

DAVID Y. IGE  
GOVERNOR



PANKAJ BHANOT  
DIRECTOR

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DEPUTY DIRECTOR

STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
P. O. Box 339  
Honolulu, Hawaii 96809-0339

March 11, 2020

TO: The Honorable Representative John M. Mizuno, Chair  
House Committee on Health

FROM: Pankaj Bhanot, Director

SUBJECT: **SB 2637 SD2 – RELATING TO CHILDREN’S HEALTH**

Hearing: March 12, 2020, 9:00 a.m.  
Auditorium, State Capitol

**DEPARTMENT’S POSITION:** The Department of Human Services (DHS) offers comments and supports the amendments offered by the Department of Health (DOH).

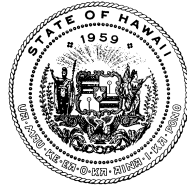
**PURPOSE:** This bill requires DOH to establish, implement, and evaluate a statewide program for early identification of, and intervention for, lead poisoning in infants. Requires insurers to provide coverage for the testing. Effective 7/1/2050. (SD2)

DHS follows federal Medicaid guidelines on lead testing. Any child covered under Medicaid is required to receive blood lead screening tests at ages 12 months and 24 months. In addition, any child between ages 24 and 72 months with no record of a previous blood lead screening test must receive a blood lead screening test. Testing beyond these basic requirements is based on national and DOH guidelines and medical necessity.

The proposed §321-C and §321-D do not align with Medicaid coverage or current state and national guidelines. DHS supports the amendments offered by DOH regarding §321-C and §321-D to bring the legislation into alignment with state and national guidelines. These amendments will result in a lead testing program that is more responsive to contemporary guidelines and the practice of medicine.

DHS also notes that while current federal Medicaid guidelines require blood lead screening tests at ages 12 months and 24 months, these guidelines may change in the future. This could result in a misalignment with any statute that features defined timelines for blood lead screening tests.

Thank you for the opportunity to testify on this bill.



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. Box 3378  
Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on S.B. 2637 S.D. 2  
RELATING TO CHILDREN'S HEALTH**

REPRESENTATIVE JOHN M. MIZUNO, CHAIR  
HOUSE COMMITTEE ON HEALTH

Hearing Date: March 12, 2020

Room Number: Capitol Auditorium

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.

5 **Department Testimony:** The Department of Health (DOH) supports the intent of S.B. 2637  
6 that establishes a statewide program for the early identification of, and intervention for, lead  
7 poisoning in children; and requires health insurers to provide coverage for testing. The DOH  
8 offers comments and amendments to have the bill focus only on establishment of a statewide  
9 program and blood lead testing requirements.

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

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

1 levels, provide environmental investigations, and intervene by providing education and/or  
2 removing lead sources for lead-exposed children.

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

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

15 **Offered Amendments:**

16 §321-A: Delete the following definitions: Certified lead inspector, Delayed development,  
17 Director, Early intervention services, Infants and toddlers with special needs. Change the  
18 definition of “lead poisoning” to mean “medical condition in a child younger than six years of  
19 age in which the child has a blood lead level that is at or higher than the blood lead reference  
20 value established by the Centers for Disease Control and Prevention.” Replace the definition for  
21 ““infant” means a child from birth to thirty-six months of age.” with ““Child” means a child  
22 from birth to 6 years of age.”

23 §321-B: Substitute the word “children” for “infants”.

24 §321-C: Replace the testing requirement with "All children in the state shall be considered at  
25 risk for lead poisoning and shall receive blood lead testing according to the Early and Periodic  
26 Screening, Diagnostic, and Treatment guidelines for children enrolled in Medicaid.”

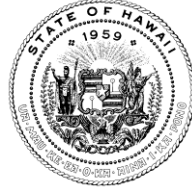
27 §321-D: Delete. This section does not align with Medicaid coverage or current state and

1 national guidelines.

2 §321-E: Replace (a), (b), and (c) with: “All licensed primary care providers shall test children  
3 under their care for lead poisoning as specified in §321-C.”

4 §321-F: Delete. There is generally coverage of blood lead testing by insurance for children who  
5 do not have Medicaid coverage. Therefore, this section is not needed.

6 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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CATHERINE P. AWAKUNI COLÓN  
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI  
DEPUTY DIRECTOR

**Testimony of the Department of Commerce and Consumer Affairs**

**Before the  
House Committee on Health  
Thursday, March 12, 2020  
9:00 a.m.  
State Capitol, Capitol Auditorium**

**On the following measure:  
S.B. 2637, S.D. 2, RELATING TO CHILDREN'S HEALTH**

Chair Mizuno 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 4 to page 7, line 7, requires health insurance plans to provide coverage for lead screening services. This bill seeks to enforce provisions of Hawaii Revised Statutes (HRS) 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 communication with the federal Department of Health and Human Services (HHS) to seek guidance on state-required benefits. The HHS recently

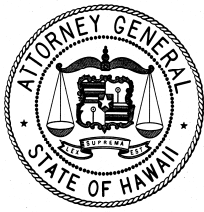
proposed rulemaking to the Patient Protection and Affordable Care Act (PPACA) that addresses states' defrayment and obligations. The HHS proposed rule would require states to annually report to HHS "any state-required benefits applicable to the individual and/or small group market that are considered in addition to [the essential health benefits]."<sup>1</sup>

For the Committee's information, HRS section 23-51 provides in part that "[b]efore any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies, can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report[.]"

