

**CONSENT CALENDAR**

**February 8, 2022**

**HOUSE OF REPRESENTATIVES**

**REPORT OF COMMITTEE**

**The Committee on Health, Human Services and Elderly  
Affairs to which was referred HB 1642-FN,**

**AN ACT relative to lead testing in children. Having  
considered the same, report the same with the following  
amendment, and the recommendation that the bill  
OUGHT TO PASS WITH AMENDMENT.**

**Rep. Jerry Knirk**

**FOR THE COMMITTEE**

## COMMITTEE REPORT

Committee:	<b>Health, Human Services and Elderly Affairs</b>
Bill Number:	<b>HB 1642-FN</b>
Title:	<b>relative to lead testing in children.</b>
Date:	<b>February 8, 2022</b>
Consent Calendar:	<b>CONSENT</b>
Recommendation:	<b>OUGHT TO PASS WITH AMENDMENT 2022-0443h</b>

### STATEMENT OF INTENT

Lead is a very dangerous neurotoxin, particularly damaging to young children during growth. Lead poisoning sources are lead paint in our older housing stock, soil contamination from leaded gasoline and agriculture, and lead pipes. SB 247, passed in 2018, requires blood lead level testing in all children by age 1 and again by age 2 in order to guide remediation and treatment, but compliance has been poor. This bill, as introduced, mandated a provider scorecard type of approach with reporting to the Department of Health and Human Services (DHHS) to nudge providers to get the testing done. It then inserted a required blood lead level test for admission to schools or child daycare, also with reporting to DHHS, but there was no appropriation to cover the reporting requirements. The reporting requirements also potentially conflicted with HIPPA requirements and DHHS Data Release Guidelines regarding privacy. The amendment markedly reduces the scope of the bill, stripping out the various reporting requirements, leaving just a requirement of a blood lead level test for school and child daycare admission. With no reporting requirements, an appropriation is no longer needed. Mandating a blood lead level report as a requirement for admission to child daycare and school admission will provide another reminder of the need to get the testing done at a common point of contact. If the provider has not done the required testing, the parent will become aware of the need and get it done. The amendment adds the provision of six months to remedy the deficiency so that a parent does not lose a valuable child daycare slot when it becomes available. The amendment also pushes out the effective date to January 1, 2023 given the current short-staffing at child daycare agencies. The amendment reiterates that the parent still has the right to opt out of having blood lead level testing done on their child under RSA 130-A:5c, exempting the child from the requirement of the blood lead level test for admission to school or child day care.

Vote 20-1.

Rep. Jerry Knirk  
FOR THE COMMITTEE

Original: House Clerk  
Cc: Committee Bill File

## CONSENT CALENDAR

Health, Human Services and Elderly Affairs

**HB 1642-FN**, relative to lead testing in children. **OUGHT TO PASS WITH AMENDMENT.**

Rep. Jerry Knirk for Health, Human Services and Elderly Affairs. Lead is a very dangerous neurotoxin, particularly damaging to young children during growth. Lead poisoning sources are lead paint in our older housing stock, soil contamination from leaded gasoline and agriculture, and lead pipes. SB 247, passed in 2018, requires blood lead level testing in all children by age 1 and again by age 2 in order to guide remediation and treatment, but compliance has been poor. This bill, as introduced, mandated a provider scorecard type of approach with reporting to the Department of Health and Human Services (DHHS) to nudge providers to get the testing done. It then inserted a required blood lead level test for admission to schools or child daycare, also with reporting to DHHS, but there was no appropriation to cover the reporting requirements. The reporting requirements also potentially conflicted with HIPPA requirements and DHHS Data Release Guidelines regarding privacy. The amendment markedly reduces the scope of the bill, stripping out the various reporting requirements, leaving just a requirement of a blood lead level test for school and child daycare admission. With no reporting requirements, an appropriation is no longer needed. Mandating a blood lead level report as a requirement for admission to child daycare and school admission will provide another reminder of the need to get the testing done at a common point of contact. If the provider has not done the required testing, the parent will become aware of the need and get it done. The amendment adds the provision of six months to remedy the deficiency so that a parent does not lose a valuable child daycare slot when it becomes available. The amendment also pushes out the effective date to January 1, 2023 given the current short-staffing at child daycare agencies. The amendment reiterates that the parent still has the right to opt out of having blood lead level testing done on their child under RSA 130-A:5c, exempting the child from the requirement of the blood lead level test for admission to school or child day care. **Vote 20-1.**

Original: House Clerk

Cc: Committee Bill File

Amendment to HB 1642-FN

1 Amend the bill by replacing all after the enacting clause with the following:

2

3 1 Health and Sanitation; Physical Examination of Pupils; Lead Testing Requirement. Amend  
4 RSA 200:32 to read as follows:

5 200:32 Physical Examination of Pupils. There shall be a complete physical examination by a  
6 licensed physician, physician assistant, or advanced practice registered nurse of each child prior to  
7 or upon first entry into the public school system and thereafter as often as deemed necessary by the  
8 local school authority. The result of the child's physical examination shall be presented to the local  
9 school officials on a form provided by the local school authorities. ***The form shall include at least  
10 one result of blood lead level testing required under RSA 130-A:5-a, RSA 130-A:5-b, or RSA  
11 130-A:5-c, unless the child is exempted under RSA 130-A:5-c. If the child has not had a  
12 blood lead level test at the time of first entry to school, they shall be granted 6 months to  
13 remedy the deficiency.*** No physical examination shall be required of a child whose parent or  
14 guardian objects thereto in writing on the grounds that such physical examination is contrary to the  
15 child's religious tenets and teachings.

16 2 Child Day Care, Residential Care, and Child-Placing Agencies; Records; Lead Testing  
17 Required. Amend RSA 170-E:19 to read as follows:

18 170-E:19 Records. Every child day care agency shall keep and maintain such records as the  
19 department shall prescribe by rule pertaining to the admission, progress, health and discharge of  
20 children under the care of the child day care agency and shall report relative to such matters to the  
21 department whenever called for, upon forms prescribed by rule. ***Health forms shall include at  
22 least one result of blood lead level testing required under RSA 130-A:5-a, RSA 130-A:5-b, or  
23 RSA 130-A:5-c. At least one blood lead level test result shall be a requirement for entry in  
24 child day care facilities for children over age 9 months, unless the child is exempted under  
25 RSA 130-A:5-c. If the child has not had a blood level test at the time of admission, they  
26 shall be granted 6 months to remedy the deficiency.*** All records regarding children and all  
27 facts learned about children and their relatives shall be kept confidential both by the child day care  
28 agency and by the department.

29 3 Effective Date. This act shall take effect January 1, 2023.

**Amendment to HB 1642-FN**  
**- Page 2 -**

2022-0443h

AMENDED ANALYSIS

This bill establishes a blood lead level testing requirement for children entering day care and public schools.



