

## TESTING FOR CHILDHOOD LEAD POISONING

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**Senate Bill 31 as enacted**  
**Public Act 146 of 2023**  
**Sponsor: Sen. John Cherry**

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

**House Bill 4200 as enacted**  
**Public Act 145 of 2023**  
**Sponsor: Rep. Helena Scott**

**House Committee: Health Policy**  
**Senate Committee (SB 31): Health Policy**  
**Senate Committee (HB 4200): Committee of the Whole**  
**Complete to 2-15-24**

### SUMMARY:

Senate Bill 31 amends the Public Health Code to require that children be tested for lead poisoning at certain ages, that the testing be recorded on their certificate of immunization, and that the Department of Health and Human Services (DHHS) develop rules to implement the bill's requirements. The bill also allows DHHS to adjust the testing requirements after collecting and reviewing testing and related data for five years. House Bill 4200 requires certificates of immunization to include a space for indicating whether a minor has been tested for lead poisoning. The bills took effect October 3, 2023.

#### **Testing**

Beginning January 1, 2024, a physician treating a patient who is a minor (under 18 years of age) must test the minor for lead poisoning (or order the test for the minor) at the intervals and using the methods specified by DHHS by rule.

However, this requirement does *not* apply to a minor whose parent, guardian, or person in loco parentis objects to the testing.

#### **Certificate of immunization**

A physician who performs a lead poisoning test as described above must make an entry of the testing on the minor's certificate of immunization. Beginning January 1, 2024, a certificate of immunization must include a space in which 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.)

## **Rules**

DHHS must promulgate rules to implement SB 31 that include at least all of the following:

- A requirement that a minor residing in Michigan be tested at 12 months of age and 24 months of age, and a requirement that a minor residing in Michigan be tested between 24 months of age and 72 months of age if they have no previous record of the test required by SB 31.
- The identification of geographic areas in Michigan that pose a high risk for childhood lead poisoning, and a requirement that a minor who is 48 months of age be tested if they reside in one of those geographic areas.
- Factors to identify a minor who is at high risk for lead poisoning. The factors must at a minimum include 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.
- Procedures for entering testing information on the minor's certificate of immunization as required, including how to enter the information if the testing is performed by a person other than a physician.

In addition, if after collecting and reviewing data on lead poisoning in Michigan for five years DHHS determines that the non-high-risk testing requirements described above (the first bulleted item) are no longer necessary or appropriate to maintain the health and safety of Michigan children, DHHS may adjust the ages in those requirements or eliminate them altogether. If it does so, it must submit a report to the legislature detailing its rationale.

MCL 333.5474d (SB 31) and MCL 333.9206 (HB 4200)

## **BRIEF DISCUSSION:**

Lead is a neurotoxin that can damage organs and lead to cognitive and behavioral impacts that can affect a person throughout their life. 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 because 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 of certain facilities or construction sites can also carry risk of lead exposure to residents of all ages.

The federal Medicaid program requires all child beneficiaries to have their blood tested for lead at 12 and 24 months of age, with catch-up testing of any child between 24 and 72 months old not tested previously. However, children of those ages 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.

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.

## **FISCAL IMPACT:**

The bills would have one-time modest fiscal implications for DHHS to carry out the process of promulgation of rules to implement the bills. These costs should be able to be absorbed by the current appropriations for administration and the relevant programs. The bills would have one-time minor fiscal implications for DHHS to modify the existing form of the certificate of immunization. Additionally, there may be minor fiscal implications for DHHS for data collection and review in order to modify or eliminate the testing requirement after five years.

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