

HOUSE BILL REPORT

HB 2695

As Reported by House Committee On:
Environmental Health, Select

Title: An act relating to screening for elevated levels of lead in children under six years old in Washington.

Brief Description: Creating a pilot program to screen children for lead poisoning.

Sponsors: Representatives Hudgins, Campbell, Hasegawa, Green, Schual-Berke, Darneille, Williams, McDonald, Wood, Santos, Goodman, Ericks and Kagi.

Brief History:

Committee Activity:

Select Committee on Environmental Health: 1/22/08, 1/24/08 [DPS].

Brief Summary of Substitute Bill

- Requires the Department of Health (Department) to facilitate the screening and identification of children under 6 years old that have elevated levels of lead in their bloodstream.
- Requires the Department to develop and begin implementation of a two-year pilot program for screening children at risk for elevated blood lead levels by January 1, 2009.

HOUSE SELECT COMMITTEE ON ENVIRONMENTAL HEALTH

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 8 members: Representatives Campbell, Chair; Hudgins, Vice Chair; Sump, Ranking Minority Member; Chase, Hunt, Morrell, Newhouse and Wood.

Staff: Brad Avy (786-7289).

Background:

Lead is harmful to individuals of all ages. Young children and babies are the most vulnerable to lead poisoning. In addition to the potential for exposure to lead from paint chips,

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contaminated soil and water, traditional remedies, and other pathways, a number of consumer products, including toys and candy, also have the potential to expose children and adults to lead. For many of these products, the presence of lead is not easily identified.

Long-term exposure to even low levels of lead may cause irreversible learning difficulties, mental retardation, and delayed neurological and physical development. Most children and adults who have lead poisoning appear to be healthy with no obvious or distinctive symptoms.

Summary of Substitute Bill:

This bill provides for the screening of children under 6 years of age for elevated levels of lead in their blood. Screening for lead in children is intended to help identify children that have been exposed and precipitate action to limit further exposure.

The Department of Health (Department) is required to facilitate the screening and identification of children under 6 years old that have elevated levels of lead in their bloodstream. The Department must:

- identify factors that are effective at predicting populations of children without symptoms that are at risk for elevated blood lead levels; and
- refine, on an ongoing basis, the factors identified to increase their effectiveness in finding children at risk for elevated blood lead levels.

By January 1, 2009 the Department is required to develop and begin implementation of a two-year pilot program for screening children at risk for elevated blood lead levels. The Department is required to purchase state-of-the-art testing equipment for screening that meets specific criteria to test children at risk for elevated blood lead levels and provides accurate results at the time of testing.

The Department is required to distribute purchased testing equipment on loan to public health clinics, community health centers, school districts, federal Women, Infants, and Children program clinics, and early childhood education programs that have access to a health care professional that is able to conduct testing. Distribution of the testing equipment must be targeted to areas of the state that have higher cumulative risk factors for elevated blood lead levels in children. The Department must train personnel on location in the use of the testing equipment.

All testing data collected under the pilot program must be included within the Department's Blood Lead Registry and reported to the U. S. Centers for Disease Control and Prevention.

The Department is required to attempt to recover costs for lead screening under this pilot program through federal Medicaid, federal grants, and non-governmental sources.

Any blood lead level testing must be strictly voluntary. For children under 6 years old, the decision to be tested must be made by the child's parent or legal guardian.

Substitute Bill Compared to Original Bill:

The substitute bill clarifies that any blood lead level testing must be strictly voluntary, and that for children under 6 years old, the decision to be tested must be made by the child's parent or legal guardian.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony:

(In support) More kids in the state need to be tested for lead. In addition to commonly known exposure pathways, additional ones to be concerned about include imported toys, jewelry, and candy. It is important to catch kids early that are exposed to lead. There is no safe level for lead exposure and there are many sources. Young children have behaviors that lead to greater exposure and their smaller bodies result in a bigger dose. Better data is needed and good follow-up for those that have been exposed. New technology makes it easier to test with a finger-stick instead of a blood draw.

(With concerns) This bill proposes a valid approach to advance testing for lead in children. There are concerns about preempting the option of doing a blood draw when it might be more cost effective for small clinics; how to achieve the best distribution of blood lead level testing machines; and how to best ensure confidentiality and security for the medical data that is generated.

(Opposed) None.

Persons Testifying: (In support) Representative Hudgins, prime sponsor; Janice Deguchi, Denise Louie Education Center; and Steven Gilbert, Institute of Neurotoxicology and Neurological Disorders.

(With concerns) Gregg Grunenfelder, Department of Health.

Persons Signed In To Testify But Not Testifying: None.