

STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony COMMENTING on S.B. 2637 S.D. 1
RELATING TO CHILDREN'S HEALTH**

SENATOR DONOVAN M. DELA CRUZ, CHAIR
SENATE COMMITTEE ON WAYS AND MEANS

Hearing Date: February 27, 2020

Room Number: 211

1 **Fiscal Implications:** This measure does not specify appropriations; however, the Department of
2 Health does not have the long-term staff or funding resources for a statewide childhood lead
3 poisoning prevention program. The Department defers to the Governor's Budget Request for
4 appropriation priorities. The Department takes no position on the merits of third-party payer
5 reimbursement to health care providers for mandated services pursuant to this measure.

6 **Department Testimony:** The Department of Health (DOH) supports the intent of S.B. 2637
7 that establishes a statewide program for the early identification of, and intervention for, lead
8 poisoning in children; and requires health insurers to provide coverage for testing.

9 There is no safe level of lead. Exposure to lead is a widespread environmental hazard that
10 damages the brain and nervous system; slows growth and development; results in learning,
11 behavioral, hearing and speech problems; and negatively impacts a child's school performance.
12 Hawaii data from 2017-2019 shows that each year, an average of 179 (1.1%) of tested children
13 under age 6 years had elevated blood lead levels, but the true prevalence of lead poisoning in
14 Hawaii is not known due to low testing rates.

15 After a 14-year lapse, the Hawaii Childhood Lead Poisoning Prevention Program (HI-CLPPP)
16 was re-established in 2017, with federal funding provided from the Centers for Disease Control
17 and Prevention (CDC) through September 2020. The program brings families, health care
18 professionals, insurance providers, and other stakeholders together to prevent lead exposure,
19 identify children with elevated blood lead levels, provide environmental investigations, and

1 intervene by providing education and/or removing lead sources for lead-exposed children.

2 The DOH currently issues voluntary guidelines recommending children be screened for lead
3 using a lead risk questionnaire and/or blood lead test at ages 9 months-1 year and 2 years, and
4 between ages 3 and 6 years if risk increases or the child has never been tested before. Children
5 with an elevated blood lead level who are not tested miss the opportunity for identification of the
6 lead source and educational interventions. Other children can be exposed to that lead source.

7 Targeting high-risk geographic areas in Hawaii based on income and age of housing misses 40%
8 (133 out of 330 tested between October 2017 and December 2019) of children poisoned by lead.
9 High risk questionnaires identify some children, but can be time-consuming for providers and
10 families. Questionnaires also miss lead sources that are not known to families such as lead
11 batteries buried in soil where children play, imported objects containing lead that are handled by
12 children, or old toys made with lead bought at a yard sale.

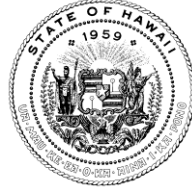
13 **Offered Amendments:**

14 §321-A: Replace the definition of “lead poisoning” with “medical condition in a child younger
15 than six years of age in which the child has a blood lead level that is at or higher than the blood
16 lead reference value established by the Centers for Disease Control and Prevention.” The CDC
17 reference value is based on the highest 2.5% of U.S. children age 0-5 years tested for lead.

18 §321-C: Replace "provided that a health care provider may determine lead exposure risk for
19 children three years of age and older and the need for blood lead testing" with "children at high
20 risk for lead poisoning shall be tested at other times based on Department of Health guidelines
21 and the medical judgment of the child's health care provider." This will allow high risk testing
22 for any age, based on DOH guidelines and judgment of the health care provider.

23 §321-D: Delete (a) and (b), since high risk testing should not be limited to specific factors but
24 based on DOH guidelines and medical judgment of health care providers. Move (c) to §321-C.

25 Thank you for the opportunity to testify on this measure.



DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

**STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

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Testimony of the Department of Commerce and Consumer Affairs

**Before the
Senate Committee on Ways and Means
Thursday, February 27, 2020
10:35 a.m.
State Capitol, Conference Room 211**

**On the following measure:
S.B. 2637, S.D. 1, RELATING TO CHILDREN'S HEALTH**

WRITTEN TESTIMONY ONLY

Chair Dela Cruz and Members of the Committee:

My name is Colin Hayashida, and I am the Insurance Commissioner of the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

The purpose of this bill is to require the Department of Health to establish, implement, and evaluate a statewide program for early identification of, and intervention for, lead poisoning in infants and to require insurers to provide coverage for the screenings.

