and more often. All parents must also be educated to understand the dangers of lead poisoning, to recognize symptoms and at-risk conditions, and to be wise consumers of lead-abatement services.

V. Joint Subcommittee Recommendations

After consideration and discussion of the above findings, the joint subcommittee approved the following three recommendations:

1. That legislation enabling the development and implementation of a lead-abatement training and certification program within the Department of Professional and Occupational Regulation be introduced and approved during the 1994 Session of the General Assembly.

2. That the work of the joint subcommittee be continued in order to monitor and encourage lead-abatement efforts.

3. That the Commonwealth's pediatricians and other health professionals be requested to implement the recommendations of the American Academy of Pediatrics for preventing and detecting lead poisoning among children.

Respectfully submitted,

Senator Benjamin J. Lambert III, Chairman

Delegate Alan E. Mayer, Vice Chairman

Delegate William C. Mims

Ms. Carol Amato

Mr. Neal Barber

Mr. Steven C. Cochran

Ms. Willette Joyner

Ms. Bonnie S. Salzman

Dr. Robert Stroube

ACKNOWLEDGMENTS

The joint subcommittee wishes to thank the experts, agencies, and health care professionals who have assisted in this study. Particularly, the joint subcommittee extends its gratitude to Eileen M. Mannix, Director, Child Lead Poisoning Prevention Program, Department of Health; Dr. Edward (Pete) Hancock, Director, Pediatrics, Lynchburg Health Department; Ms. Yvonne Johnson, Lead Project Coordinator, City of Richmond Department of Health; Ms. Bonnie S. Salzman, Director, Department of Professional and Occupational Regulation; Ms. Nelle Hotchkiss, Deputy Director, Department of Professional and Occupational Regulation; Mr. Neal J. Barber, Director, Department of Housing and Community Development; and Mr. Robert J. Adams, Deputy Director, Department of Housing and Community Development.

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APPENDICES

Enabling Resolution
SJR 245 of 1993

1994 Legislation
SB 405 - Certification and Training
SJR 127 - Continuing Resolution
SJR 142 - Requesting Cooperation of Pediatricians

1993 SESSION
ENGROSSED

SP9180733

1 SENATE JOINT RESOLUTION NO. 245

2 Senate Amendments in [] - February 9, 1993

3 *Establishing a joint subcommittee to study the abatement of lead-based paint in Virginia.*

4
5 Patrons—Schewel, Lambert, Lucas and Marsh; Delegates: Cunningham, J.W. and DeBoer

6
7 Referred to the Committee on Rules

8
9 WHEREAS, the ingestion or inhalation of lead can cause severe symptoms, including
10 headaches, stupor, convulsions, and coma; and

11 WHEREAS, among children, exposure to large amounts of lead can lead to mental
12 retardation, cerebral palsy, and brain abnormalities; and

13 WHEREAS, the permanent damage to the central nervous system caused by lead
14 exposure is preventable; and

15 WHEREAS, lead-based paint, which may flake and be ingested by young children, poses
16 a primary health hazard to children in the United States; and

17 WHEREAS, inspection for and abatement of lead-based paint in public and private
18 housing may be performed by private contractors and public agencies; and

19 WHEREAS, if improperly performed, lead-paint abatement increases the hazards
20 associated with lead-paint exposure for the building occupants and the abatement workers;
21 and

22 WHEREAS, the United States Environmental Protection Agency has established centers
23 for the development of training programs for contractors, project designers, workers, and
24 hazardous materials inspectors; and

25 WHEREAS, appropriate training would do much to ensure the proper and efficient
26 abatement of lead-based paint; and

27 WHEREAS, the United States Department of Housing and Urban Development has made
28 funds available for the abatement of lead-based paint when the work is performed by
29 trained workers in accordance with a state-approved, lead-based paint abatement training
30 program; and

31 WHEREAS, some health departments in the Commonwealth are involved in
32 lead-abatement projects; and

33 WHEREAS, the Commonwealth does not currently have any program for licensure or
34 certification designed to demonstrate the competency in proper lead abatement of
35 contractors, inspectors, project designers, and workers; and

36 WHEREAS, the Commonwealth also does not have a comprehensive policy or plan for
37 lead abatement; and

38 WHEREAS, with the future of its children at risk, it is Virginia's duty to develop a
39 prevention strategy for lead abatement; now, therefore, be it

40 RESOLVED by the Senate, the House of Delegates concurring, That a joint
41 subcommittee be established to study the abatement of lead-based paint in Virginia.

