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BILL ANALYSIS

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Senate Bill 1198 (as reported without amendment)
Sponsor: Senator Martha G. Scott
Committee: Families and Human Services

Date Completed: 5-9-06

**RATIONALE**

Michigan reportedly has one of the highest rates of lead poisoning in the country. Although there is increasing awareness of the risks of lead exposure, the potential for lead poisoning remains high, particularly in older homes or neighborhoods, or in industrial areas where the air or soil may be contaminated with lead. Lead was eliminated from gasoline, house paint, and water pipes in the 1970s, but it has been estimated that there are still 4 million to 5 million metric tons of lead in the air, water, and soil. Lead poisoning can be particularly harmful to children, and may cause permanent mental impairment, behavioral problems, severe muscle pain, and in some cases, death. (For more on lead poisoning, please see **BACKGROUND**.) In recognition of the issue, legislation was passed in 2004 to create the Childhood Lead Poisoning Prevention and Control Commission, establish a Lead Safe Housing Registry, and require 80% of children served by Medicaid in the State to be screened for lead poisoning, among other things. The current rate of lead screening among Medicaid recipients in the State is around 60%. Some believe that screening children in the WIC program would help the State to reach a higher percentage of children, identifying those who have been exposed to lead before the exposure does irreversible harm.

**CONTENT**

The bill would amend the Social Welfare Act to require the Department of Human Services to require all children participating in the supplemental food program for women, infants and children (the WIC program) to receive lead screening testing. (The program is described below.)

Proposed MCL 400.111l

**BACKGROUND**

The Women, Infants and Children Program

The WIC program is Federally funded and provides nutritional assistance to low-income women who are pregnant or have recently given birth, and to infants and children up to five years old who are determined to be at nutritional risk. The WIC program provides supplemental foods that are high in protein or specific vitamins and minerals, and offers nutritional education and counseling, among other services. In addition, since 2000, the program has provided immunization screening to all participants under the age of two.

Lead Poisoning

Lead is a toxin that builds up in the body as it in ingested, and collects in bone tissue and blood. Although the presence of lead-based paint itself is not dangerous, the paint can crack and peel in deteriorating buildings. Small children and pets can ingest the paint chips or dust. Industrial pollution can contribute to the problem when lead in the emissions from factories and incinerators gets into the air and soil surrounding homes where children play. The dust can saturate carpets and build up in ventilation ducts. Drinking water in older structures also can be contaminated by lead, which is often present in the pipes and solder used in the plumbing. A lead-based paint hazard is abated either by removal, which makes the building lead-free, or, more commonly, by encapsulation, which makes it lead-safe.

Encapsulation entails activities short of removal, such as painting over lead-based paint with lead-free paint. The procedure, however, does not necessarily mean that the new paint will not deteriorate, exposing the lead-based paint in the future.

While people of any age can be adversely affected by lead poisoning, young children are particularly susceptible to it because their brains are still developing. Prolonged exposure to lead can interfere with the development of the central nervous system and has been linked to brain damage, mental retardation, developmental delays, learning difficulties, anemia, liver and kidney damage, hearing loss, seizures, hyperactivity, attention deficit disorder, and, in extreme cases, coma and death. Studies also have suggested a link between lead poisoning and juvenile delinquency and violent behavior.

## ARGUMENTS

*(Please note: The arguments contained in this analysis originate from sources outside the Senate Fiscal Agency. The Senate Fiscal Agency neither supports nor opposes legislation.)*

### Supporting Argument

In 2004, only 48% of children enrolled in Medicaid were screened for lead exposure. Over the past two years, the State has increased that percentage to 60%, through various efforts including door-to-door testing, incentives to families to get their children tested, and other efforts. Nevertheless, more children need to be tested to meet the goal of 80% as required by statute. The bill would provide an effective means of reaching more children in an efficient manner.

The State has faced similar problems before, with immunizations of children. In 1994, Michigan's childhood immunization rates were the lowest in the country, but since then the State has taken a number of measures to correct that, including the establishment of programs to increase awareness, registries to track immunizations, and incentives for parents to get their children immunized. Similar strategies have been used to improve the rate of lead screening in the State, and the bill would be an important part of that effort. Screening children who are enrolled in WIC would make sense for a number of reasons. In order to receive WIC coupons, a parent or guardian must bring his or her child to a clinic for anemia testing every three months. The test involves pricking the child's finger to draw a drop of blood to be tested for iron content; it would be a simple matter for the clinic to collect a second drop of blood for the lead screening. Performing both tests at the same time would be an efficient use of the clinic's resources, and would ensure that all WIC recipients were tested for lead exposure. According to the Department of Human Services, more than a third of WIC clinics currently perform these tests.

The cost of the screening would be minimal. Most children in the WIC program also are enrolled in Medicaid, which currently covers the cost of lead testing. Estimates suggest that only about 10% of the 300,000 children in the WIC program would not be covered by Medicaid or any other insurance.

The lead screening would have the added benefit of identifying homes or neighborhoods where lead contamination is a problem. That information could be used to focus cleanup efforts, to notify property owners of the risks, and to protect other children from being poisoned.

**Response:** The bill does not go far enough to solve the problems of lead exposure in Michigan. To prevent children from suffering from lead poisoning, it is necessary to remove the risk by remediating homes where lead is present. Educating homeowners on the risks of lead poisoning and possible steps that could be taken to make their homes lead-safe would be an important part of addressing the problem. Without the cooperation of homeowners and their understanding of the risks, children will continue to suffer from this preventable condition.

Legislative Analyst: Curtis Walker

## FISCAL IMPACT

There are about 300,000 children served by the WIC program in Michigan. The vast majority of these children are enrolled in the Medicaid program. Medicaid already requires lead screening testing, so at least 75% of these children are already receiving screening.

The basic screening involves a blood test that costs about $10 to administer. If a positive result is found, then a second test,

costing about $50, is done. Thus, the total increase of costs due to the testing should be under $1 million, all GF/GP. This cost should be mitigated because children enrolled in WIC are screened for other disorders, which means fewer blood samples would need to be taken.

Secondary effects would include follow-up treatment costs for children identified as positive, and potential lead abatement costs. There also would be secondary savings from successful treatment and lead abatement efforts. Both these costs and these savings would be of a much larger magnitude than the testing costs themselves, although the secondary costs and savings are difficult to quantify precisely.

Fiscal Analyst: Steve Angelotti

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