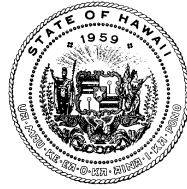


SB 104

Measure Title:	RELATING TO HEALTH.
Report Title:	Department of Health; Lead Poisoning Prevention; Appropriation (\$)
Description:	Appropriates moneys for the department of health's lead poisoning prevention activities.
Companion:	HB1201
Package:	None
Current Referral:	CPH, WAM
Introducer(s):	K. RHOADS



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
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**Testimony COMMENTING on S.B. 104
RELATING TO HEALTH**

SENATOR ROSLYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Hearing Date: February 6, 2019 Room Number: 229

1 **Fiscal Implications:** This bill proposes a general fund appropriation of \$1,000,000 for
2 Department of Health (DOH) lead poisoning prevention activities. The Department defers to the
3 Governor's Biennium Budget Request (FB 2019-2021) for appropriation priorities.

4 **Department Testimony:** The Department respectfully offers comments on S.B. 104 to keep
5 Hawaii's children safe from lead hazards and lead poisoning by supporting comprehensive
6 outreach by DOH to community agencies, health care providers, and families.

7 There is no safe level of lead. Exposure to lead is a significant and widespread environmental
8 hazard for children in Hawaii. Exposure to lead can seriously harm a child's health, increase the
9 risks for damage to the brain and nervous system, slow growth and development, and result in
10 learning, behavioral, hearing and speech problems. Exposure to lead can negatively impact a
11 child's school readiness and school performance.

12 Hawaii data for 2016-2018 showed that annually an average of 200 children under age 6 years,
13 residing in all counties, were identified with elevated blood lead levels. However, the full extent
14 of lead-exposed children is not known, since blood lead testing for children under age 6 years is
15 not universal and estimates indicate that only 15-30% of children have been tested. Lead sources
16 in Hawaii include lead-based paint in homes built before 1978, take-home exposure from
17 workplaces, consumer products, lead fishing sinkers, and other sources.

18 After a 14-year lapse in federal funding, the Hawaii Childhood Lead Poisoning Prevention
19 Program (HI-CLPPP) was re-established in September 2017, through a three-year cooperative

1 agreement from the federal Centers for Disease Control and Prevention (CDC) (Year 1 ending
2 9/29/18: \$361,956, Year 2 ending 9/29/19: \$400,000, Year 3 ending 9/29/20: \$400,000). Current
3 CDC funding ends September 2020.

4 With the CDC funding, HI-CLPPP is working to: 1) increase the number of children under age 6
5 years who receive blood lead level testing; 2) provide follow-up with doctors and families of
6 children with elevated blood lead levels; 3) implement a Maven software lead surveillance and
7 monitoring system; 4) provide education and outreach to families, programs serving young
8 children, health care providers, and communities; and 5) provide updated website
9 (<https://lead.hawaii.gov>) information. HI-CLPPP is coordinating with other DOH programs
10 including the Hazard Evaluation and Emergency Response (HEER) Office, Indoor and
11 Radiological Health Branch/Lead-Based Paint Program, Public Health Nursing Branch, and
12 other agencies and stakeholders on lead-related issues and services.

13 The CDC funding does not allow for: 1) the purchase of an X-ray fluorescence (XRF) instrument
14 and analyses of dust, paint, or soil samples for home assessments for children with elevated
15 blood lead levels (BLL); or 2) assistance to families for cleaning up lead dust from lead-based
16 paint contamination with equipment such as high-efficiency particulate air (HEPA) filter
17 vacuums. The CDC funding also cannot be used for lead testing of drinking water at schools and
18 child care centers, and for survey of paint condition at child care centers built before 1978 to
19 identify areas of paint deterioration that could indicate lead contamination. These studies would
20 help to identify potential sources of lead, and efforts could be made to prevent children from
21 having further lead exposure. Time-limited federal CDC funding does not give the program the
22 ability to establish permanent positions. Short-term federal funding does not allow stability for
23 the current exempt HI-CLPPP positions which are essential for program activities and
24 coordinating a long-term strategy to eliminate childhood lead poisoning in Hawaii.

25 Eliminating lead exposure contributes to the DOH strategic plan to assure the optimal health and
26 development of children in Hawaii.

27 Thank you for the opportunity to testify.

SB-104

Submitted on: 2/3/2019 12:30:56 PM

Testimony for CPH on 2/6/2019 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Zelko	Individual	Support	No

Comments:

Thank you for this opportunity to testify in **strong support** of SB1404, which permits continuation of the Hawaii State Loan Repayment program that supports payments of educational debt for primary care and behavioral health providers who work for non-profit organizations in Health Professions Shortage Areas of Hawaii. This program is possible through a grant to John A. Burns School of Medicine from the federal government but requires a local dollar for dollar match. In 2017, the Hawaii State Legislature funded the program for \$250,000 a year for two years. This has allowed for the loans of 42 health care workers from all islands to have their loans paid down. I would like to support the continuation of funding for this program as it will help us meet the growing shortage of physicians because loan repayment is one of the fastest and least expensive methods for recruiting providers to areas of need. The Hawaii State Loan Repayment program has helped 42 providers since its inception in 2012. Of the program graduates, 62% are still practicing in underserved areas which is much better than the retention of National Health Service Corps program of 25%.

This bill supports 20-25 new healthcare providers a year to work in underserved areas across Hawaii and receive at least \$35,000 and up to \$50,000 a year in loan repayment for practicing at least two years in an area of need. Please continue this program!

Thank you for this opportunity to testify.

Jennifer Zelko-Schlueter (Hilo resident)

SB-104

Submitted on: 2/2/2019 8:03:37 AM

Testimony for CPH on 2/6/2019 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tamara Brown	Individual	Support	No

Comments:

Thank you for this opportunity to testify in strong support of SB1404, which permits continuation of the Hawaii State Loan Repayment program that supports payments of educational debt for primary care and behavioral health providers who work for non-profit organizations in Health Professions Shortage Areas of Hawaii. This program is possible through a grant to John A. Burns School of Medicine from the federal government but requires a local dollar for dollar match. In 2017, the Hawaii State Legislature funded the program for \$250,000 a year for two years. This has allowed for the loans of 42 health care workers from all islands to have their loans paid down. I would like to support the continuation of funding for this program as it will help us meet the growing shortage of physicians because loan repayment is one of the fastest and least expensive methods for recruiting providers to areas of need. The Hawaii State Loan Repayment program has helped 42 providers since its inception in 2012. Of the program graduates, 62% are still practicing in underserved areas which is much better than the retention of National Health Service Corps program of 25%.

This bill supports 20-25 new healthcare providers a year to work in underserved areas across Hawaii and receive at least \$35,000 and up to \$50,000 a year in loan repayment for practicing at least two years in an area of need. Please continue this program!

Thank you for this opportunity to testify. Let's help our healthcare workers!

Aloha

Tamara Brown