42 The joint subcommittee shall consist of [five nine] members to be appointed as
43 follows: one member of the Senate to be appointed by the Senate Committee on Privileges
44 and Elections; two members of the House of Delegates to be appointed by the Speaker of
45 the House; and one contractor currently engaged in the abatement of lead-based paint and
46 one owner of rental property to be appointed by the Governor. The State Health
47 Commissioner, the Director of the Department of Commerce, the Commissioner of Labor
48 and Industry, and the Director of the Department of Housing and Community Development
49 shall also serve as [nonvoting] ex officio members of the joint subcommittee.

50 In its deliberations, the joint subcommittee shall examine policy and planning issues
51 related to such abatement, including prevention of lead exposure; public awareness of the
52 risks of lead exposure and the need for abatement; appropriate training and demonstration
53 of competency in proper lead abatement; and the licensure or certification of various
54 groups, such as contractors, inspectors, project designers, and workers, to ensure the proper

1 application of work standards in lead abatement. The joint subcommittee shall consult with
 2 the American Industrial Hygiene Association, [Virginia Pediatric Society,] state universities
 3 engaged in teaching lead-based paint abatement courses, public health professionals
 4 knowledgeable about lead-based paint hazards in children, environmental health specialists
 5 whose practice includes lead-paint inspections, private environmental consultants,
 6 lead-abatement workers, and laboratories performing lead analyses.

7 All agencies of the Commonwealth shall provide assistance as deemed necessary.

8 The joint subcommittee shall complete its work in time to report its findings and
 9 recommendations to the Governor and the 1994 Session of the General Assembly in
 10 accordance with the procedures of the Division of Legislative Automated Systems for the
 11 processing of legislative documents.

12 The indirect costs of this study are estimated to be \$10,068; the direct costs of this
 13 study shall not exceed \$3,600.

14 Implementation of this resolution is subject to subsequent approval and certification by
 15 the Joint Rules Committee. The Committee may withhold expenditures or delay the period
 16 for the conduct of the study.

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Official Use By Clerks	
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Date: _____	Date: _____
Clerk of the Senate	Clerk of the House of Delegates

VIRGINIA ACTS OF ASSEMBLY -- 1994 SESSION

CHAPTER 185

An Act to amend and reenact §§ 54.1-500, 54.1-500.1, 54.1-501, 54.1-503, 54.1-516, and 54.1-517 of the Code of Virginia, relating to certification of lead contractors, professionals, and workers.

[S 405]

Approved April 2, 1994

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-500, 54.1-500.1, 54.1-501, 54.1-503, 54.1-516, and 54.1-517 of the Code of Virginia are amended and reenacted as follows:

CHAPTER 5.

ASBESTOS AND LEAD CONTRACTORS AND WORKERS.

§ 54.1-500. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Asbestos" means any material containing more than one percent asbestos by area as determined by microscopy.

"Asbestos analytical laboratory license" means an authorization issued by the Department to perform phase contrast, polarized light, or transmission electron microscopy on material known or suspected to contain asbestos.

"Asbestos contractor's license" means an authorization issued by the Department permitting a person to enter into contracts to perform an asbestos abatement project.

"Asbestos inspector's license" means an authorization issued by the Department permitting a person to perform on-site investigations to identify, classify, record, sample, test and prioritize by exposure potential asbestos-containing materials.

"Asbestos management plan" means a program designed to control or abate any potential risk to human health from asbestos.

"Asbestos management planner's license" means an authorization issued by the Department permitting a person to develop or alter an asbestos management plan.

"Asbestos project" or "asbestos abatement project" means an activity involving job set-up for containment, removal, encapsulation, enclosure, encasement, renovation, repair, construction or alteration of an asbestos-containing material. An asbestos project or asbestos abatement project shall not include nonfriable asbestos-containing roofing, flooring and siding materials which when installed, encapsulated or removed do not become friable.