Section 2 of the bill on page 6, line 1 to page 7, line 3, requires health insurance plans to provide coverage for lead screening services. This bill seeks to enforce provisions of Hawaii Revised Statutes chapter 431, article 10A, parts I and II; chapter 432, article 1; and chapter 432D by adding a new part to chapter 321.

The Department is in the process of establishing contact with the federal Department of Health and Human Services (HHS) to seek guidance on state-required benefits. The HHS recently proposed rulemaking to the Patient Protection and Affordable Care Act (PPACA) that addresses states' defrayment and obligations. The HHS proposed rule would require states to annually report to HHS "any state-required benefits applicable to the individual and/or small group market that are considered in addition to [the essential health benefits]."¹

Thank you for the opportunity to testify on this bill.

¹ See Notice of Benefit and Payment Parameters for 2021; Notice Requirement for Non-Federal Governmental Plans (HHS Notice). This document was published on February 6, 2020 and has a comment period that ends on March 2, 2020. The PDF version is available at: <https://www.federalregister.gov/documents/2020/02/06/2020-02021/benefit-and-payment-parameters-notice-requirement-for-non-federal-governmental-plans>.



February 25, 2020

To: Hawaii State Senate Committee: WAM

Date: Thursday, February 27 at 10:30am

Re: Testimony in strong support of SB 2637 SD1 Lead Poisoning Prevention Bill

Dear Chair and Members of the Committee:

Healthy Mothers Healthy Babies Coalition of Hawaii writes in strong support of SB 2637 SD1, which seeks to establish a state lead poisoning prevention program, testing at ages 9-12mo and 2yrs, and requires insurance to cover lead testing.

Lead is a cumulative toxicant that affects multiple body systems and is particularly harmful to young children. Young children are particularly vulnerable to the toxic effects of lead and can suffer profound and permanent adverse health effects, particularly affecting the development of the brain and nervous system. Lead also causes long-term harm in adults, including increased risk of high blood pressure and kidney damage. Exposure of pregnant women to high levels of lead can cause miscarriage, stillbirth, premature birth and low birth weight.

Young children are particularly vulnerable to lead poisoning because they absorb 4–5 times as much ingested lead as adults from a given source. Lead exposure can have serious consequences for the health of children. At high levels of exposure, lead attacks the brain and central nervous system to cause coma, convulsions and even death. Children who survive severe lead poisoning may be left with mental retardation and behavioral disorders. At lower levels of exposure that cause no obvious symptoms lead is now known to produce a spectrum of injury across multiple body systems. In particular lead can affect children's brain development resulting in reduced intelligence quotient (IQ), behavioral changes such as reduced attention span and increased antisocial behavior, and reduced educational attainment. Lead exposure also causes anemia, hypertension, and renal impairment, just to name a few. The neurological and behavioral effects of lead are believed to be irreversible.

There is no known 'safe' blood lead concentration; even blood lead concentrations as low as 5 $\mu\text{g}/\text{dL}$, may be associated with decreased intelligence in children, behavioral difficulties and learning problems.

Thank you for your consideration.

Sincerely,

Kari Wheeling
Clinical Services Director

SB-2637-SD-1

Submitted on: 2/26/2020 6:09:48 AM

Testimony for WAM on 2/27/2020 10:35:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Anne Tanaka	Testifying for Muranaka Environmental Consultants, Inc.	Support	No

Comments:

Good Morning,

My name is Anne Tanaka. I am the Director of Training and a Principal Instructor for Muranaka Environmental Consultants, Inc. We have been conducting training for asbestos, lead-based paint, lead renovation, repair and painting, etc. in the State of Hawaii for over 30 years. We have supported and continue to support the prevention of childhood lead blood poisoning thru our training, our projects and outreach to the communities in our daily lives.

The children born and unborn are the future of the State of Hawaii and across the world.

We will continue to provide efforts to ensure that people are educated and made aware of what lead can do to harm children.

Please help us to help others.



