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**Select Committee on  
Environmental Health**

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**HB 1847**

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

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

**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.

**Hearing Date:** 2/15/07

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

**Background:**

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 effected 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

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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 the State of Washington, the 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.

### **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 Department of Community, Trade, and Economic Development (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 twelve months; and
- 2) by the owner or operator of any child care facility, preschool, or kindergarten class on or before October 15th 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 twelve months and twenty-four months, or between the ages of thirty-six months and seventy-two 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.

**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.