"Asbestos project designer's license" means an authorization issued by the Department permitting a person to design an asbestos abatement project.

"Asbestos project monitor's license" means an authorization issued by the Department permitting a person to monitor an asbestos project, subject to Department regulations.

"Asbestos supervisor" means any person so designated by an asbestos contractor who provides on-site supervision and direction to the workers engaged in asbestos projects.

"Asbestos worker's license" means an authorization issued by the Department permitting an individual to work on an asbestos project.

"Certified lead contractor, professional or worker" means a person who meets the Board's training, examination, and experience requirements for engaging in or contracting for lead-based paint evaluation, inspection, and abatement activities.

"Department" means the Department of Professional and Occupational Regulation.

"Director" means the Director of the Department of Professional and Occupational Regulation.

"Friable" means that the material when dry, may be crumbled, pulverized or reduced to powder by hand pressure and includes previously nonfriable material after such previously nonfriable material becomes damaged to the extent that when dry it may be crumbled, pulverized, or reduced to powder by hand pressure.

"Lead occupation" means any person employed as a contractor, inspector, technician, supervisor, or worker performing identification, physical and hazard assessment, encapsulation, removal, repair, renovation, or demolition of lead-containing structures or surfaces.

"Lead-containing substance" means any coating, paint, plaster or surface encapsulation material containing more than 0.5 percent lead by weight of dry film or more than one milligram of lead per square centimeter of dry film, or other materials meeting standards that are consistent with applicable federal regulations.

"Local education agency" or "LEA" shall have the meaning provided in the USEPA

AHERA regulations set forth in 40 CFR 763.

"Person" means a corporation, partnership, sole proprietorship, firm, enterprise, franchise, association or any other individual or entity.

"Primary instructor" means an instructor whose main responsibility is to instruct courses, supervise other instructors and manage the overall course curriculum.

"RFS contractor's license" means an authorization issued by the Department permitting a person to enter into contracts to install, remove or encapsulate nonfriable asbestos-containing roofing, flooring and siding materials.

"RFS inspector's license" means an authorization issued by the Department authorizing a person to identify the presence of asbestos-containing roofing, flooring or siding material through sampling and interpretation of testing reports prepared by a licensed asbestos analytical laboratory.

§ 54.1-500.1. Virginia Board for Asbestos Licensing and Lead Certification; membership; meetings; offices; quorum.

The Virginia Board for Asbestos Licensing *and Lead Certification* shall be appointed by the Governor and composed of ~~seven~~ *nine* members as follows: one shall be a representative of a Virginia licensed asbestos contractor, *one shall be a representative of a Virginia certified lead contractor*, one shall be a representative of an asbestos RFS contractor, one shall be either a Virginia-licensed asbestos inspector or project monitor, *one shall be a Virginia certified lead risk assessor*, one shall be a representative of a Virginia-licensed asbestos analytical laboratory, one shall be a representative of an asbestos *and lead* training course provider and two shall be citizen members. ~~For the initial~~ *Of the 1994* appointments, the terms shall be as follows: ~~two members~~ *one member* shall serve a term of two years, ~~two members~~ *shall serve a term* of three years and ~~three members~~ *one member* shall serve a term of four years. Thereafter, the terms of members of the Board shall be four years, *except that vacancies may be filled for the remainder of the unexpired term. The initially appointed representatives of the lead industry shall be deemed to be certified upon having completed lead training offered at an Environmental Protection Agency Regional Training Center.*

The Board shall meet at least four times each year and other such times as it deems necessary. The Board shall elect from its membership a chairman and a vice chairman to serve for a period of one year. Five members of the Board shall constitute a quorum. The Board is vested with the powers and duties necessary to execute the purposes of this chapter.

§ 54.1-501. Powers and duties of the Board.