STATE OF NEW HAMPSHIRE  
OFFICE OF THE HOUSE CLERK



9/28/2021 11:15:01 AM  
Roll Call Committee Registers  
Report

2022 SESSION

**Health, Human Services and Elderly Affairs**

**Bill #:** HB1642-FN      **Motion:** \_\_\_\_\_      **AM #:** 2022-0443h      **Exec Session Date:** 2/8/2022

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Pearson, Mark A. Chairman	Y		
Layon, Erica J. Vice Chairman	Y		
McMahon, Charles E.	Y		
Acton, Dennis F.	Y		
Gay, Betty I.	Y		
Cushman, Leah P.	Y		
Folsom, Beth A. Clerk	Y		
Kelsey, Niki	Y		
King, Bill C.	Y		
Kofalt, Jim	Y		
DeLemus, Susan	Y		
Weber, Lucy M.	Y		
MacKay, James R.	Y		
Snow, Kendall A.			Absent
Knirk, Jerry L.	Y		
Salloway, Jeffrey C.	Y		
Cannon, Gerri D.	Y		
Nutter-Upham, Frances E.	Y		
Schapiro, Joe	Y		
Woods, Gary L.	Y		
Merchant, Gary	Y		
<b>TOTAL VOTE:</b>	20	0	

STATE OF NEW HAMPSHIRE  
OFFICE OF THE HOUSE CLERK



9/28/2021 11:15:01 AM  
Roll Call Committee Registers  
Report

2022 SESSION

**Health, Human Services and Elderly Affairs**

Bill #: HB1642-FN      Motion: OTPA      AM #: \_\_\_\_\_      Exec Session Date: 2/8/2022

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Pearson, Mark A. Chairman	Y		
Layon, Erica J. Vice Chairman	Y		
McMahon, Charles E.	Y		
Acton, Dennis F.	Y		
Gay, Betty I.	Y		
Cushman, Leah P.		N	
Folsom, Beth A. Clerk	Y		
Kelsey, Niki	Y		
King, Bill C.	Y		
Kofalt, Jim	Y		
DeLemus, Susan	Y		
Weber, Lucy M.	Y		
MacKay, James R.	Y		
Snow, Kendall A.	Y		Absent
Knirk, Jerry L.	Y		
Salloway, Jeffrey C.	Y		
Cannon, Gerri D.	Y		
Nutter-Upham, Frances E.	Y		
Schapiro, Joe	Y		
Woods, Gary L.	Y		
Merchant, Gary	Y		
<b>TOTAL VOTE:</b>	20	1	



Amendment to HB 1642-FN

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2022-0443h

AMENDED ANALYSIS

This bill establishes a blood lead level testing requirement for children entering day care and public schools.

UNAPPROVED

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING on Bill # HB1642-FN

**BILL TITLE:** An Act relative to lead testing in children.

**DATE:** 01/12/2022

**ROOM:** LOB 210-11

**Time Public Hearing Called to Order:** 10:15am

**Time Adjourned:** 10:53am

**Committee Members:** Reps. M. Pearson, Layon, Folsom, Acton, Gay, Cushman, Kelsey, B. King, Kofalt, Weber, MacKay, Query, Knirk, Salloway, Cannon, Nutter-Upham, Schapiro, Woods and Merchant, Murray

**TESTIMONY**

**Representative Knirk - presented the bill**

- New Hampshire has the oldest stock of homes in the nation which produces an increased exposure to lead paint. The common source is dust and home renovations. Parents are not mandated.
- out of state tests, tests by various PCP, and other testers makes it hard to track
- a positive test - is it too late to treat
- possible chelating but preventing continued exposure is best
- can it be done in a school clinic - need to be tested at a younger age
- work on compliance through health providers
- will this lead to additional abatements for property owners
- collection of data concerns

**\*Nick Norman, Apartment Association of NH**

- What is more crucial than testing is primary prevention.
- eliminate existing lead exposure
- use money instead to replace old windows and doors that are the greatest culprits
- this bill is secondary prevention
- what percentages of cost would be borne by state or property owner
- is this an appropriate state cost
- Federal govt should bear some of the costs due to their requirements of lead paint use long after harmful effects of lead were shown to be toxic.
- interesting background history of the use of lead paint

**Beverly Drouin/Michele Roberge DHHS**

- there are significant issues
- costs staffing and software platforms for new types of data
- blood lead levels are protected by HPA
- pre pandemic compliance numbers were increasing
- possible burden on childcare and education sector
- open to discussing bill modifications

Respectfully submitted,

Rep. Beth Folsom, Clerk



# House Remote Testify

Health, Human Services and Elderly Affairs Committee Testify List for Bill HB1642 on 2022-01-11

Support: 10 Oppose: 2 Neutral: 0 Total to Testify: 0

Export to Excel

<u>Name</u>	<u>City, State</u> <u>Email Address</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>	<u>Testifying</u>	<u>Non-Germane</u>	<u>Signed Up</u>
Watters, Senator David	Dover, NH david.watters@leg.state.nh.us	An Elected Official	Myself	Support	No	No	1/5/2022 2:29 PM
Burns, Scott	Franklin, NH, NH scottaburns.2020@gmail.com	A Member of the Public	Myself	Support	No	No	1/9/2022 12:32 PM
Gould, Rep. linda	Bedford, NH lgouldr@myfairpoint.net	An Elected Official	Myself	Oppose	No	No	1/10/2022 3:05 PM
Padmore, Michael	Manchester, NH michael.padmore@nhms.org	A Lobbyist	NH Medical Society	Support	No	No	1/10/2022 4:17 PM
Kidder, Steven	Concord, NH StevenLKidder@gmail.com	A Member of the Public	Myself	Support	No	No	1/10/2022 4:19 PM
perez, maria	milford, NH mariaeli63@gmail.com	An Elected Official	District 23	Support	No	No	1/10/2022 4:50 PM
Hayes, Randy	Canterbury, NH rcompostr@gmail.com	A Member of the Public	Myself	Support	No	No	1/10/2022 11:18 PM
Meuse, David	Portsmouth, NH David.Meuse@leg.state.nh.us	An Elected Official	Rockingham 29	Support	No	No	1/11/2022 7:25 AM
Condon, Laura	Bedford, NH vaxchoicenh@gmail.com	A Member of the Public	Myself	Oppose	No	No	1/11/2022 8:49 AM
Koch, Helmut	Concord, NH helmut.koch.2001@gmail.com	A Member of the Public	Myself	Support	No	No	1/11/2022 10:24 AM
Cherrington, Brett	Hillsborough, NH brettacherrington@gmail.com	A Member of the Public	Myself	Support	No	No	1/11/2022 10:44 AM
Mott-Smith, Wiltrud	Loudon, NH wmottsm@worldpath.net	A Member of the Public	Myself	Support	No	No	1/11/2022 1:41 PM



01/11/2022 at 10:15 a.m. HB1642, Lead Test Before Entering Schools  
Nick Norman  
Legislative Initiative Landlord Tenant Law  
AANH Government Affairs Chair  
[NickNorman@yahoo.com](mailto:NickNorman@yahoo.com)  
603-432-5549

Summary: This bill will require pediatricians to include in the required physical exams of all children entering school for the first time at least one lead blood level test. This would also apply to day care centers, and the results of the test will be reported to Department of Human Services. There are additional reporting requirements, but these apply to health care providers.