Thank you for the opportunity to testify on this bill.

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<sup>1</sup> 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 ended 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>.



**TESTIMONY OF  
THE DEPARTMENT OF THE ATTORNEY GENERAL  
THIRTIETH LEGISLATURE, 2020**

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**ON THE FOLLOWING MEASURE:**

S.B. NO. 2637, S.D. 2, RELATING TO CHILDREN'S HEALTH.

**BEFORE THE:**

HOUSE COMMITTEE ON HEALTH

**DATE:** Thursday, March 12, 2020                      **TIME:** 9:00 a.m.

**LOCATION:** State Capitol, Capitol Auditorium

**TESTIFIER(S):** Clare E. Connors, Attorney General, or  
Angela A. Tokuda, Deputy Attorney General

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Chair Mizuno and Members of the Committee:

The Department of the Attorney General provides the following comments.

The purposes of this bill are to require the Department of Health to establish benchmarks at which all children in the State of Hawai'i shall be tested for lead poisoning, based on age or environment; to require certain health care facilities to test their patients for lead poisoning; and to require insurance coverage for certain blood lead testing services.

Under section 1311(d)(3)(B) of the Affordable Care Act and 45 C.F.R. section 155.170, a state may only require a Qualified Health Plan to add benefits if the state defrays the cost of the additional benefits, unless the proposed new benefit is directly attributable to State compliance with Federal requirements to provide Essential Health Benefits after December 31, 2011.

This bill would require Qualified Health Plans to provide coverage for the cost of services related to blood lead testing. Currently, Hawaii's benchmark plan does not provide the coverage required by this bill. Accordingly, if these additional benefits are mandated, the State may be required to defray the cost.

At this time, our department is unaware of a state that has been subjected to the obligation to defray the cost for additional benefits. Therefore, there are no prior examples of how the State would meet its obligation and what specific procedures would be necessary to fulfill the obligation. Our department's best understanding is that



after the Qualified Health Plan issuer submits the issuer's costs attributable to the additional mandate, the Legislature would need to appropriate the money during the following legislative session and propose a mechanism to distribute the money.

Thank you for the opportunity to testify.



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: Representative Mizuno, Chair  
Representative Kobayashi, Vice Chair  
House Committee on Health

Re: **SB 2637 SD2, relating to children's health**  
Hawaii State Capitol, Auditorium  
9:00AM, 3/12/2020

Chair Mizuno, Vice Chair Kobayashi, and committee members,

**On behalf of Hawaii Children's Action Network Speaks!, we write in support of SB 2637 SD2, 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 services<sup>1</sup>. 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.<sup>2</sup> 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

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<sup>1</sup> 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

<sup>2</sup> 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](https://nashp.org/wp-content/uploads/2018/05/NASHP-Lead-Policy-Scan-5-21-18_updated.pdf)



March 12, 2020

To: Hawaii State Senate Committee on Health

Date: Thursday, March 12, 2020

Re: Testimony in strong support of SB 2637 SD2 Lead Poisoning Prevention Bill

Dear Chair Mizuno, Vice Chair Kobayashi and Members of the Committee:

Healthy Mothers Healthy Babies Coalition of Hawaii writes in strong support of SB 2637 SD2, 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



MURANAKA ENVIRONMENTAL CONSULTANTS, INC.  
P.O. Box 4341 Honolulu, HI 96812. Phone: 808-845-8822, Fax 808-845-8823

March 10, 2020

House Committee on Health

Re: SB 2637 SD2

Muranaka Environmental Consultants, Inc. is submitting this testimony to **support SB 2637 SD2.**

Muranaka Environmental Consultants, Inc. has been conducting lead-based paint surveys, risk assessments, and investigations of children with elevated lead in their blood since 1990. We therefore have direct experience with what can cause ill health effects in children due to exposure to lead-containing materials and see the need for a program to thoroughly track these environmental conditions as well as to screen the at-risk children for blood-lead levels. Since the CDC had lowered their levels of concern from 10 micrograms per deciliter, to 5 micrograms per deciliter, there's an increased urgency for Hawaii to step up the blood screening process so we can identify the children that are being under represented and needlessly being harmed by exposure to lead.

Sincerely,

Mark T. Muranaka, M.S. , M.P.H.  
President

To: Committee on Health  
Committee Chair Representative John M. Mizuno  
Committee Vice Chair Representative Bertrand Kobayashi

Date: March 12, 2020 at 9:00am Capitol Auditorium

RE: **Support for SB 2637 SD 2; Relating to Children's Health**

The Early Childhood Action Strategy (ECAS) is a statewide public-private collaborative designed to improve the system of care for Hawai'i's youngest children and their families. ECAS partners are working to align priorities for children prenatal to age eight, streamline services, maximize resources, and improve programs to support our youngest keiki. ECAS supports SB 2637 SD 2.