The Board shall administer and enforce this chapter. The Board shall:

1. Promulgate regulations necessary to carry out the requirements of this chapter in accordance with the provisions of the Administrative Process Act (§ 9-6.14:1 et seq.) to include but not be limited to the prescription of fees, procedures, and qualifications for the issuance and renewal of licenses, and governing conflicts of interest between various categories of asbestos licenses *and lead certificates*;

2. Approve the criteria for training courses and primary instructors;

3. Approve training courses, examinations and the grading system for testing applicants *for asbestos licensure and lead certification*;

4. Promulgate training requirements for supervisors and workers employed by RFS contractors in the installation, removal or encapsulation of nonfriable asbestos-containing roofing, flooring or siding materials not later than July 1, 1989, and to promulgate training requirements for RFS inspectors not later than January 1, 1991. The training requirements shall be promulgated in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.);

5. Promulgate regulations governing the licensing of and establishing performance criteria applicable to asbestos analytical laboratories; ~~and~~

6. Promulgate regulations governing the functions and duties of project monitors on asbestos projects, circumstances in which project monitors shall be required for asbestos projects, and training requirements for project monitors; *and*

7. *Promulgate, in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.), regulations necessary to certify all persons performing lead inspection, evaluation, and abatement activities consistent with the Residential Lead-based Paint Hazard Reduction Act and United States Environmental Protection Agency regulations. The Board's regulations shall not be more stringent than the federal requirements.*

§ 54.1-503. Licenses required.

A. It shall be unlawful for any person who does not have an asbestos contractor's, supervisor's, inspector's, management planner's, or project designer's license to contract with another person, for compensation, to carry out an asbestos project or develop a

management plan. It shall be unlawful for any person who does not have a license as an RFS contractor or asbestos contractor to enter into any contract for compensation to install, remove or encapsulate nonfriable asbestos-containing roofing, flooring, or siding material. After July 1, 1991, it shall be unlawful for any person who does not have a license as a project monitor to act as project monitor on an asbestos project.

B. After January 1, 1995, it shall be unlawful for any person who does not hold a certificate issued by the Board as a certified lead contractor, professional, or worker to perform lead inspection, evaluation, or abatement activities.

§ 54.1-516. Disciplinary actions.

A. The Board may reprimand, suspend or revoke the *certificate of a lead contractor, professional or worker or the license of an asbestos contractor, RFS contractor, supervisor, inspector, RFS inspector, management planner, project designer, project monitor or worker or the approval of an asbestos training provider or primary instructor, if the licensee or approved entity:*

1. Fraudulently or deceptively obtains or attempts to obtain a license or approval;
2. Fails at any time to meet the qualifications for a license or approval or to comply with the requirements of this chapter or any regulation adopted by the Board; or
3. Fails to meet any applicable federal or state standard when performing an asbestos project or service *or performing lead inspection, evaluation, or abatement.*

B. The Board may reprimand, suspend or revoke the license of any asbestos contractor who employs or permits an individual without an asbestos supervisor's or worker's license to work on an asbestos project *or any lead contractor who employs or permits an individual required to be certified under this chapter to perform any lead inspection, evaluation, or abatement.*

§ 54.1-517. Penalties for willful violations.

Notwithstanding any other provision of law, any person who willfully violates any provision of this chapter or any regulation related to licensure, certification or training adopted pursuant to this chapter shall be guilty of a Class 1 misdemeanor for the first two violations and a Class 6 felony for a third and each subsequent violation within a three-year period.

In addition, licensed asbestos contractors, RFS contractors, supervisors, inspectors, RFS inspectors, management planners, project designers, project monitors, asbestos analytical laboratories and workers *and certified lead contractors, professionals and workers* may be assessed a civil penalty by the Board of not more than \$1,000 for an initial violation and \$5,000 for each subsequent violation within a three-year period arising from a willful violation of standards established by the Environmental Protection Agency, Occupational Safety and Health Administration, Department of Labor and Industry, Department of Air Pollution Control and the Department of Waste Management in a three-year period.

SENATE JOINT RESOLUTION NO. 127

Continuing the Joint Subcommittee Studying the Abatement of Lead-based Paint.