The bill is unnecessary as RSA-130 already has strict requirements for lead testing in children. The bill is placing another unnecessary burden on Doctors and unnecessary burden on taxpayers. Raising taxes which are mostly born by property owners again adds more costs which is another factor causing rents to rise.

This once again only doing Secondary Prevention.

It would be a much smarter system to do Primary Prevention that would remove lead from properties. Take the \$1M plus \$150K per year and create an easy to use small lead grant fund that would fund property owners to eliminate the lead. An initial \$1M plus \$150K can eliminate many windows and doors, every year.

The bill does nothing to actually remove lead. That's where we should be putting our focus.

**Archived:** Thursday, January 20, 2022 3:39:09 PM

**From:** [Barbara D. Reed](#)

**Sent:** Monday, January 10, 2022 10:16:25 PM


**To:** [~House Health Human Services and Elderly Affairs](#)

**Subject:** HB 1642

**Importance:** Normal

---

Please vote in favor of Bill 1642. Lead poisoning is real and failure to treat it early can be devastating and may result in potential life long damage. From a 2017 article from the American Academy of Child and Adolescent Psychiatry: "Exposure to lead can have a wide range of effects on a child's development and behavior. Even when exposed to small amounts of lead levels, children may appear inattentive, hyperactive, and irritable. Children with greater lead levels may also have problems with learning and reading, delayed growth, and hearing loss. At high levels, lead can cause permanent brain damage and even death." The failure to treat a child will ultimately increase medical costs for the family &/or the State (Medicaid clients). The impact on families can be very difficult to deal with. Many thanks for your consideration of the importance of this bill. Barbara D. Reed North Swanzey NH

**Archived:** Friday, February 4, 2022 11:02:07 AM  
**From:** Jerry Knirk  
**Sent:** Thursday, February 3, 2022 8:02:57 PM  
**To:** ~House Health Human Services and Elderly Affairs  
**Cc:** Chuck Grassie  
**Subject:** HB 1642  
**Importance:** Normal  
**Attachments:**  
[HB 1642 - 2022-0443h.pdf](#) 

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Hi everyone,

I have attached the amendment for HB 1642, the lead bill. I have worked with the lead program at DHHS, the childcare licensing people at DHHS, New Futures, and others to be sure we are not placing any undue burdens and I think I have satisfied all the stakeholders. I will explain what the amendment does to save you time. I am not advocating in this email as to what we should decide, just explaining what has been done.

At the hearing we identified that the problem with HB1642 was the mandated reporting with no appropriation to cover it. The original bill mandated a “scorecard” type of approach to nudge the providers to get the testing done but without an appropriation it can not go forward. Likewise we need to strip out the reporting requirement for schools and daycares, again because of no appropriation.

The point of placing it as a requirement for admission was to provide another reminder of the need to get the testing done at a common point of contact. If the provider has not done the required testing, the parent will become aware of the need and get it done.

I added in the amendment that the parent would have 6 months to remedy the deficiency so that a parent does not lose a valuable daycare slot when it becomes available. 6 months should be enough time to get to the provider and get the test done. I also pushed out the effective date to Jan 1, 2023 given the short-staffing at childcares currently.

I also reiterated in the amendment that the parent still has the right to opt out of having lead testing done under RSA 130-A:5c.

You also may remember that a person testified that we should prevent the problem by remediating all of the housing stock in New Hampshire. I worked with Beverly Drouin from the lead program to find the cost of remediation of all housing in the state with lead. That would cost about \$1 billion just to do the highest risk housing units. I doubt that we will get an appropriation for that.

Here is her response and calculation:

The Department agrees that prevention is the primary intervention for childhood lead poisoning and supports efforts to remediate and reduce overall hazards related to lead paint in pre-1978 housing.

According to data from the 2019 American Community Survey, New Hampshire has some of the oldest housing stock in the country with 56% percent of our occupied housing, about 289,651 units, built before the 1978 ban on lead in residential paint. In some of NH’s highest risk communities as much as 80% of housing was built prior to 1978. Unfortunately, about 22%




(63,723) of these housing units are home to one or more young children under the age of 6 years old, potentially exposing an estimated 42,057 children across the state to lead hazards in housing structures.

Using data from New Hampshire's four Housing and Urban Development (HUD) Lead Hazard Control grants, on average it costs between \$15,000 to \$20,000 to remove lead hazards in a rental unit. The HUD grant programs estimate that a single family home can cost \$100,000 to abate if lead hazards are identified on the property's exterior.

Using these budget numbers and focusing on the 63,723 highest risk housing units, you can see that an estimated \$955,845,000 to \$1,274,460,000 would be required to make this housing lead safe.

Jerry

**Archived:** Thursday, January 20, 2022 3:39:09 PM  
**From:** [Nick Norman](#)  
**Sent:** Tuesday, January 11, 2022 1:12:00 AM  
**To:** ~House Health Human Services and Elderly Affairs  
**Subject:** HB1642, Lead Test Before Entering Schools  
**Importance:** Normal  
**Attachments:**  
[220111HB1642NickNormanTestimony.doc](#) 

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Howdee House Health, Human Services and Elderly Affairs Committee,

I plan to testify at the hearing for HB1642, Lead Test Before Entering Schools. For your future reference and convenience my testimony is attached and included below.

Thank you.

Love & Light,  
Nick Norman  
Director of Legislative Affairs  
AANH Government Affairs Chair  
603-432-5549  
[NickNorman@yahoo.com](mailto:NickNorman@yahoo.com)

=====

01/11/2022 at 10:15 a.m. HB1642, Lead Test Before Entering Schools

Nick Norman  
Legislative Initiative Landlord Tenant Law  
AANH Government Affairs Chair  
[NickNorman@yahoo.com](mailto:NickNorman@yahoo.com)  
603-432-5549

Summary: This bill will require pediatricians to include in the required physical exams of all children entering school for the first time at least one lead blood level test. This would also apply to day care centers, and the results of the test will be reported to Department of Human Services. There are additional reporting requirements, but these apply to health care providers.