Approximately 1 out of every 100 children tested in Hawai'i from 2013 to 2018 had an elevated blood lead level. Lead poisoning can cause permanent health damage, including intellectual disabilities, learning and behavior problems, high blood pressure, and damage to the brain. There is no safe level of lead--even low-level exposure to lead can result in dire health effects.

According to a Hawai'i News Now article posted in 2017, "state officials say a lack of funding and reporting hurdles have prevented the state from more rigorously tracking lead poisoning in Hawai'i". It's important to ensure all keiki are screened for lead levels and are linked with necessary health supports. Having mandatory blood lead testing for young keiki be covered under health insurance plans will help pay for the costs necessary to improve the health and well-being of our keiki.

We urge the committee to pass SB 2637 SD 2. Mahalo for the opportunity to provide testimony.

**SB-2637-SD-2**

Submitted on: 3/10/2020 9:23:19 PM

Testimony for HLT on 3/12/2020 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Anne Tanaka	Muranaka Environmental Consultants, Inc.	Support	No

Comments:

We are very excited to see the Bill go to the Senate. As the representative consultant for the Department of Health's Childhood Lead Poison Prevention Program, we have been for the last 30 years been in full support of childhood lead poisoning prevention, in our training classes, projects (Risk Assessments, Lead Training, Surveys) and as well as out of the office environment. Our continued efforts includes young children 6 years of age and under, an unborn child, children over the age of 6, adults, etc.

We hope for great success that the Senate will support and approval the Bill.

Sincerely,

Anne Tanaka

Director of Training

**LATE**

March 11, 2020

The Honorable John M. Mizuno, Chair  
The Honorable Bertrand Kobayashi, Vice Chair  
House Committee on Health

Re: SB 2637, SD2 – Relating to Children’s Health

Dear Chair Mizuno, Vice Chair Kobayashi, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 2637, SD2, which 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 testing. Effective 7/1/2050.

We appreciate the intent of this measure, but would like to express the following concerns on the bill as written. HMSA covers lead risk assessments and testing in all our commercial plans in line with the American Academy of Pediatrics recommendations for preventive pediatric health care, as identified in the Bright Futures Schedule. According to the Bright Futures Schedule, a lead risk assessment or lead testing should be performed at ages 12 months and 24 months. Additionally, lead risk assessments should be performed at ages: 6 months, 9 months, 18 months, and 3 – 6 years.

For Medicaid members, we follow the CMS requirements for lead testing as follows:

- 9-12 months of age (even if not at risk)
- 24 months of age (even if not at risk)
- 36-72 months of age (if not previously tested)
- At any age, whenever identified as having at least one risk factor through the verbal risk assessment

As this bill mandates coverage, we respectfully request that it be subject to an impact assessment report by the Auditor pursuant to Sections 23-51 and 23-52 of the Hawaii Revised Statutes.

Thank you for the opportunity to provide testimony on this measure. Your consideration of our comments is appreciated.

Sincerely,



Pono Chong  
Vice President, Government Relations

To: Representative John M. Mizuno, Chair  
Representative Bertrand Kobayashi, Vice Chair  
House of Representatives, Committee on Health

Re: SB 2637 SD2

Hawaii State Capitol, Auditorium

9:00AM, 3/12/2020

Chair Mizuno, Vice Chair Kobayashi, 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.

Thank you!

Jesse Hutchison



**SB-2637-SD-2**

Submitted on: 3/11/2020 9:13:47 AM

Testimony for HLT on 3/12/2020 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Michelle	Individual	Support	No

Comments:

Aloha Members of the Committee,

I am appealing for your support of BB2637 to establish a state lead poisoning prevention program and testing.

As a parent of older children, I think back to when they were younger. I have learned a lot through the Department of Health's currentl efforts to educate the public and healthcare workers on lead hazards and exposure prevention. Knowing what I know now, I wish that my children, nieces, and nephews all had universal testing and coverage available to them. Finding out at the earliest and most vulnerable age may have identified issues that we were not aware of and provided the best possible outcomes for our children.

As a healthcare worker, I've also worked with families and children who were exposed to lead hazards. Exposure to lead impacts a child's development, learning, health and the opportunity to be the best that they could be. This greatly impacts the family as a whole as well. When testing is delayed, the unknown source continues everyone's risk for exposure and detrimental health effects.

As a resident of Hawa'i, lead hazards and exposure impacts our neighborhoods which we all live, work, and play. Those residents who the CDC identifies most at risk already face other struggles and risk factors. We need to support primary prevention efforts in Hawai'i as SB 2637 would support. I also urge you to support prevention efforts on lead poisoning exposure in SB2637 so we can continue to ensure the best possible outcomes for our children and the people of Hawai'i.

Sincerely,

Michelle Calderon

Resident of Kapolei

