

Legislative Analysis



TESTING FOR CHILDHOOD LEAD POISONING

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<http://www.house.mi.gov/hfa>

House Bill 4678 (H-2) as reported from committee
Sponsor: Rep. John D. Cherry

Analysis available at
<http://www.legislature.mi.gov>

House Bill 4679 (H-1) as reported from committee
Sponsor: Rep. Helena Scott

Committee: Health Policy
Complete to 12-19-22

BRIEF SUMMARY: House Bills 4678 and 4679 would together amend the Public Health Code to require childhood testing for lead poisoning. House Bill 4678 would require minors to be tested for lead poisoning at certain ages, require the testing to be recorded on a certificate of immunization, and require the Department of Health and Human Services (DHHS) to promulgate rules to implement the testing requirement. House Bill 4679 would require a certificate of immunization to include a space to indicate whether a minor has been tested for lead poisoning.

FISCAL IMPACT: House Bill 4678 would have one-time modest fiscal implications for DHHS to carry out the process of promulgation of rules to implement the bill. These costs should be able to be absorbed by the current appropriations for administration and the relevant programs. House Bill 4679 would have one-time minor fiscal implications for DHHS to modify the existing form of the certificate of immunization.

THE APPARENT PROBLEM:

The federal Medicaid program requires all child beneficiaries to have their blood tested for lead at 12 months and at 24 months of age, with a catch-up testing of any child between 24 and 72 months of age not tested previously. However, children of the same age who are not enrolled in Medicaid are not required to be tested for dangerous levels of lead in their blood, even though they may have the same risk of exposure. Lead is a neurotoxin that can damage organs and lead to cognitive and behavioral impacts that can affect a person throughout their lifespan. Lead exposure knows no socioeconomic boundaries, and all children may be at risk simply because lead can accumulate to dangerous levels more quickly in the smaller bodies of children and children, more than adults, tend to touch surfaces that may be contaminated with lead (e.g., window sills in older homes or dirt in yards) and then place their fingers in their mouths. But lead also can be carried in the air, so neighborhoods downwind from industrial parks or construction sites can also carry risk of lead exposure to residents of all ages. Early detection and treatment can mitigate the dangerous effects of lead poisoning, and since young children are more impacted by early lead exposure, many believe it makes sense that all young children be tested for blood lead levels.

THE CONTENT OF THE BILLS:

House Bill 4678 would add a new section to Chapter 54A (Lead Abatement) of the Public Health Code. Beginning January 1, 2024, a physician treating a patient who is a minor would

have to test the minor for lead poisoning at the intervals and using the methods specified by DHHS by rule. In addition, the physician would have to make an entry of the testing on the minor's certificate of immunization (described in HB 4679, below). However, the testing requirement would not apply to a minor whose parent, guardian, or person in loco parentis objects to testing.

Departmental rules

DHHS would be required to promulgate rules to implement the bill's provisions. The rules would have to include at least all of the following:

- A requirement that a minor residing in Michigan be tested once between the ages of 9 and 12 months old and tested again between the ages of two and three years old.
- The identification of geographic areas in the state that pose a high risk for childhood lead poisoning and a requirement that a minor who is four years old be tested if the minor resides in one of those geographic areas.
- Factors to identify a minor who is at high risk for lead poisoning. The factors would have to include, but would not be limited to, residing in a home where other minors have been diagnosed with lead poisoning and residing in a home built before 1978.
- A requirement that a minor be tested at intervals determined by DHHS if a physician determines that the minor is at high risk for lead poisoning by applying the factors identified above, through a parent's attestation, or through the physician's own independent medical judgment.

Proposed MCL 333.5474d

House Bill 4679 would amend the Public Health Code to require, beginning January 1, 2024, that a certificate of immunization have a space to indicate whether the minor has been tested for lead poisoning.

Under the code, a certificate of immunization is presented to a person accompanying a child by a health care provider that administers an immunizing agent to the child. The certificate is required to be in a form prescribed by DHHS and must indicate the diseases or infections for which the child has been immunized, the number of doses given, the dates when administered, and whether further immunizations are indicated.

MCL 333.9206

Neither bill would take effect unless both bills were enacted.

ARGUMENTS:

For:

Because of federal and state mandates, physicians know to test the blood of young children who are enrolled in Medicaid. However, since they are not required to similarly test children who have other insurance coverage or are not insured, physicians may not even ask or recommend that parents have their children tested. Since the effects of lead poisoning may not be apparent until a child is older, a parent may not suspect that their child has a blood level of lead that requires treatment.

Requiring physicians to test all young children, regardless of enrollment in the Medicaid program, would catch early cases of lead poisoning at a time in life when children are most susceptible to lifetime health, behavioral, and cognitive impacts they are not treated medically and the exposure to lead is not mitigated. Requiring blood lead testing to be recorded on a child's immunization records will make it easy for parents and physicians to track a child's lead exposure, especially if a question should arise about when or how long a child had an exposure to lead that led to the high blood levels.

The timelines provided in House Bill 4678 make it convenient for medical providers and parents alike to have a child tested because it can be done when the child is sick or is in the office for a well child visit or an appointment for an immunization, and so would not require a parent to make a special appointment just for the testing. Further, testing is as simple as a finger prick, or it can be ordered as part of a blood test if a child is having blood drawn for other reasons.

Requiring testing by physicians of all children is likely to result in parents' being better educated as to the dangers of childhood lead poisoning, sources of lead exposure in the home and neighborhood, and steps they can take to mitigate exposure to lead.

Against:

The bill is placing a mandate on physicians to test all young children. This is different from an insurance plan or program benefit requiring or encouraging certain tests to be done across a lifespan. The government should not tell a physician what to do with another person's child.

Response:

The committee substitute enables a parent to opt out of the testing for any reason. By retaining the requirement that a physician test a young patient, the subject of testing will be brought up at an office visit and the parent can learn about the benefits of testing and early treatment if a high level of lead is detected in their child. A parent can decline testing if they choose to do so.

POSITIONS:

The following entities indicated support for the bills (5-26-22):

- Ecology Center
- Detroit Lead Parent Advocacy Group
- Wayne State University Center for Urban Studies
- Learning Disabilities Association of America's Healthy Children Project
- Learning Disabilities Association of Michigan
- Michigan Environmental Council
- Healthy Homes Coalition of West Michigan
- Michigan Chapter – American Academy of Pediatrics

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