The bill is unnecessary as RSA-130 already has strict requirements for lead testing in children. The bill is placing another unnecessary burden on Doctors and unnecessary burden on taxpayers. Raising taxes which are mostly born by property owners again adds more costs which is another factor causing rents to rise.

This once again only doing Secondary Prevention.

It would be a much smarter system to do Primary Prevention that would remove lead from properties. Take the \$1M plus \$150K per year and create an easy to use small lead grant fund that would fund property owners to eliminate the lead. An initial \$1M plus \$150K can eliminate many windows and doors, every year.

The bill does nothing to actually remove lead. That's where we should be putting our focus.

=====

**Archived:** Thursday, January 20, 2022 3:39:09 PM  
**From:** [Jen Bisson](#)  
**Sent:** Monday, January 10, 2022 8:19:31 PM  
**To:** [~House Health Human Services and Elderly Affairs](#)  
**Subject:** Support of HB 1642  
**Importance:** Normal

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Hello,

I'm very concerned that 600 children in NH have toxic levels of lead in their bloodstream.

I understand that HB 1642 would help improve lead blood testing in NH.

This is a no brainer.

Please support HB 1642.

Thank you,

Jen Bisson  
Sandown



Lori A. Shibinette  
Commissioner

Patricia M. Tilley  
Director

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*DIVISION OF PUBLIC HEALTH SERVICES*  
*BUREAU OF PUBLIC HEALTH PROTECTION*

29 HAZEN DRIVE, CONCORD, NH 03301  
603-271-4507 1-800-852-3345 Ext. 4507  
Fax: 603-271-3991 TDD Access: 1-800-735-2964  
[www.dhhs.nh.gov](http://www.dhhs.nh.gov)

**Testimony for HB 1642-FN, An ACT relative to lead testing in children**  
**House Health, Human Services and Elderly Affairs Committee**  
**Legislative Office Building Room 210-211**  
**Tuesday, January 11, 2022**

Dear Representative Pearson and Members of the Committee,

The New Hampshire Department of Health and Human Services ("The Department"), through this testimony, is providing information relative to HB 1642-FN, *An ACT relative to lead testing in children*. The Department would like to thank the sponsors of this bill for their interest in supporting our vulnerable populations. As written, the Department does have several concerns with the proposed legislation as outlined below.

As introduced, HB 1642-FN proposes to implement new data collection, data management and reporting requirements on public schools, child care agencies, medical providers and the Department relative to blood lead testing for children in New Hampshire. In addition, it proposes to require that at least one blood lead level test be a requirement for entry into a child care agency.

Currently, medical providers and reporting laboratories are required under RSA 130-A to report to the Department, blood lead test data for all children that reside in New Hampshire. The HHLPPP receives an estimated 31,000 blood lead level tests annually for children 72 months and younger. RSA 130-A does not currently require schools or child care agencies to report individual blood lead data for children to the Department, as the Department is already receiving this data directly from the laboratories or medical provider offices.

In order to implement this bill, the Department would need to establish a data sharing process with each individual school (or school districts) and each individual licensed child care facility in New Hampshire. There are approximately 102 SAUs and more than 700 licensed child care facilities in New Hampshire. The Department also has concerns related to the sharing of protected health information noted below. Health care providers would be required to share with the Department the number and individual names of children that are patients, the number of patients referred for venous blood lead tests, the number of children that received their venous blood lead tests, and the number of parents/guardians that 'opt out' of blood lead testing annually.

Significant resources would be necessary for the Department to implement this proposed legislation including, establishing a contract with a software vendor to develop and purchase a new data system, securing necessary software licenses, establishing a secure mechanism to transfer protected health information, support for ongoing maintenance for the new data system, and hiring a Senior Management Analyst that would be responsible for the development, implementation and ongoing maintenance of the data system. The Department also anticipates significant, yet indeterminable costs and burdens associated with the three sectors impacted by this legislation including health care, child care and education.

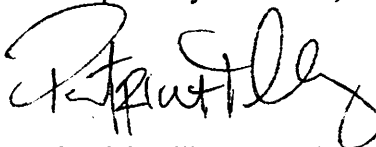
Chairman Pearson  
January 11, 2022  
Page 2 of 2

Additionally, the Department has concerns with several items that may conflict with current state or federal laws, or Department and/or medical guidance including complying with the Department's Data Release Guidelines and upholding standards related to statistical reliability, privacy, and confidentiality associated with publicly reporting blood lead data. Blood lead data is considered protected health information under the federal Health Insurance Portability Act (HIPPA). Due to HIPPA requirements, in order for schools and licensed child care facilities to share blood lead data with the Department, parental/guardian consent would be required.

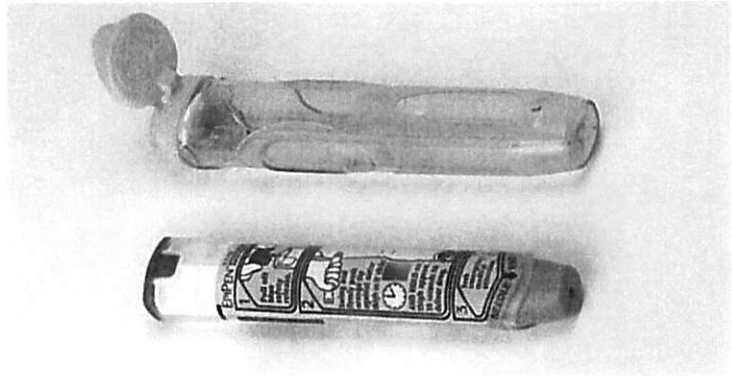
In addition, the proposed legislation requires at least one blood lead level test result for entry into child care facilities. This is in conflict with current medical practice and the universal testing requirement currently in statute, as some children enter child care facilities as young as 6 weeks old. The current recommendation of the American Academy of Pediatrics (AAP) is for children determined to be at high risk for lead paint exposure be tested starting at 6 months of age.

The Department appreciates the good intentions of the bill sponsor, but the legislation as written would be very problematic to implement and there is no appropriation attached to this proposed legislation to carry out this work.

Respectfully Submitted,



Patricia Tilley, MS Ed  
Director  
Division of Public Health Services  
New Hampshire Department of Health and Human Service



## TITLE XXX OCCUPATIONS AND PROFESSIONS

### CHAPTER 318 PHARMACISTS AND PHARMACIES

#### Possession and Sale of Drugs and Devices for Administration of Drugs

##### Section 318:52-c

**318:52-c Control or Possession of Hypodermic or Like Instruments Without Prescription Prohibited for Minors.** – No person under 18 years of age shall have under such person's control or possess a hypodermic syringe, hypodermic needle, or any instrument adapted for the administration of drugs by injection, unless the person has received a written or oral prescription issued under RSA 318:52-c. For the purpose of this subdivision, no such prescription shall be valid which has been outstanding for more than one year.

