

# HOUSE BILL REPORT

## HB 1847

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**As Reported by House Committee On:**  
Environmental Health, Select

**Title:** An act relating to lead poisoning prevention.

**Brief Description:** Providing for lead poisoning prevention education and screening.

**Sponsors:** Representatives O'Brien, Warnick, Eickmeyer, Dunn, Darneille, Simpson and Chase.

**Brief History:**

**Committee Activity:**

Select Committee on Environmental Health: 2/15/07, 2/20/07 [DP].

**Brief Summary of Bill**

- Creates a series of public service announcements about the nature of lead-based paint hazards, the importance of standards for lead poisoning prevention in properties, and the certification and training program administered by the Department of Community, Trade, and Economic Development (DCTED).
- Requires the Secretary of the Department of Health to develop information pamphlets about childhood lead poisoning education and prevention.
- Creates a screening program for children under six years of age in target populations for elevated blood-lead levels.

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### HOUSE SELECT COMMITTEE ON ENVIRONMENTAL HEALTH

**Majority Report:** Do pass. Signed by 9 members: Representatives Campbell, Chair; Hudgins, Vice Chair; Newhouse, Ranking Minority Member; Sump, Assistant Ranking Minority Member; Chase, Hailey, Hunt, Morrell and Wood.

**Staff:** Amy McCormick (786-7290).

**Background:**

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

Exposure to lead is highly dangerous, especially to children ages six and younger. Young children are more likely to ingest lead dust, and as such, are at higher risk for lead poisoning. In addition, children are more likely to be affected by lead poisoning than adults due to their smaller and still developing bodies. Lead poisoning in children can cause irreversible learning difficulties, mental retardation, and delayed neurological and physical development.

Lead was commonly used in paint until it was banned for residential use in 1978. Ingesting or breathing dust from lead-based paint is the most common form of lead exposure. Dust is released by the deterioration of paint and during remodeling. Private contractors are required to use proper techniques to control lead dust, but many homeowners perform their own remodeling without using or knowing of these techniques.

There is concern that knowledge of lead-based paint hazards and methods of prevention of harmful effects is not sufficiently widespread.

In 1992, Congress passed the Residential Lead-Based Paint Hazard Reduction Act, also known as Title X. Under Title X, the Environmental Protection Agency (EPA) and other federal agencies developed a national program to prevent and reduce lead-based paint exposures and hazards. Title X allows states to provide for the accreditation of lead-based paint activities programs, the certification of persons completing such training programs, and the licensing of lead-based paint activity contractors. In Washington, the Department of Community, Trade, and Economic Development (DCTED) operates the Lead-Based Paint Program which focuses on certification and training, but which also includes consumer outreach, education, and awareness activities.

In 2004, 52 children in Washington, ages 0-6, were reported by the Department of Health (DOH) to have an elevated blood-lead level. The DOH estimates that only about 5 percent of Washington children are actually tested for lead poisoning, and that there are likely to exist between 1,000 and 3,000 children, ages 0-6, in Washington with elevated blood-lead levels. A 1999 statewide survey concluded that approximately .9 percent of all 1 and 2 year-old children had elevated blood-lead levels, and that 3.7 percent of Hispanic children of the same ages had elevated blood-lead levels. Surveys before 1999, as well as the 1999 statewide survey, found that the percentage of children with lead poisoning was higher in central Washington than in the rest of the state.

Testing for elevated blood-lead levels could lead to mitigation or prevention of harmful effects of childhood lead poisoning.

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### **Summary of Bill:**

The Secretary of the Department of Health (Secretary) must sponsor a series of public service announcements on radio, television, internet, and print media about the nature of lead-based paint hazards, the importance of standards for lead poisoning prevention in properties, and the certification and training program administered by the DCTED. The Secretary must seek the

participation and involvement of private industry organizations, including those involved in real estate, insurance, mortgage banking, and pediatrics.

By January 1, 2008, the Secretary must develop culturally and linguistically appropriate information pamphlets regarding childhood lead poisoning, the importance of testing for elevated blood-lead levels, and the prevention and treatment of childhood lead poisoning. The pamphlets will be distributed to parents or guardians of children six years or younger on the following occasions:

- (1) by a health care provider at the birth of the child and at the time of childhood immunization or vaccination unless already provided to the parent or guardian within the prior 12 months; and
- (2) by the owner or operator of any child care facility, preschool, or kindergarten class on or before October 15 of each year.

The Secretary must establish a program for early identification of persons at risk of having elevated blood-lead levels. The program will screen children under six years of age in target populations for elevated blood-lead levels. The Secretary must adopt rules establishing the means and intervals for screening children under age six and guidelines for medical followup of children with elevated blood-lead levels. Target populations will include:

- all children enrolled in Medicaid at age 12 months and 24 months, or between the ages of 36 months and 72 months if not previously screened;
- children under the age of six years with delayed cognitive development or other symptoms of childhood lead poisoning;
- persons at risk residing in the same household as another person at risk with elevated blood-lead levels;
- persons at risk residing in buildings or areas with significant numbers of recent cases of lead poisoning or elevated blood-lead levels;
- persons at risk residing in a building subject to enforcement for violations of lead poisoning laws within the last three years;
- persons at risk residing in a building whose owner also owns a building that is subject to enforcement for violations of lead poisoning laws within the last three years; and
- persons at risk residing in buildings or areas in which the Secretary reasonably determines a significant risk of elevated blood-lead levels.

The Secretary shall maintain comprehensive records of all screenings, and these records will be indexed geographically and by owner.

All confirmed or probable cases of lead poisoning found during screenings will be reported to the affected individual, to the parent or guardian of a minor, and to the Secretary.

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**Appropriation:** None.

**Fiscal Note:** Requested January 30, 2007.

**Effective Date:** The bill takes effect 90 days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony:**

(In support) This legislation is another step in the direction of identifying and educating people about lead impacts, not just lead-based paint impacts. Education is the first way to go as opposed to regulation. Labeling and education is important. Identification of children under age six who are Medicaid recipients is a good group to test for lead impacts. Eight percent of children in Washington live in areas with high risk of lead exposure in homes.

(Neutral) Health effects of childhood lead poisoning can be lifelong and severe. A comprehensive lead program was run from 1994 to 2004 by the Department of Health (Department), but funding by the Center for Disease Control was cut. Blood-lead tests must be reported to the Department and kept in a registry. Of children ages 0-6 tested for lead, 1 percent have elevated lead levels. A comparable national average is 3 percent. Washington is ranked 46 out of 50 for prevalence of elevated lead levels in children. Sources of lead exposure are older houses with deteriorating paint or older houses that are being remodeled. Newly arrived immigrants using traditional remedies for treatments also have tested with high lead levels, and children adopted from China have appeared on registry of elevated lead levels at a disproportionate rate. A chemical action plan may focus next on reducing lead and lead exposure in the environment, by looking at imported candy and other products containing lead.

(Opposed) None.

**Persons Testifying:** (In support) John Woodring, Pacific Northwest Paint Council.

(Neutral) Gregg Grunenfelder, Department of Health.

**Persons Signed In To Testify But Not Testifying:** None.