

JAN 17 2020

---

---

# A BILL FOR AN ACT

RELATING TO CHILDREN'S HEALTH.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1           SECTION 1. The legislature finds that it is well-  
2 established that lead poisoning can cause permanent health  
3 damage, including intellectual disabilities, learning and  
4 behavior problems, high blood pressure, damage to the brain,  
5 nervous system, kidneys, and red blood cells, as well as coma  
6 and death in severe cases. Even at low levels, lead exposure  
7 can result in adverse health effects, especially in young  
8 children. According to the Centers for Disease Control and  
9 Prevention, the effects of childhood lead poisoning are most  
10 effectively treated through early intervention programs before  
11 the age of three. Under federal law, all medicaid-insured  
12 children are to be screened for lead at one and two years of  
13 age, but no mandate currently exists at the state level, even  
14 though the federal Individuals with Disabilities Education Act  
15 requires all states to offer early intervention services for  
16 children at risk for developmental delays or disability before  
17 they are three years of age.



1           Though the reported number of children in Hawaii with  
2   elevated blood lead levels has decreased over time, elevated  
3   blood lead levels among children continue to be a concern. At  
4   this time, only twenty-five per cent of children under the age  
5   of three are tested for lead, which means that the blood lead  
6   levels of the unscreened children are unknown and untreated.

7           The purpose of this Act is to keep Hawaii's children safe  
8   from lead hazards, and the effects of lead poisoning, by  
9   requiring lead tests for well-child checks at ages one, two, and  
10   three for all children residing in the State, and to provide  
11   early-intervention services to children who have elevated blood  
12   lead levels of ten micrograms per deciliter or higher.

13           SECTION 2. Chapter 321, Hawaii Revised Statutes, is  
14   amended by adding a new part to be appropriately designated and  
15   to read as follows:

16           **"PART . MANDATORY SCREENING FOR LEAD POISONING**

17           **§321-A Definitions.** As used in this part, unless the  
18   context clearly indicates otherwise:

19           "Delayed development" has the same meaning as provided for  
20   in section 321-351.

21           "Department" means the department of health.



1 "Director" means the director of health.

2 "Early intervention services" has the same meaning as  
3 provided for in section 321-351.

4 "Infant" means a child from birth to thirty-six months of  
5 age.

6 "Infants and toddlers with special needs" means infants and  
7 toddlers from birth to age three having delayed development.

8 "Lead poisoning" means a medical condition present in a  
9 child younger than six years of age in which the child has a  
10 concentration of lead in whole venous blood of ten micrograms  
11 per deciliter or higher.

12 **§321-B Duties.** It shall be the duty and responsibility of  
13 the department to establish, implement, and evaluate a statewide  
14 program for early identification of, and intervention for, lead  
15 poisoning in infants.

16 **§321-C Regular screening of children for lead poisoning.**

17 (a) All children shall be screened once between nine and twelve  
18 months of age, and again at two and three years of age.

19 (b) In addition, children who live in neighborhoods with a  
20 high risk for childhood lead poisoning, as determined by the  
21 department, shall be screened at four years of age.



1           **§321-D Screening of children at high risk for lead**

2 **poisoning.** (a) A child shall be screened for lead poisoning  
3 more than once a year whenever, in the sound medical judgment of  
4 the child's health care provider, the child is at high risk of  
5 lead poisoning or meets one of the following high-risk criteria:

6           (1) The child lives in a home where siblings or other  
7           children in the same household are lead poisoned;

8           (2) The child lives in a home constructed before 1978 that  
9           is undergoing renovations, unless the home has been  
10          inspected by a lead inspector and the surfaces to be  
11          disturbed are found not to contain dangerous levels of  
12          lead; or

13          (3) The child lives in a home constructed prior to 1978  
14          with deteriorated paint or plaster, unless the home  
15          has been inspected by a lead inspector and is found  
16          not to contain a dangerous level of lead.

17          (b) A child who meets any of the high-risk criteria set  
18          forth under subsection (a) shall be screened at least every six  
19          months between six months and three years of age, and again at  
20          four and five years old.