##### 318:52-c Sale of Hypodermic Syringes and Needles. –

I. No person shall sell, furnish, or give to any person, under 18 years of age, an instrument commonly known as a hypodermic syringe, hypodermic needle, or any instrument adapted for the administration of drugs by injection without the written or oral prescription of a licensed physician, physician assistant, dentist, veterinarian, podiatrist, or advanced practice registered nurse. Such prescription shall contain the name and address of the patient, the date of the prescription, the description of the instrument prescribed, and the number of instruments prescribed.

II. The following conditions shall apply to all purchases of hypodermic syringes or needles:

- (a) Retailers and dispensers of hypodermic syringes, needles, or any instrument adapted for the administration of drugs by injection shall provide to each purchaser at the time of purchase information regarding the safe disposal of hypodermic syringes or needles, including local disposal locations or a telephone number to call for such information, if appropriate.
- (b) Retailers and dispensers shall also provide purchasers with information on drug addiction treatment, including a local telephone number to get assistance, if appropriate.

**Source.** 1971, 135:1, 1973, 453:12, 1981, 484:15, 1989, 34:2, 1992, 102:1, 1994, 333:14, 1999, 213:5, 2000, 176:1, 2005, 177:135, 2009, 54:5, 2012, 171:26, XII, eff. Aug. 10, 2012, 2017, 117:2, eff. June 16, 2017

allowed to expire on June 11, 2021. See also 2021, 91:901, eff. July 1, 2021, regarding application of emergency orders.

##### 318:42 Dealing in or Possessing Prescription Drugs. –

It shall be unlawful for any person who is not a licensed pharmacist in a pharmacy registered in accordance with the provisions of this chapter to manufacture, compound, dispense, sell, offer for sale or have in possession any prescription drug as defined in RSA 318:1, XVII, provided that this section shall not prevent the following:

I. Persons from possessing prescription drugs dispensed to them pursuant to a lawful prescription or who are acting as an authorized agent for a person holding a lawful prescription. For purposes of this section, an authorized agent shall mean any person, including but not limited to a family member or caregiver, who has the intent to deliver the prescription drug to the person to whom the prescription drugs are lawfully prescribed.

#### Penalty

##### Section 318:55

##### 318:55 Fines and Imprisonment; Penalties. –

- I. Any person violating the provisions of this chapter, except as otherwise provided, shall be guilty of a misdemeanor if a natural person, or guilty of a felony if any other person.
- II. In addition to the penalties under paragraph I, the board may impose a civil penalty not to exceed \$5,000 per violation upon any person who willfully or repeatedly violates any provision of this chapter.
- III. For any order issued in resolution of a disciplinary proceeding before the board, the board may require that any licensee, permittee, registrant, or certificate holder found guilty of a charge involving any drug law or rule to pay to the board a sum not to exceed the reasonable cost of investigation and prosecution of the proceeding. The sum shall not exceed \$5,000. The costs to be assessed shall be fixed by the board and any sums recovered shall be paid to the state treasurer for deposit in the office of professional licensure and certification fund.

**Source.** 1909, 162:4, 1921, 122:30, PL 210:54, 1933, 61:2, RI 256:55, RSA 318:55, 1973, 528:203, 529:70, 1989, 258:4, 2007, 202:13, eff. Jan. 1, 2008, 2021, 197:104, eff. July 1, 2021.

## **Division of Economic & Housing Stability**

List of legislative presenters, January 11, 2022

Karen Hebert, Director

[Karen.E.Hebert@dhhs.nh.gov](mailto:Karen.E.Hebert@dhhs.nh.gov)

271-4312 (o); 573-6311 (c)

Marti Ilg, Deputy Director

Rebecca Lorden, Finance Director

Mike Bradley, Finance Manager

Laura Ingram, Finance Manager

vacant, Legislative Liaison

### **Bureau of Housing Supports**

Melissa Hatfield, Bureau Chief

### **Bureau of Family Assistance**

Deb Sorli, Bureau Chief

Maureen Burke, SNAP Administrator

Karyl Provost, TANF Administrator

Jennifer Glidden, Policy Administrator

### **Bureau of Employment Supports**

Kim Runion, Bureau Chief

### **Bureau of Child Development & Head Start Collaboration**

Debra Nelson, Bureau Chief

Dianne Chase, Deputy Bureau Chief

### **Bureau of Child Support Services**

Lisa Dekutoski, Bureau Chief

Matthew Hayes, Legislative Liaison

# Division of Public Health Services - Key Programs / Services

## Bureau of Population Health and Community Services (BPHCS)

*Promotes health across the age continuum and reduces health inequities*

- Maternal and Child Health (Infant Screenings, Primary Care, Home Visiting)
- Nutrition (WIC and Senior Programs)
- Family Planning
- Chronic Disease Prevention and Screening (Cancer, Obesity, Prevention, Oral Health, Tobacco Prevention and Cessation)

## Bureau of Infectious Disease Control (BIDC)

*Identifies, investigates, monitors, and prevents infectious disease*

- Disease Surveillance and Investigation
- Vaccine Distribution and Management (school-based vaccine clinics, child immunization, COVID-19)
- Quality Assurance and Improvement
- Provider Training and Education
- Financial Assistance to People Infected with HIV and Tuberculosis

## Bureau of Public Health Laboratories (BPHL)

*Executes responsibilities and tasks related to clinical and environmental laboratory testing*

- Environmental Health / Biomonitoring / Drinking Water Laboratory
- Food Emergency Response Network
- Microbiology and Virology-Disease Surveillance and Investigation
- Molecular Diagnostics
- Sentinel Laboratory Training, Education and Quality Improvement (external clinical lab training on biological agents, COOP, biosafety)

## Bureau of Public Health Statistics and Informatics (BPHSI)

*Collects, analyzes, and distributes NH health statistics and oversees and maintains systems that move data*

- WISDOM Portal
- Surveys and Data (Behavioral Risk Factor Surveillance Survey, Youth Risk Behavior Survey, Hospital Discharge Data, etc.)
- Environmental Public Health Tracking

## Bureau of Public Health Protection (BPHP)

*Assures public safety from environmental public health risks*

- Food Emergency Response
- Asthma Education and Data Collection / Analysis
- Health Officer Liaison (with municipalities)
- Radiological Health
- Food Protection
- Lead Poisoning Prevention

## Bureau of Public Health Systems, Policy & Performance (BPHSPP)

*Implements policy and performance-related public health systems, quality improvement, and performance management*

- State Health Improvement Plan (SHIP)
- Rural Health and Workforce Development (medically underserved regions of the state)
- Therapeutic Cannabis / Prescription Drug Monitoring Program (PDMP)
- Quality Improvement

## Bureau of Emergency Preparedness, Response, and Recovery (BEPRR)

*Plans for and responds to public health-related emergencies and health-related aspects of emergency events*

- Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP)
- Emergency Training and Exercise
- 13 Public Health Regional Networks
- Disaster Behavioral Health
- Logistics



## Vision

ALL people in New Hampshire have optimal health and well-being.

