

Legislative Analysis



WIC PROGRAM: SCREEN CHILDREN FOR LEAD

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Senate Bill 1198 as passed by the Senate
Sponsor: Sen. Martha G. Scott
House Committee: Health Policy
Senate Committee: Families and Human Services

First Analysis (6-7-06)

BRIEF SUMMARY: The bill would require all children participating in the WIC program to be screened for lead poisoning.

FISCAL IMPACT: Senate Bill 1198 (S-1) as passed by the Senate may have fiscal implications for the Department of Community Health (DCH). Recent data from the Department indicate 227,000 WIC participants per month, with over half being children. DCH indicates that approximately 85 percent of WIC recipients receive health care under the Medicaid program, which would cover the cost of lead screening for those children. This bill may impose some costs on the state if the existing programs of payment cannot support all of the WIC eligible children. WIC program funds cannot be used for this purpose; therefore state funding of up to \$500,000 may be needed for initial screening and some follow-up testing for children testing positive on the initial screening.

THE APPARENT PROBLEM:

Though lead-based paint was banned over 30 years ago, and decades have passed since cars used lead-based gasoline, lead poisoning remains as a serious health threat to children. Sources of lead include paint chips from lead-based paint, dust from household remodeling projects, contamination in soil (e.g., from airborne lead particles associated with industries) and water. Lead accumulates in the body and, if not detected early and treated properly, can lead to brain damage, mental retardation, learning difficulties, behavior problems, anemia, liver and kidney damage, hearing loss, hyperactivity, and developmental delay. If blood lead levels are high enough, coma or death can result. Even once blood levels are restored to normal, effects from lead poisoning can affect an individual for years.

According to a July 2003 State of Michigan report entitled *Childhood Lead Poisoning Prevention: A Call to Action*, lead poisoning may affect as many as 20,000 children statewide under the age of six. Since about three-quarters of the children who should be tested for elevated blood lead levels never receive that testing, as many as 14,600 children may be lead poisoned but undiagnosed and therefore untreated.

To address the public health problem that lead poisoning poses, the *Call to Action* report made a number of recommendations involving a comprehensive approach focusing on prevention, public awareness, increased screening, and improved rental housing. Legislation enacted in 2004 implemented several of the recommendations, including a requirement that 80 percent of the children in the state served by Medicaid be screened

for lead poisoning by October 1, 2007 (Public Act 55 of 2004). Almost two years later, the screening rate has only reached 60 percent.

Eighty to eighty-five percent of children enrolled in the Medicaid program are also enrolled in the WIC program (a program for eligible low-income women and children under six years of age), and children enrolled in the WIC program are required to be tested for anemia every six months. Some believe that one way to increase the screening rates for at-risk children and meet the requirement of Public Act 55 is to require that the children in the WIC program be screened for lead poisoning at the same time the anemia screening is done.

THE CONTENT OF THE BILL:

The bill would add a new section to the Social Welfare Act under which, beginning October 1, 2006, the Departments of Human Services and Community Health would require all children participating in the special supplemental food program for women, infants, and children (WIC Program) to receive testing for lead poisoning. Federal funds provided for administration of the WIC Program could not be used to implement or administer the bill's provisions.

MCL 400.1111

BACKGROUND INFORMATION:

The following information was supplied by the Senate Fiscal Agency in an analysis on the bill dated 5-9-06.

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 is 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:

For:

Even low levels of lead in the blood are known to seriously impact a child's physical health and cognitive functioning. Since many low-income children reside in older homes and apartments, residences that are more likely to pose a threat of lead poisoning from lead in paint and plumbing, Public Act 55 required that 80 percent of children receiving Medicaid benefits be screened for lead poisoning by October 1, 2007. However, despite efforts by the Department of Community Health and health insurers who contract with the state to provide services to Medicaid enrollees, only about 60 percent of children enrolled in Medicaid are receiving the screening.

The bill hopes to reach more children by also requiring children in the WIC program to be screened for lead poisoning. Between 80 and 85 percent of children enrolled in Medicaid are also WIC participants. And, the WIC program requires the children to be tested, by a finger poke, for anemia every six months. Some feel that the same finger poke test could also be used to screen for high lead levels. If so, the target number set by Public Act 55 would be met, and some at-risk children who are not receiving screening now would be screened. Grants and Medicaid funds would apparently cover the bulk of the costs associated with the bill, and early detection and treatment of lead poisoning would significantly reduce costs associated with treating the long-term health problems and educational needs of children damaged by lead poisoning.

POSITIONS:

The Department of Human Services indicated support for the bill. (5-16-06)

The Michigan Association of Health Plans supports the bill. (5-16-05)

The Michigan Nurses Association indicated support for the bill. (5-16-06)

The American Federation of Teachers/Michigan Chapter indicated support for the bill. (5-16-06)

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