

1 **JOINT RESOLUTION ENCOURAGING ACTION TO REDUCE**
2 **THE NUMBER OF UTAH CHILDREN WITH ELEVATED**
3 **BLOOD LEAD LEVELS**

4 2020 GENERAL SESSION

5 STATE OF UTAH

6 **Chief Sponsor: Jani Iwamoto**

7 House Sponsor: Stephen G. Handy

8
9 **LONG TITLE**

10 **General Description:**

11 This joint resolution of the Legislature highlights the pediatric health risks resulting
12 from exposure to lead, the potential for early screening and testing to result in
13 successful avoidance and interventions, and encourages screening and testing of Utah
14 children.

15 **Highlighted Provisions:**

16 This resolution:

- 17 ▶ describes the known adverse health effects and concerns of childhood lead
18 exposure;
- 19 ▶ describes the known benefits of avoidance and interventions resulting from early
20 detection of childhood lead exposure;
- 21 ▶ encourages Utah health care providers for children, pregnant women, and women of
22 childbearing age to be knowledgeable about the risks of environmental lead
23 exposure and the recommended federal and state guidelines for screening and
24 testing children for lead exposure; and
- 25 ▶ encourages the Utah Department of Health to provide primary prevention education
26 and to promote awareness through the dissemination of information about the health
27 risks of childhood lead exposure, lead exposure risk factors, recommendations for
28 screening and testing children, and policies and practices to mitigate childhood lead
29 exposure and health risks.

30 **Special Clauses:**

31 None



33 *Be it resolved by the Legislature of the state of Utah:*

34 WHEREAS, naturally occurring lead is concentrated in properties formerly used for
35 mining purposes;

36 WHEREAS, lead was historically used in gasoline, plumbing, paints, and other
37 products used by people;

38 WHEREAS, lead is still used in many household products, hobbies, and occupations;

39 WHEREAS, residential areas located on sites of former mining operations or built
40 before 1978 are shown to be population areas of higher exposure risk for children to lead;

41 WHEREAS, about 50,000 children are born in Utah each year;

42 WHEREAS, 132 pre-school age children that were tested in 2018 had elevated blood
43 lead levels;

44 WHEREAS, only 3.6% of children ages 0 to 5 years were tested in 2018;

45 WHEREAS, there is no known safe blood lead level;

46 WHEREAS, lead absorbed into the blood is known to adversely affect every organ
47 system in the body;

48 WHEREAS, the adverse health effects of lead on the nervous system are particularly
49 harmful;

50 WHEREAS, prevention through lead awareness education is an important approach to
51 reducing harm to children resulting from lead exposure;

52 WHEREAS, for those children who are exposed and have elevated blood lead levels,
53 mitigating further exposure is critical to preventing further harm;

54 WHEREAS, national public health and pediatric health care professional associations
55 recommend that a questionnaire be administered for children from 6 months to 6 years of age
56 for possible lead exposure;

57 WHEREAS, testing is the only definitive way to know if a child has been exposed to

58 lead and that testing is recommended at ages 1 and 2 years and under the age of 6 years if never
59 tested;

60 WHEREAS, Utah Medicaid is a willing payer for the screening of Medicaid-enrolled
61 Utah children;

62 WHEREAS, it is a federal mandate that all children on Medicaid are tested at 1 and 2
63 years of age; and

64 WHEREAS, the cost of testing children is modest:

65 NOW, THEREFORE, BE IT RESOLVED that the Legislature encourages pediatric
66 health care providers and providers for pregnant women and women of child-bearing age to be
67 knowledgeable about:

- 68 1. the risks of lead exposure among their served populations;
- 69 2. the recommended federal and state guidelines, including Medicaid lead screening
70 and testing requirements;
- 71 3. the reporting requirements of blood lead test results to the state of Utah; and
- 72 4. the methods and advantages of exposure prevention, risk awareness education for
73 parents, guardians, or caretakers, and early interventions for children with elevated blood lead
74 levels.

75 BE IT FURTHER RESOLVED that the Legislature encourages the Environmental
76 Epidemiology Program of the Utah Department of Health to collaborate with child health
77 clinical professionals to develop screening plans responsive to local conditions using local
78 data.

79 BE IT FURTHER RESOLVED that the Legislature encourages the Environmental
80 Epidemiology Program to provide and promote awareness through the dissemination of
81 primary prevention education and information about the health risks of childhood lead
82 exposure, lead exposure risk factors, recommendations for screening and testing children, and
83 policies and practices to mitigate childhood lead exposure and health risks.

84 BE IT FURTHER RESOLVED that a copy of this resolution be sent to the Utah
85 Department of Health, the Utah Medical Association, the Utah Academy of Family Physicians,

86 the Utah Chapter of the American Academy of Pediatrics, the Utah Academy of Physician
87 Assistants, and Utah Nurse Practitioners.