## Mission

We protect, promote, and improve the health and well-being of ALL people in New Hampshire through leadership, expertise, and partnership.

## Core Values

### **Leadership:**

We inspire, develop, and empower each other to serve as leaders and foster relationships by treating ALL people with respect and kindness.

### **Equity:**

We are committed to ensuring that ALL people in New Hampshire have the opportunity for optimal health and well-being regardless of social and economic factors.

### **Excellence:**

We rely on the best available science and evidence-based practice to set and achieve ambitious goals and to drive innovation.

### **Collaboration:**

We strengthen our collective capacity by respecting, valuing, and learning from our diverse employees, partners, and the public.

### **Accountability:**

We exercise integrity, transparency and efficiency in our work and measure our performance to improve outcomes.



**State of New Hampshire  
Department of Health and Human Services**

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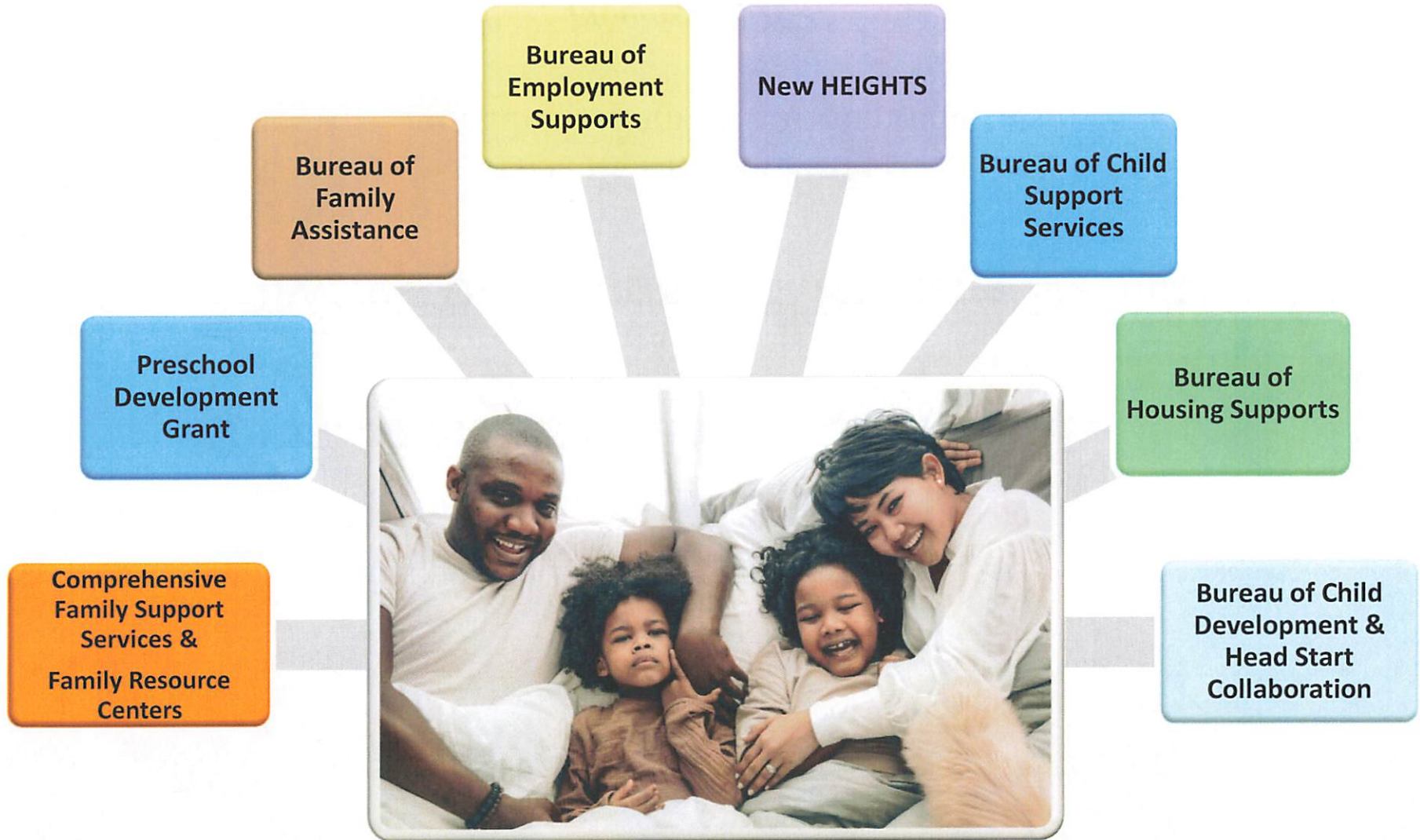
**Division of Economic & Housing Stability**

To advance the health, economic and social well-being of individuals, families and communities.

