

**REQUIRE LEAD POISONING
SCREENING FOR PRESCHOOLERS**

House Bill 4495
Sponsor: Rep. Carl M. Williams
Committee: Health Policy

Complete to 4-10-01

A SUMMARY OF HOUSE BILL 4495 AS INTRODUCED 3-20-01

The bill would amend the Public Health Code to require lead poisoning screening of preschool-aged children as part of the currently required medical screening requirements for preschool. More specifically, the bill would add a new section to the Lead Abatement part of the code (Part 54a) to require the Department of Community Health to establish a blood lead testing program for certain preschool children and would amend the Immunization part of the code (Part 92) to add blood lead testing, starting at age three, to certain sections of the code regarding childhood immunizations.

Blood lead testing program. The bill would require the Department of Community Health to establish a blood lead testing program for preschool children who were subject to the code's parental notification and objection provisions regarding childhood immunizations, and to require that all blood lead test results be reported to the department. When the department received notice of a child with a blood lead level above 10 micrograms per deciliter, it would be required to initiate contact with that child's local public health department or the physician, or both. The department also would be required to establish, by rule, a program or system for follow-up and for providing a list of agencies or service providers capable to offering assistance to children with high blood lead levels (that is, those who were confirmed to have blood lead levels above 10 micrograms per deciliter).

Annual report. Beginning January 1, 2002, the department would be required to report to the legislature annually the number of preschool children who were screened for lead poisoning during the preceding fiscal year, the number of children with high blood lead levels, and to compare the rates of high blood lead levels with those of previous fiscal years. Finally the department would be required to recommend methods for improving compliance with the bill, including any necessary legislation of appropriations.

Current immunization requirements. Currently, Part 92 of the health code requires local health department to conduct free periodic immunization clinics for children living in the local health department's jurisdiction, and that a written certificate of immunization be provided when a health care provider administers an immunization. Before a child is immunized, the health care provider must notify the child's parent, guardian, or person in loco parentis of their right to object to the requirement that the health care provider report to the department each immunization unless the parent, guardian, or person in loco parentis objects. The health code also requires the Department of Community Health to establish a Childhood Immunization Registry to record information about immunization, to be used only for "immunization purposes."

House Bill 4495 (4-10-01)

The health code requires that all parents applying to have their children registered for a school for the first time, or for a preschool “program or group residence care” or camping, present either a certificate indicating that the child has been immunized or a “statement of exemption.” (Children may be exempted from the code’s immunization requirements if a physician certifies that a specific immunization is or may be detrimental to the child’s health, or if the child’s parent, guardian, or person in loco parentis presents a written statement to the school administrator or group program operator objecting to immunization). Each November 1, the principal or administrator of each school must deliver to the state and local health departments a list of the immunization status at the time of school entry of new entering kindergarten and first grade students, and to update this list before the following February 1.

Rules, registry. The bill would amend the immunization part of the health code to require the Department of Community Health to add blood lead testing to the code’s rules promulgation requirements for immunization, which include, but are not limited to, rules governing the age periods for immunizations, the minimum ages at which immunization may begin, the minimum number of doses of immunization required during a specified time period, the minimum levels of immunization for children in school, reporting requirements, and the acquisition, maintenance, and dissemination of information contained in the childhood immunization registry. The bill would rename this registry the “childhood immunization and blood lead testing registry,” and require that blood lead testing begin at the age of three for children entering into or already registered in preschool programs. As is now the case for immunization information, blood lead test information would be confidential and used only for blood lead screening purposes, and, like immunization information, would be deleted from the registry when the child in question reached the age of 20.

Certificates and school or preschool registration. As currently is required in the case of immunizations, a certificate of blood lead testing would have to be issued when a child were tested for blood lead levels, and parents, guardians, or persons in loco parentis would have the same right to exempt their children from blood lead testing that they currently have for immunizations. Certificates of blood lead testing, as well as of immunization, would have to be presented to schools or preschool programs before a child could be registered, unless the parent, guardian, or person in loco parentis presented a statement of exemption. Operators of preschool group programs cannot let a child attend the group activity unless he or she has had a minimum of one dose of each required immunizing agent. However, the operator of a preschool group would be allowed to let a child attend the group activity pending the results of blood lead testing. As is the case with minimum immunization doses, a child without a blood lead test could stay in the preschool program if a blood lead test certificate is presented within four months after the child began the preschool program.

Reporting requirements. As is currently the case with immunizations, unless a parent, guardian, or person in loco parentis objected, each health care provider administering a blood lead test to a child would be required to report the test to the department. School principals or administrators also would have to report the blood lead status as well as the immunization status of new entering kindergarten and first grade students before November 1 of each year; and the bill would require, for the first time, that operators of preschool programs report to the state and local health departments a list of both the immunization and blood lead status of the children

entering their programs. Both school administrators and preschool program operators would have to update their lists before the following February 1 to show the additional immunizations and blood lead testing received by each child since entering the school or preschool program. Finally, just as preschool programs currently are required to report, upon request by the department or a local health department, the immunization status of each child accepted into the program, operators of preschool programs also would be required to supply the same information about blood lead testing upon request.

Minimum levels. Currently, the Department of Community Health prescribes minimum percentage levels of immunization for children in schools. The bill would add to this provision the prescription of the minimum percentage levels of blood lead testing for children in school or preschool programs. And as is currently the case with immunizations and school children, local health officers would use the information collected on blood lead levels to take appropriate action, including blood level immunization clinics, in order to raise the blood lead testing level of children registered in preschool programs.

MCL 333.5474a et al.

Analyst: S. Ekstrom

■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.