



STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony COMMENTING on S.B. 2682
RELATING TO LEAD POISONING.**

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HEALTH & HUMAN SERVICES

SENATOR JARRETT KEOHOKALO, CHAIR
SENATE COMMITTEE ON COMMERCE & CONSUMER PROTECTION

Hearing Date: 2/7/2024

Room Number: CR 225

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 S.B. 2682 with offered
6 amendments.

7 There is no known safe level of lead. Even a small amount of lead in a child's blood can inhibit
8 their ability to learn, pay attention, and succeed in school. Hawaii data from 2018-2023 shows
9 that each year an average of 316 (2.0%) of all tested children under the age of six (6) years had
10 lead in their blood above the CDC Reference Level of 3.5 mcg/dl. However, the true prevalence
11 of lead poisoning in Hawaii is not known since only 29.3% of children under the age of three (3)
12 were tested in 2023.

13 There are many types of lead sources in Hawaii like old paint, soil, dust, old toys, jewelry,
14 antiques, souvenirs, fishing tackle, keys, dishes, food, spices, water, jobs, and hobbies. The wide
15 variety of possible lead sources make risk-based screening challenging. The questionnaires need
16 to be long and time-consuming to be comprehensive enough to avoid leaving a lead-exposed

1 child untested. Geographic targeting is even more difficult in Hawaii due to limited data from
2 low testing rates and a lack of historical data. Children with lead in their blood above the CDC
3 reference level who are not tested miss the opportunity for identification and removal of the lead
4 source and educational interventions to lessen the effects of lead. In addition, other children can
5 be exposed to that lead source if it is not identified and removed.

6 The Hawaii Childhood Lead Poisoning Prevention Program (HI-CLPPP) was restarted in 2017
7 with a CDC cooperative agreement after a 14-year lapse in funding. HI-CLPPP is currently
8 funded through 2026 and is committed to helping the community prevent children from being
9 exposed to lead, identifying children already exposed to lead so the source can be removed, and
10 linking families with recommended services.

11 HI-CLPPP already uses an online surveillance system to track lead testing results, and the DOH
12 Immunization Branch lacks the capacity to track lead testing via the Hawaii Immunization
13 Registry, so an amendment removing reference to section 325-33 has been offered below. The
14 current HI-CLPPP risk-based system uses a screening questionnaire for families that combine
15 risk-based questions with high-risk zip codes. A recent study by the University of Hawaii Center
16 on the Family (UH COF) funded by HI-CLPPP showed that 43% of children in Hawaii with lead
17 in their blood above the CDC reference level do not live in high-risk zip codes. After attempting
18 to validate risk systems informed by best practices from across the United States, UH COF
19 recommended HI-CLPPP consider universal testing at ages 1 and 2.

20 **Offered Amendments:**

21 Chapter 325: Replace with Chapter 321.

22 §325-A (1): Replace “rules” with “recommendations”.

23 §325-A (2): Remove “that is maintained pursuant to section 325-33”.

24 §325-A (2)(b)(1-4): Replace with:

25 (b) The department of health shall adopt recommendations to implement this section.

1 The recommendations shall include but not be limited to:

2 (1) Subject to subsection (c), a recommendation that a minor residing in the State
3 shall be considered at high risk for lead exposure and tested according to the Early and Periodic
4 Screening, Diagnostic, and Treatment guidelines for children enrolled in Medicaid; and

5 (2) Procedures for entering the information described in subsection (a)(2) on the
6 minor's record of testing, including but not limited to procedures for entering the information if
7 testing is performed by a person other than a physician.

8 §325-A (2)(c): Replace with:

9 (c) The department of health may adjust the recommendation in subsection (b)(1) if,
10 after collecting and reviewing data on lead poisoning in the State for five years, the department
11 of health determines that testing minors at the ages set by subsection (b)(1) is no longer
12 necessary or appropriate to maintain the health and safety of minors who reside in the State. If
13 the department of health adjusts the recommendation in subsection (b)(1) pursuant to this
14 section, the department of health shall submit a report of its findings and rationale to the
15 legislature twenty days prior to the convening of the next regular session.

16 Thank you for the opportunity to testify.

SB-2682

Submitted on: 1/31/2024 9:04:38 PM

Testimony for HHS on 2/7/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Michael EKM Olderr	Individual	Support	Written Testimony Only

Comments:

The complete ban on the use of lead began in the 70's and only ended in the late 90's. Children are still exposed to lead because of how commonly it is used and how little has been done to repair the infrastructure that's been tainted. There are still houses with lead paint and lead pipes wrapping around the island. It's in the soil, in the air, and in our blood. So I support this bill because while it doesn't safeguard against lead, we can protect and heal our keiki if they get sick. So please pass this bill.