*January 11, 2022*

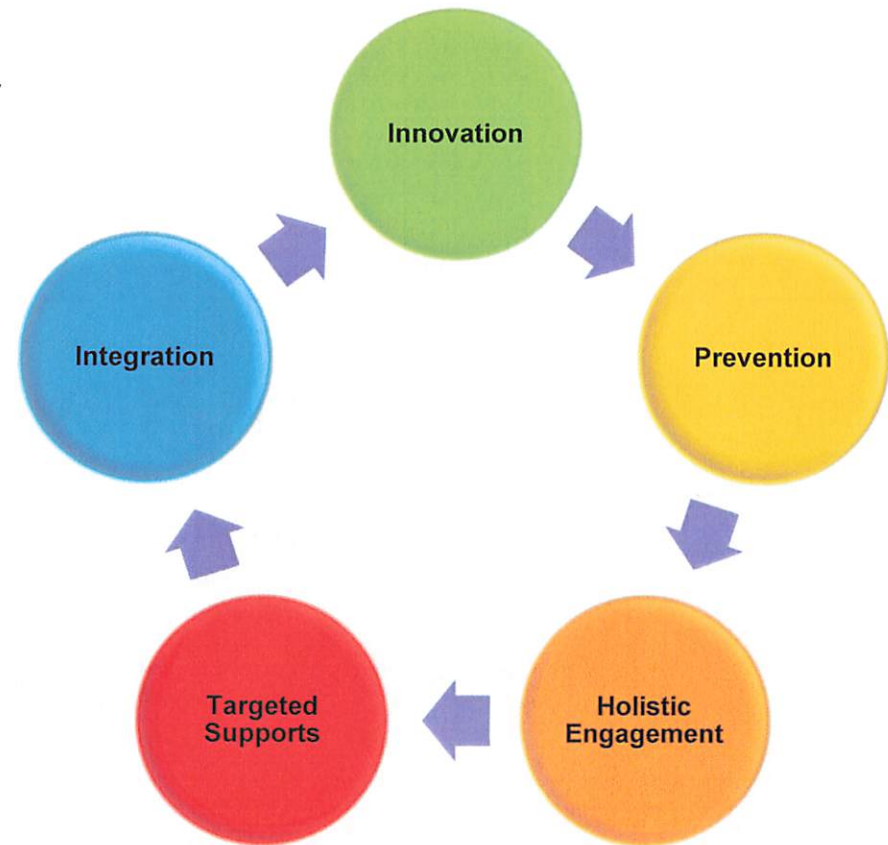


# DIVISION OF ECONOMIC & HOUSING STABILITY



# DEHS: SCOPE, FOCUS AND APPROACH

- Serves individuals and families from birth through the lifespan
- Provides a whole person/whole family approach
- Emphasizes the importance of Social Determinants of Health and its impact on a person/family
- Focused on reducing programmatic and system barriers and silos to services
- Focusing on strengthening program organization to create solutions
- Provides shared leadership in the commitment to integration and working as a team





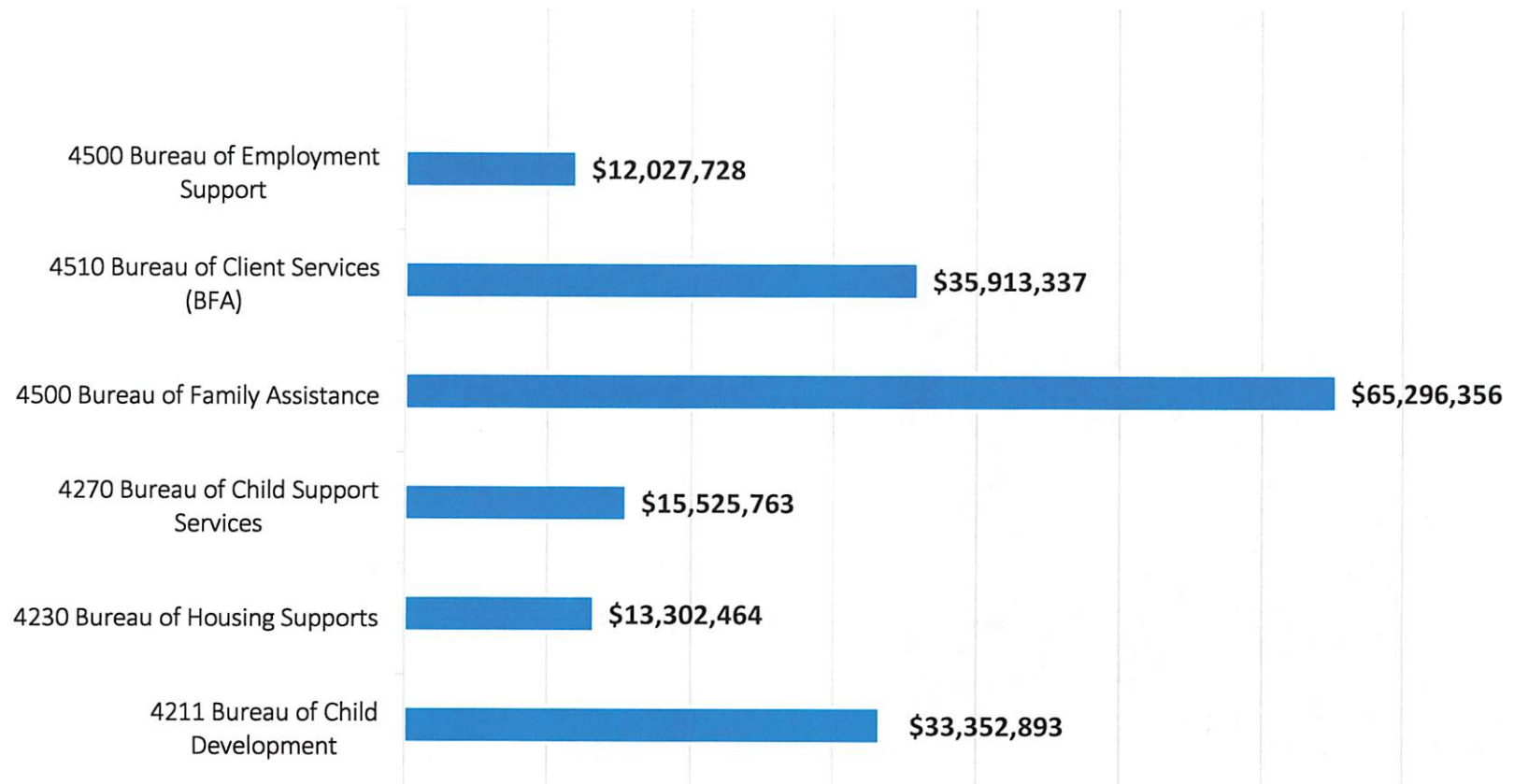
# DEHS Major Ongoing Initiatives

4

Plan to Close the Cliff Effect  
Food Insecurity Outreach  
Strengthening Child Care  
Pandemic-related assistance  
Preparing for the end of the  
federal Public Health Emergency



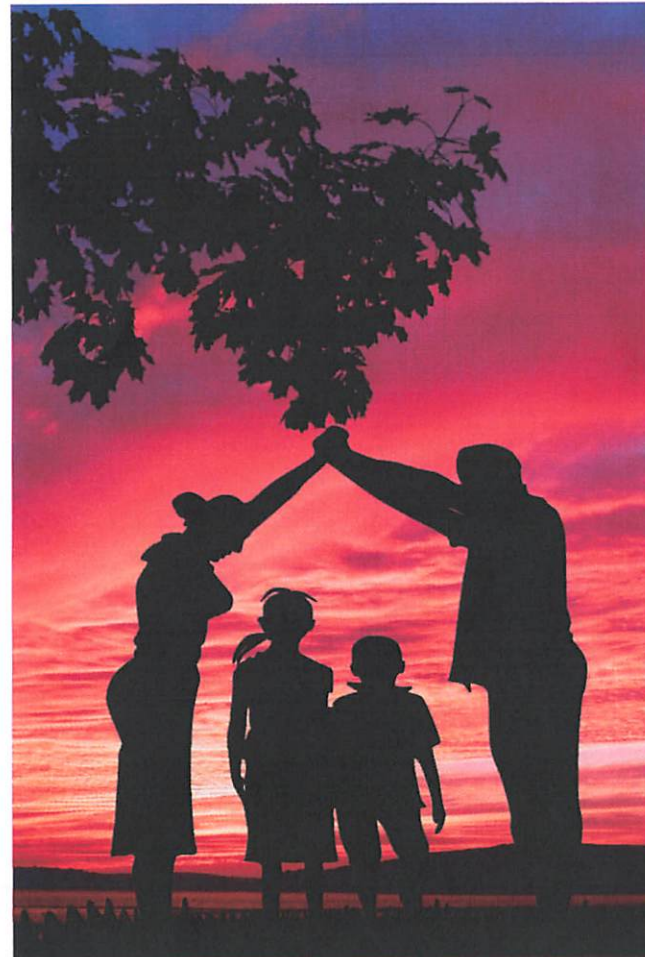
## DEHS FY22 Budgeted Funds





# BUREAU OF FAMILY ASSISTANCE

- Assists individuals and families to gain access to medical and economic assistance programs.
- Administers Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance to Needy Families (TANF).



