
HOUSE BILL 2695

State of Washington

60th Legislature

2008 Regular Session

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

Read first time 01/16/08. Referred to Committee on Select Committee on Environmental Health.

1 AN ACT Relating to screening for elevated levels of lead in
2 children under six years old in Washington; and creating new sections.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 NEW SECTION. **Sec. 1.** The legislature finds that:

5 (1) Lead is harmful to individuals of all ages and that young
6 children and babies are the most vulnerable to lead poisoning.

7 (2) In addition to the potential for exposure to lead from paint
8 chips, contaminated soil and water, traditional remedies, and other
9 pathways, a number of consumer products, including toys and candy, also
10 have the potential to expose children and adults to lead. For many of
11 these products, the presence of lead is not easily identified.

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

17 (4) Screening for lead in children will help identify children that
18 have been exposed and precipitate action to limit further exposure.

1 NEW SECTION. **Sec. 2.** The department of health shall, as part of
2 its ongoing childhood lead poisoning prevention efforts, facilitate the
3 screening and identification of children under six years old that have
4 elevated levels of lead in their bloodstream. This must include:

5 (1) Identifying factors that are effective at predicting
6 asymptomatic populations of children that are at risk for elevated
7 blood lead levels; and

8 (2) Refining, on an ongoing basis, the factors identified to
9 increase their effectiveness in finding children at risk for elevated
10 blood lead levels.

11 NEW SECTION. **Sec. 3.** By January 1, 2009, the department of health
12 shall develop and begin implementation of a two-year pilot program for
13 screening children at risk for elevated blood lead levels. The
14 department of health shall:

15 (1) Purchase state-of-the-art testing equipment for screening
16 children at risk. The equipment must be evaluated for purchase taking
17 into account cost-effectiveness, efficiency of use, dependability,
18 service life, ease of training in its use, and portability. The
19 testing equipment must satisfy the following criteria:

20 (a) Use of the testing equipment must qualify for reimbursement by
21 federal medicaid as a blood lead level test under the American medical
22 association current procedural terminology code 83655;

23 (b) Requirements under the federal clinical laboratory improvement
24 amendments of 1988 must have been waived for use of the testing
25 equipment;

26 (c) The testing equipment must be able to provide accurate blood
27 lead level results at the time of testing; and

28 (d) The testing equipment must be able to provide blood lead level
29 results without requiring a venous blood draw;

30 (2) Distribute purchased testing equipment on loan to public health
31 clinics, community health centers, school districts, federal women,
32 infants, and children program clinics, and early childhood education
33 programs that have access to a health care professional that is able to
34 conduct testing. Distribution of the testing equipment must be
35 targeted to areas of the state that have higher cumulative risk factors
36 for elevated blood lead levels in children; and

1 (3) Train personnel on location in the use of the testing
2 equipment.

3 NEW SECTION. **Sec. 4.** All testing data collected under the pilot
4 program created in this act must be included within the department of
5 health's blood lead registry and reported to the United States centers
6 for disease control and prevention.

7 NEW SECTION. **Sec. 5.** The department of health shall attempt to
8 recover costs for lead screening under this pilot program through
9 federal medicaid, federal grants, and nongovernmental sources.

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