

2021 Lead Package

Rep. Hood
2/17/22

Bills Currently Referred to Committee on Health Policy--Updated 2/16/22

- HB 5413-Lilly
 - Replacing definition of EBLL in public health code with updated standard
- HB 5414-Hood
 - Requiring physicians to take a course to identify and treat lead poisoning in children as part of their continuing education
 - Sub proposal: Require the course to be taken only once throughout the course of a physicians career and a max of 2 CME credits.
- HB 5415- Wendzel
 - Updating definition of EBLL and various other leaded substances.
 - Sub Draft to bring and keep level in line with updated CDC guidance
- HB 5416-Witwer
 - Require coverage for lead screenings for children, up to age 6, who are on Medicaid or enrolled in MIChild
- HB 5417-Anthony
 - Update purpose of Public Health Code so the definition of “elevated blood lead level” is in line with CDC definition(Tie bar with bill that amends other section of public health code that define “elevated blood level”)
 - Sub draft to update and keep in line with new CDC guidance. Moves Early On program as the program that children are eligible for.
- HB 5418-Rogers
 - Require an automatic referral to Early On for every child who has elevated blood lead levels. Families who receive an automatic referral would then have the option to enroll and participate in Early-On to receive additional resources and support to deal with the consequences of early childhood lead poisoning.
 - Sub Draft to update and keep in line with new CDC guidance. Still declares children are eligible for services but moves specific program (Early On) to 5417
- HB 5419- Young
 - Requires a lead paint inspection to be completed on the sale of any home that was built before 1978.
 - Working on sub to include risk assessment
- HB 5420-Beson
 - Updating language, defining abatement materials, provide for renovator licenses. RRP rules updates
 - Sub Draft to update and keep EBLL in line with CDC guidance.
- HB 5421-Neeley
 - Make changes to law required by EPA to continue authorization for lead abatement and Pre-Renovation Education (PRE) programs.
- HB 5423-Calley
 - Updating definition of EBLL, updating who must be reported to Health Department under certain circumstances

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After a little research, we found that Oregon is in the midst of a program to require CME education for lead as part of a grant program thru the CDC. We reached out to them to see what the effects of this were and if it improved testing rates. Here is their response:

Our Childhood Lead Poisoning Prevention Program is funded by the CDC, and for three years (2018-2021) we were able to fund the Region 10 NW PEHSU to provide CME-eligible trainings for Oregon medical providers. It's difficult to quantify the impact of these trainings, but in general Oregon saw increases in testing (2019 vs. 2020) while many states were seeing decreases as can be seen in the table at the bottom of this MMWR article: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7005a2.htm> Of course, the pandemic hampered many of those efforts, which is the focus of the article.

Once widespread vaccinations were available in Oregon, we saw testing numbers improve again until the Delta variant became prevalent.

Children Tested Quarter * Year Crosstabulation

Count of children less than 6 years old tested

	Year		
	2019	2020	2021
Qtr 1	5263	4969	5436
Qtr 2	5343	4186	5609
Qtr 3	6325	5088	4055
Qtr 4	5159	4719	NA

*Since the majority of the CME trainings took place online (due to the pandemic), it's also hard to gauge total participation. During our first year (2018-19) there were 189 participants. In total, we were able to fund 12 trainings, with additional on-demand offerings. **We believe the impact has been significant.** Based on surveys we have administered to the medical community, as well as anecdotal evidence, we know that general awareness of lead poisoning is lacking. A bill to require a CME training on this topic is a great idea, and is something we might look into here in Oregon.*