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**Testimony of the Department of Commerce and Consumer Affairs  
Before the  
Senate Committee on Commerce, Consumer Protection, and Health  
Wednesday, February 12, 2020  
9:00 a.m.  
State Capitol, Conference Room 229**

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

Chair Baker 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.

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

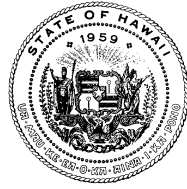
benefits applicable to the individual and/or small group market that are considered in addition to [the essential health benefits (EHB).]”<sup>1</sup>

Section 2 of the bill on page 7, line 3 to page 8, line 7, 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.

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 21-day 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>.



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

SENATOR ROSLYN H. BAKER, CHAIR  
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
Hearing Date: February 12, 2020 Room Number: 229

1 **Fiscal Implications:** This measure does not specify appropriations; however, the Department of  
2 Health (DOH) does not have the long-term staff or funding resources for a statewide childhood  
3 lead poisoning prevention program.

4 **Department Testimony:** The Department of Health supports the intent of S.B. 2637 that  
5 establishes a statewide program for the early identification of, and intervention for, lead  
6 poisoning in children; and requires health insurers to provide coverage for testing. DOH defers  
7 to the Governor's Budget Request for appropriation priorities.

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

14 After a 14-year lapse in federal funding, the Hawaii Childhood Lead Poisoning Prevention  
15 Program (HI-CLPPP) was re-established in September 2017, through a three-year cooperative  
16 funding agreement from the Centers for Disease Control and Prevention (CDC). Federal funding  
17 beyond September 2020 is uncertain. The program supports efforts to bring 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 for

1 sources of lead exposure; and intervene by providing education and/or removing lead sources  
2 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 of the  
7 lead source and educational interventions. Other children can be exposed to that lead source.

8 DOH takes no position on the merits of third-party payer reimbursement to health care providers  
9 for mandated services pursuant to this measure.

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

11 **Offered Amendments:**

12 Change all instances of “screen” or “screening” to “test” or “testing”: Screening often refers to  
13 using a targeted screening system with a lead risk exposure questionnaire to determine whether a  
14 test should be completed, while testing refers to the actual blood lead test.

15 §321-C and §321-D: Remove screening requirements at age 3 years or older and defer to the  
16 health care providers to determine lead exposure risk and need for blood lead testing. This is  
17 consistent with the screening guidelines set by American Academy of Pediatrics/Bright Futures,  
18 and testing required by Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).

19 §321-F: Delete this section. Capillary and confirmatory venous testing guidelines and protocols  
20 are a clinical practice issue that does not need to be required by statute. The screening protocol  
21 for home undergoing renovation should be left to DOH and health care provider determination.

22 §321-G: Delete this section. The DOH Early Intervention Section (EIS) already includes lead  
23 exposure as a biological risk condition that is eligible for EIS services. EIS is mandated by Part  
24 C of the Individuals with Disabilities Education Act (IDEA) and Hawaii administrative rules to  
25 include children with disorders secondary to exposure to toxic substances.



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 Baker, Chair  
Senator Chang, Vice Chair  
Senate Committee on Commerce, Consumer Protection, and Health

Re: **SB 2637, relating to children's health**  
Hawaii State Capitol, Room 229  
9:00AM, 2/12/2020

Chair Baker, Vice Chair Chang, and committee members,

**On behalf of Hawaii Children's Action Network Speaks!, we write in support of SB 2637, 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.

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)



February 11, 2020

To: Hawaii State Senate Committee on Commerce, Consumer Protection, and Health

Date: Wednesday, Feb. 12, 2020, 9:00 a.m.

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

Dear Chair Baker and Members of the Committee:

Healthy Mothers Healthy Babies Coalition of Hawaii writes in strong support of SB 2637, which seeks to keep Hawaii's children safe from lead hazards, and the effects of lead poisoning, by requiring lead tests for well—child checks at ages one, two, and three for all children residing in the State, and to provide early—intervention services to children who have elevated blood lead levels of ten micrograms per deciliter or higher.

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 µg/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

To: Committee on Commerce, Consumer Protection, and Health  
Committee Chair Rosalyn H. Baker  
Committee Vice Chair Stanley Chang

Date: February 12, 2020

RE: **Support for SB 2637; 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.

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. Approximately 1 out of every 100 children tested in Hawai'i from 2013 to 2018 had an elevated blood lead level.

The Hawai'i Childhood Lead Poisoning Prevention Program aims to prevent, identify, and treat childhood lead poisoning statewide. 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 to improve their health and well-being.

We urge the committee to pass SB 2637 and provide the Department support needed for implementation of lead screening and prevention. Mahalo for the opportunity to provide testimony.