1           (c) If a child between one and six years of age has never  
2 been screened for lead poisoning, the child shall be screened  
3 upon the child's entry into day care, including group or family  
4 day care, or kindergarten or pre-kindergarten, and the child's  
5 parent or guardian shall present evidence of the screening. If  
6 the child has previously been screened for lead poisoning, the  
7 child shall not be required to be screened again to fulfill  
8 daycare, pre-kindergarten, or kindergarten entry requirements,  
9 but the child's parent or guardian shall present evidence of  
10 previous screening.

11           **§321-E Health care provider applicability.** (a) Each  
12 physician duly licensed under chapter 453 shall screen patients  
13 for lead poisoning at the intervals specified under section  
14 321-D, using the methods specified in this part.

15           (b) Each licensed, registered, or approved health care  
16 facility serving children younger than six years of age,  
17 including hospitals and clinics issued a certificate of need  
18 under section 323D-43 shall take appropriate steps to screen  
19 patients for lead poisoning.



1           (c) Each health maintenance organization issued a  
2 certificate of authority under section 432D-2 shall take  
3 appropriate steps to screen patients for lead poisoning.

4           **§321-F Recommended screening protocol.** (a) If a  
5 capillary sample is used, screening shall conform to the  
6 capillary blood sample protocol approved by the director. If a  
7 capillary sample shows that the child has a concentration of  
8 five micrograms of lead per deciliter of blood or higher, a  
9 confirmatory venous blood sample shall be required in accordance  
10 with guidance issued by the director.

11           (b) A child who meets the high-risk criteria under section  
12 321-D(a)(2) shall be screened within four weeks of the start of  
13 the home renovation and once a month thereafter during the  
14 duration of the renovation, and once after the completion of the  
15 renovation.

16           **§321-G Early intervention services.** Children younger than  
17 four years of age who are identified as having a blood lead  
18 level of ten micrograms of lead per deciliter of blood or higher  
19 shall be provided with early intervention services and receive  
20 repeat screenings in accordance with the current standards



1 developed by the American Academy of Pediatrics or any other  
2 qualified medical authority as determined by the director.

3       **§321-H Reimbursement for mandatory lead screening**  
4 **services.** The following blood lead screening services shall  
5 constitute mandatory blood lead screening and shall be covered  
6 under individual or group policies of insurance as provided  
7 under chapter 431, article 10A, parts I and II; individual or  
8 group hospital or medical service plan contracts as provided  
9 under chapter 432, article 1; and health maintenance contracts  
10 as provided by chapter 432D:

- 11       (1) Assessment of the child for regular screening at age  
12             four, in accordance with section 321-C and assessment  
13             for high-risk screening in accordance with section  
14             321-D;
- 15       (2) Completion of the laboratory form known as a  
16             bloodslip;
- 17       (3) Drawing of the blood specimen pursuant to section  
18             321-F;
- 19       (4) Packaging and handling of the blood specimen including  
20             postage costs for mailing the specimen to the  
21             laboratory; and



# S.B. NO. 2637

1           (5) Analysis of the blood specimen for lead level by  
 2           atomic absorption spectrophotometry or any other  
 3           method approved by the Clinical Laboratory Improvement  
 4           Amendments of 1988, Public Law 100-578, and 42 U.S.C.  
 5           263a, and for erythrocyte protoporphyrin by  
 6           fluorometry, either through the measurement of zinc  
 7           protoporphyrin or by extraction."

8           SECTION 3. This Act shall take effect on July 1, 2020.

9

INTRODUCED BY:

*Kal Hood*

*Clarence K. Reshkan*

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

*Assembly of Bk*

*[Signature]*

*Michelle N. Hilani*





# S.B. NO. **2637**

**Report Title:**

DOH; Lead Poison Screening; Insurance

**Description:**

Requires the Department of Health to establish, implement, and evaluate a statewide program for early identification of, and intervention for, lead poisoning in infants. Requires insurers to provide coverage for the screenings.

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*

