

HOUSE BILL REPORT

HB 3059

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

Title: An act relating to lead blood level assessments.

Brief Description: Requiring coverage for lead blood level assessments.

Sponsors: Representatives Hudgins, Hasegawa and Roberts.

Brief History:

Committee Activity:

Select Committee on Environmental Health: 1/22/08, 1/24/08 [DP];
Appropriations: 2/6/08, 2/8/08 [DPS].

Brief Summary of Substitute Bill

- The Department of Social and Health Services must provide coverage for lead blood level assessments for any Medicaid-eligible children under 21 years old.

HOUSE SELECT COMMITTEE ON ENVIRONMENTAL HEALTH

Majority Report: Do pass. Signed by 8 members: Representatives Campbell, Chair; Hudgins, Vice Chair; Sump, Ranking Minority Member; Chase, Hunt, Morrell, Newhouse and Wood.

Staff: Ashley Pedersen (786-7303).

Background:

According to the U. S. Environmental Protection Agency, exposure to lead is highly dangerous, especially to children ages 6 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.

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.

Medicaid coverage is available only to people with a limited income and who meet certain other requirements. These other requirements may be in regards to age, disability, income and resources, and citizenship.

Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service is a comprehensive and preventive child health program for individuals under the age of 21. The EPSDT benefit, in accordance with Section 1905(r) of the Social Security Act, must include periodic screening, vision, dental, and hearing services, as well as lead toxicity screening.

Centers for Medicare and Medicaid Services require that a blood lead test must be used when screening Medicaid-eligible children. Those children receive the lead toxicity screening at 12 months and 24 months of age. If they have not been previously screened for lead poisoning, children between the ages of 36 months and 72 months of age must receive a screening blood lead test. A blood lead test result equal to or greater than 10 ug/dl obtained by capillary specimen (finger-stick) must be confirmed using a venous blood sample.

According to the March 2003 Lead Reporting Update by the Department of Health (DOH), the number of children tested for blood lead levels is quite low in Washington. The DOH estimates that only about 4 percent of Washington children ever receive a blood lead test. The Department of Social and Health Services (DSHS) is not providing blood level testing pursuant to EPSDT unless the health care provider or parent requests it.

Summary of Bill:

The DSHS must provide coverage for lead blood level assessments for any eligible children under 21 years old. This must be done in accordance with Early and Periodic Screening, Diagnostic, and Treatment services as defined in Section 1905 of Title XIX of the Federal Social Security Act and its implementing regulations and guidelines.

Appropriation: None.

Fiscal Note: Requested on January 21, 2008.

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

Staff Summary of Public Testimony:

(In support) The DSHS is not testing children's blood lead levels, even though it is required to under Medicaid's EPSDT benefit, in accordance with Section 1905(r) of the Social Security Act. Head Start programs are required to review the EPSDT lead testing results of their Medicaid eligible-children tested pursuant to the EPSDT, but medical providers are not obtaining the data.

It is important to test children's blood lead levels. Lead is present in the environment, including water, paint, and toys. Children are more likely to ingest lead and are thus at higher risk for lead poisoning. 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, and delayed physical development. All children are at risk; it spans all income levels. Families are learning about the risk and are very concerned about the threats. The new finger-prick technology is easy to use and affordable.

(Information only) The DSHS is not providing blood level testing pursuant to the EPSDT unless the health care provider or parent requests it. The DSHS is currently following the recommendations of the DOH, the U. S. Centers for Disease Control and Prevention, and the American Academy of Pediatrics. There is a standardized form that the health care provider must complete that forces him or her to consider whether to give the lead test. Even states that do enforce the EPSDT requirements do not have 100 percent compliance. The incidence of elevated lead blood level in Washington is low at about 1.2 to 1.3 percent.

(Opposed) None.

Persons Testifying: (In support) Representative Hudgins, prime sponsor; Janice Deguchi, Denise Louie Education Center; and Jefferson Ketchel, Public Health Seattle and King County.

(Information only) MaryAnne Lindeblad, Department of Social and Health Services.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 20 members: Representatives Sommers, Chair; Dunshee, Vice Chair; Alexander, Ranking Minority Member; Cody, Conway, Darneille, Ericks, Fromhold, Green, Haigh, Hunt, Kagi, Kessler, Linville, McIntire, Morrell, Pettigrew, Schual-Berke, Seaquist and Sullivan.

Minority Report: Do not pass. Signed by 9 members: Representatives Haler, Assistant Ranking Minority Member; Anderson, Chandler, Hinkle, Kretz, Priest, Ross, Schmick and Walsh.

Staff: Mark Matteson (786-7145).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Select Committee on Environmental Health:

A null and void clause was added, making the bill null and void unless funded in the budget.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of session in which bill is passed. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony:

None.

Persons Testifying: None.

Persons Signed In To Testify But Not Testifying: None.