Agreed to by the Senate, February 8, 1994

Agreed to by the House of Delegates, February 25, 1994

WHEREAS, during the 1993 Session, Senate Joint Resolution No. 245 was approved, establishing the Joint Subcommittee Studying the Abatement of Lead-based Paint; and

WHEREAS, the joint subcommittee has met, considered the issues, developed a preliminary report, and recommended legislation to certify lead contractors and workers; and

WHEREAS, the joint subcommittee has learned much about the problems of lead-based paint and lead poisoning in children; and

WHEREAS, the joint subcommittee notes that the Centers for Disease Control have reported that an estimated "three million children in the United States have lead concentrations above the danger level of one microgram per deciliter of blood"; and

WHEREAS, ingestion or inhalation of lead can cause severe symptoms, including headaches, anemia, abdominal pain, loss of appetite, loss of weight, vomiting, stupor, convulsions, coma, and even death; and

WHEREAS, the symptoms can be absent even while permanent damage is occurring, unobserved; and

WHEREAS, the tragedy of lead poisoning is that it affects children more frequently than adults, because children habitually put objects in their mouths, and because children grow so quickly that the lead is metabolized or absorbed very fast, with permanent brain damage frequently resulting; and

WHEREAS, the joint subcommittee has ascertained that the Virginia Department of Housing and Community Development has been assured that a federal grant for lead abatement will be awarded, if the certification statute, a condition for receipt of the funds, can be passed this session; and

WHEREAS, the joint subcommittee has realized that the high number of old houses in Virginia will require a long-range strategy for lead abatement and that the costs of such abatement are high; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Joint Subcommittee Studying the Abatement of Lead-based Paint be hereby continued. The members duly appointed to serve pursuant to Senate Joint Resolution No. 245 shall continue to serve, except that any vacancies shall be filled as provided in the enabling resolution.

The joint subcommittee is requested to complete the examination of the issues related to lead-based paint abatement and the prevention of lead poisoning and to monitor the implementation of any certification program approved during this session.

The direct costs of this study shall not exceed \$1,100.

The Division of Legislative Services shall provide staff support for the study. All agencies of the Commonwealth shall provide assistance to the joint subcommittee, upon request.

The joint subcommittee shall complete its work in time to submit its findings and recommendations to the Governor and the 1995 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

Implementation of this resolution is subject to subsequent approval and certification by the Joint Rules Committee. The Committee may withhold expenditures or delay the period for the conduct of the study.

SENATE JOINT RESOLUTION NO. 142

Requesting the cooperation of the Commonwealth's pediatricians in preventing and detecting lead poisoning among children.

Agreed to by the Senate. March 8, 1994 .

Agreed to by the House of Delegates. March 4, 1994

WHEREAS, Virginia is, according to American standards, an area with a long history of habitation; and

WHEREAS, throughout Virginia there are thousands of old houses, many of them very beautiful and gracious; and

WHEREAS, while the aesthetic value of these structures cannot be disputed, the lead-poisoning hazards they present, particularly to young children, are serious; and

WHEREAS, although lead-based paints were banned in the United States in 1978, experts estimate that, among houses built before 1980, seventy-five percent have some lead-based paint; and

WHEREAS, young children and developing fetuses quickly metabolize ingested or inhaled lead, causing great risk of permanent damage such as mental retardation, coma, and even death; and

WHEREAS, cracking, peeling, oxidizing, or dust from sanding lead-based paint is the most common lead-poisoning source and many young children may frequently put their fingers or other objects in their mouths, thus unwittingly ingesting or inhaling the dust, chips, or flakes; and

WHEREAS, experts emphasize that living in old houses—regardless of whether beautiful or ugly—places young children at risk for lead poisoning; and

WHEREAS, the American Academy of Pediatrics has recommended that all babies be tested at nine to twelve months and at two years, and that children at risk of lead poisoning, i.e., living in houses built before 1980, be tested earlier and more often in order to detect high blood lead levels and take steps to prevent permanent lead poisoning effects; now, therefore, be it

RESOLVED, by the Senate, the House of Delegates concurring, That the Medical Society of Virginia and the Virginia Chapter, American Academy of Pediatrics and the Virginia Pediatric Society are hereby requested to inform their members of the dangers of lead poisoning and the high probability of risk for children living in old houses or any house while being renovated and to implement the recommendations of the American Academy of Pediatrics for blood lead testing of young children in order to prevent the tragic effects of lead poisoning; and, be it

RESOLVED FURTHER, That the Clerk of the Senate prepare a copy of this resolution for presentation to the Director of Legislative Affairs of the Medical Society of Virginia and the Executive Director of the Virginia Pediatric Society so that they may be apprised of the sense of the General Assembly.