Hawaii
Children's Action Network Speaks!
Building a unified voice for Hawaii's children

Hawaii Children's Action Network Speaks! is a nonpartisan 501c4 nonprofit committed to advocating for children and their families. Our core issues are safety, health, and education.

To: Senator Dela Cruz, Chair
Senator Keith-Agaran, Vice Chair
Senate Committee on Ways and Means

Re: **SB 2637 SD1, relating to children's health**
Hawaii State Capitol, Room 211
10:35AM, 2/27/2020

Chair Dela Cruz, Vice Chair Keith-Agaran, and committee members,

On behalf of Hawaii Children's Action Network Speaks!, we write in support of SB 2637 SD1, relating to children's health.

The effects of lead last a lifetime. Lead is linked to developmental delays, difficulty with muscle coordination, memory issues and trouble learning, as well as continuous headaches and depression. There are also immediate issues, like headaches and seizures, that lead can cause. How many children are at risk in Hawaii? We don't know. Previously, the state had a lead prevention program but that ceased operating in 2003 when the state lost the Center for Disease Control funding due to federal budget cuts. Hawaii should renew its effort to identify lead poisoning in children to keep our kids healthy and safe. By adopting a standardized lead screening, we can be better informed on the health of our children and ensure that kids and families receive the services they need.

The annual cost of undiagnosed lead poisoning is \$50.9 billion in lost economic productivity, with an estimated cost of \$5600 per child in medical and special educational services¹. Without a universal screening in the state, we will never know the extent of the problem. Eleven states and Washington D.C currently have universal blood lead testing.² These states are seeing an improvement in decreasing the number of cases of lead poisoning. For example, in Maryland, they reported record lows after successfully implementing universal testing. The policies proposed in this bill will help identify the current levels of lead poisoning so that we can see less kids with elevated lead levels.

Until we know the extent of the problem, we will never be able to completely serve our families impacted by elevated lead levels. Our communities and families should be safe, healthy, and lead-free, and to do so, we need the policies put forth in this bill. Therefore, we respectfully request the committee pass SB 2637 SD1 and appropriate an amount that meets the Department of Health needs for implementation.

Thank you,

Kathleen Algire
Director, Public Policy and Research

¹ Trasande L, Liu Y. Reducing the staggering costs of environmental disease in children, estimated at \$76.6 billion in 2008. Health Aff (Millwood) 2011;30(5):863-70

² The National Academy for State Health Policy. (2018). State Health Care Delivery Policies Promoting Lead Screening and Treatment for Children and Pregnant Women. Retrieved from https://nashp.org/wp-content/uploads/2018/05/NASHP-Lead-Policy-Scan-5-21-18_updated.pdf

SB-2637-SD-1

Submitted on: 2/26/2020 9:02:55 AM

Testimony for WAM on 2/27/2020 10:35:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Marvin Heskett	Individual	Support	No

Comments:

SB-2637-SD-1

Submitted on: 2/25/2020 2:54:37 PM

Testimony for WAM on 2/27/2020 10:35:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Wendy Arbeit	Individual	Support	No

Comments:

Lead poisoning is not always immediately observable but can negatively affect the person's life in future. I strongly support this measure.

To: Senator Dela Cruz, Chair

Senator Keith-Agaran, Vice Chair

Senate Committee on Ways and Means

Re: SB 2637 SD1

Hawaii State Capitol, Room 211

10:35AM, 2/27/2020

Chair Dela Cruz, Vice Chair Keith-Agaran, and committee members,

I'm writing in strong support of SB2637.

As a parent of a young child, I am particularly concerned about lead poisoning. Childhood lead exposure can cause a variety of health problems including mental health issues (e.g., ADHD) and physical problems. Lead exposure is particularly problematic because there are often no symptoms early on, so poisoning can go undetected until children are older and even more damage to their brains and bodies has been done.

Many parents and pediatricians in Hawaii seem to think that lead poisoning is not a major concern here, but the reality is that hundreds of children in the state are poisoned by lead each year. Additional lead testing would help detect more children at risk, enabling important interventions to reduce their lead exposure and ameliorate problems they are experiencing caused by lead.

Money spent on preventing and detecting early lead exposure would more than pay for itself by reducing the need for future medical services, early intervention services, and special education services.

Thanks!

Jesse