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# A BILL FOR AN ACT

RELATING TO CHILDREN'S HEALTH.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1           SECTION 1. The legislature finds that it is well-  
2 established that lead poisoning can cause permanent health  
3 damage, including intellectual disabilities, learning and  
4 behavior problems, high blood pressure, damage to the brain,  
5 nervous system, kidneys, and red blood cells, as well as coma  
6 and death in severe cases. Even at low levels, lead exposure  
7 can result in adverse health effects, especially in young  
8 children. According to the Centers for Disease Control and  
9 Prevention, the effects of childhood lead poisoning are most  
10 effectively treated through early intervention programs before  
11 the age of three. Under federal law, all medicaid-insured  
12 children are to be tested for lead at one and two years of age,  
13 but no mandate currently exists at the state level, even though  
14 the federal Individuals with Disabilities Education Act requires  
15 all states to offer early intervention services for children at  
16 risk for developmental delays or disability before they are  
17 three years of age.



1           Though the reported number of children in Hawaii with  
2 elevated blood lead levels has decreased over time, elevated  
3 blood lead levels among children continue to be a concern. At  
4 this time, only twenty-five per cent of children under the age  
5 of three are tested for lead, which means that the blood lead  
6 levels of the untested children are unknown and untreated.

7           The purpose of this Act is to keep Hawaii's children safe  
8 from lead hazards, and the effects of lead poisoning, by  
9 requiring lead tests for well-child checks at ages one and two  
10 for all children residing in the State.

11           SECTION 2. Chapter 321, Hawaii Revised Statutes, is  
12 amended by adding a new part to be appropriately designated and  
13 to read as follows:

14           **"PART . MANDATORY TESTING FOR LEAD POISONING**

15           **§321-A Definitions.** As used in this part, unless the  
16 context clearly indicates otherwise:

17           "Delayed development" has the same meaning as provided for  
18 in section 321-351.

19           "Department" means the department of health.

20           "Director" means the director of health.



1 "Early intervention services" has the same meaning as  
2 provided for in section 321-351.

3 "Infant" means a child from birth to thirty-six months of  
4 age.

5 "Infants and toddlers with special needs" means infants and  
6 toddlers from birth to age three having delayed development.

7 "Lead poisoning" means a medical condition present in a  
8 child younger than six years of age in which the child has a  
9 concentration of lead in whole venous blood of ten micrograms  
10 per deciliter or higher.

11 **§321-B Duties.** It shall be the duty and responsibility of  
12 the department to establish, implement, and evaluate a statewide  
13 program for early identification of, and intervention for, lead  
14 poisoning in infants.

15 **§321-C Regular testing of children for lead poisoning.**

16 All children shall be tested once between nine and twelve months  
17 of age, and again at two years of age; provided that a health  
18 care provider may determine lead exposure risk for children  
19 three years of age and older and the need for blood lead  
20 testing.



1           §321-D Testing of children at high risk for lead  
2 poisoning. (a) A child shall be tested for lead poisoning more  
3 than once a year whenever, in the sound medical judgment of the  
4 child's health care provider, the child is at high risk of lead  
5 poisoning or meets one of the following high-risk criteria:

6           (1) The child lives in a home where siblings or other  
7 children in the same household are lead poisoned;

8           (2) The child lives in a home constructed before 1978 that  
9 is undergoing renovations, unless the home has been  
10 inspected by a lead inspector and the surfaces to be  
11 disturbed are found not to contain dangerous levels of  
12 lead; or

13           (3) The child lives in a home constructed prior to 1978  
14 with deteriorated paint or plaster, unless the home  
15 has been inspected by a lead inspector and is found  
16 not to contain a dangerous level of lead.

17           (b) A child who meets any of the high-risk criteria set  
18 forth under subsection (a) shall be tested at least every six  
19 months between six months and two years of age.

20           (c) If a child between one and six years of age has never  
21 been tested for lead poisoning, the child shall be tested upon



1 the child's entry into day care, including group or family day  
2 care, or kindergarten or pre-kindergarten, and the child's  
3 parent or guardian shall present evidence of the testing. If  
4 the child has previously been tested for lead poisoning, the  
5 child shall not be required to be tested again to fulfill  
6 daycare, pre-kindergarten, or kindergarten entry requirements,  
7 but the child's parent or guardian shall present evidence of  
8 previous testing.

9       **§321-E Health care provider applicability.** (a) Each  
10 physician duly licensed under chapter 453 shall test patients  
11 for lead poisoning at the intervals specified under section  
12 321-D, using the methods specified in this part.

13       (b) Each licensed, registered, or approved health care  
14 facility serving children younger than six years of age,  
15 including hospitals and clinics issued a certificate of need  
16 under section 323D-43, shall take appropriate steps to test  
17 patients for lead poisoning.

18       (c) Each health maintenance organization issued a  
19 certificate of authority under section 432D-2 shall take  
20 appropriate steps to test patients for lead poisoning.



1           **§321-F Reimbursement for mandatory lead testing services.**

2   The following blood lead testing services shall constitute  
3   mandatory blood lead testing and shall be covered under  
4   individual or group policies of insurance as provided under  
5   chapter 431, article 10A, parts I and II; individual or group  
6   hospital or medical service plan contracts as provided under  
7   chapter 432, article 1; and health maintenance contracts as  
8   provided by chapter 432D:

- 9           (1) Assessment of the child for regular testing at age  
10           four, in accordance with section 321-C and assessment  
11           for high-risk testing in accordance with section 321-  
12           D;
- 13           (2) Completion of the laboratory form known as a  
14           bloodslip;
- 15           (3) Packaging and handling of the blood specimen including  
16           postage costs for mailing the specimen to the  
17           laboratory; and
- 18           (4) Analysis of the blood specimen for lead level by  
19           atomic absorption spectrophotometry or any other  
20           method approved by the Clinical Laboratory Improvement  
21           Amendments of 1988, Public Law 100-578, and 42 U.S.C.



1           263a, and for erythrocyte protoporphyrin by  
2           fluorometry, either through the measurement of zinc  
3           protoporphyrin or by extraction."

4           SECTION 3. In codifying the new sections added by section  
5 2 of this Act, the revisor of statutes shall substitute  
6 appropriate section numbers for the letters used in designating  
7 the new sections in this Act.

8           SECTION 4. This Act shall take effect on July 1, 2020.



**Report Title:**

DOH; Lead Poison Testing; Insurance

**Description:**

Requires the Department of Health to establish, implement, and evaluate a statewide program for early identification of, and intervention for, lead poisoning in infants. Requires insurers to provide coverage for the testing. (SD1)

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