# BUREAU OF EMPLOYMENT SUPPORTS

- Assists individuals enrolled in SNAP and/or TANF gain employment.
- Participants are provided case management, assessment, career planning, work activities and employment support services to help them prepare, obtain, advance and retain employment.
- Works with employers and educational/training organizations to address labor market needs through training.
- Leads the Whole Families Approach to Jobs; Parents Working, Children Thriving





## BUREAU OF CHILD DEVELOPMENT & HEAD START COLLABORATION

8

- Provide access for families to the NH Child Care Scholarship Program.
- Provides support and customer services to child care providers.
- Works to improve school readiness and continued school success for children.
- Help parents make informed consumer choices & access information to support their child's development
- Enhance the quality of child care, the early childhood workforce, in an effort to improve a child's readiness for, and continue success in school.





# BUREAU OF HOUSING SUPPORTS – SERVICES PROVIDED

9

Assist individuals or families who have housing instability or homelessness to access housing, shelter, and/ or other services to assist in achieving or maintaining housing stability and independence.

Through community-based contractors:

- Provide short and medium term rental assistance and Permanent Supportive Housing to individuals, youth, and families, with supportive services to maintain housing stability.
- Provide outreach services to the “hard to reach,” such as those residing on streets, or other places not meant for human habitation to increase transitions to housing stability.
- Provide intensive case management services to connect individuals and families to services including medical and mental health care, TANF/SNAP benefits, SSI/SSDI, and other necessary services
- Collaborative applicant for Balance of State Continuum of Care.





# BUREAU OF CHILD SUPPORT SERVICES

- Services provided to families of children whose parents (or parent and caretaker) do not reside in the same household together
- One of the largest income support and anti-poverty programs for families
- Engage and assist parents who are willing and able (or unable) to support their children and when necessary, enforcing the responsibility with parents who are unwilling
- Process nearly \$80 million per year in support. All child support payments are distributed and disbursed within 48 business hours of receipt, lessening the need for governmental assistance.



# DEHS CONTACTS

11

Karen Hebert, Director

- [Karen.E.Hebert@dhhs.nh.gov](mailto:Karen.E.Hebert@dhhs.nh.gov)
- 223-4812

Marti Ilg, Deputy Director

- [Marti.Ilg@dhhs.nh.gov](mailto:Marti.Ilg@dhhs.nh.gov)
- 271- 9654

Rebecca Lorden, Finance Director

- [Rebecca.M.Lorden@dhhs.nh.gov](mailto:Rebecca.M.Lorden@dhhs.nh.gov)
- 271-9611



HB 1642-FN - AS INTRODUCED

2022 SESSION

22-2592

07/10

HOUSE BILL            ***1642-FN***

AN ACT                relative to lead testing in children.

SPONSORS:            Rep. Grassie, Straf. 11; Rep. Knirk, Carr. 3; Rep. Langley, Hills. 8; Rep. Woods,  
Merr. 23; Sen. Watters, Dist 4; Rep. Chretien, Hills. 42; Rep. Meuse, Rock. 29

COMMITTEE:          Health, Human Services and Elderly Affairs

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ANALYSIS

This bill establishes a blood lead level testing requirement for children entering day care and public schools, as well as reporting requirements for health care providers regarding the tests.

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Explanation:          Matter added to current law appears in ***bold italics***.  
Matter removed from current law appears ~~in brackets and struckthrough.~~  
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.



STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Twenty Two*

AN ACT relative to lead testing in children.

*Be it Enacted by the Senate and House of Representatives in General Court convened:*

1 1 Health and Sanitation; Physical Examination of Pupils; Lead Testing Requirement. Amend  
2 RSA 200:32 to read as follows:

3 200:32 Physical Examination of Pupils. There shall be a complete physical examination by a  
4 licensed physician, physician assistant, or advanced practice registered nurse of each child prior to  
5 or upon first entry into the public school system and thereafter as often as deemed necessary by the  
6 local school authority. The result of the child's physical examination shall be presented to the local  
7 school officials on a form provided by the local school authorities. ***The form shall include at least***  
8 ***one result of blood lead level testing required under RSA 130-A:5-a, RSA 130-A:5-b, or RSA***  
9 ***130-A:5-c and results shall be reported to the department of health and human services.***  
10 ***Results shall be included in publicly shared community health profiles.*** No physical  
11 examination shall be required of a child whose parent or guardian objects thereto in writing on the  
12 grounds that such physical examination is contrary to the child's religious tenets and teachings.

13 2 Child Day Care, Residential Care, and Child-Placing Agencies; Records; Lead Testing  
14 Required. Amend RSA 170-E:19 to read as follows:

15 170-E:19 Records. Every child day care agency shall keep and maintain such records as the  
16 department shall prescribe by rule pertaining to the admission, progress, health and discharge of  
17 children under the care of the child day care agency and shall report relative to such matters to the  
18 department whenever called for, upon forms prescribed by rule. ***Health forms shall include at***  
19 ***least one result of blood lead level testing required under RSA 130-A:5-a, RSA 130-A:5-b, or***  
20 ***RSA 130-A:5-c. At least one blood lead level test result shall be a requirement for entry in***  
21 ***child day care facilities. Results shall be reported to the department and shall be***  
22 ***included, by the department, in publicly shared community health profiles.*** All records  
23 regarding children and all facts learned about children and their relatives shall be kept confidential  
24 both by the child day care agency and by the department.

25 3 Lead Paint Poisoning Prevention and Control; Universal Testing; Health Care Providers; Not  
26 Liable; Child Blood Level Testing Report Required. Amend RSA 130-A:5-a to read as follows:

27 130-A:5-a Universal Testing; Health Care Providers; Not Liable. All health care providers who  
28 provide primary medical care shall conduct blood testing of all one and 2-year old patients to  
29 determine a blood lead level. ***Health care providers shall report, on a form developed by the***  
30 ***department, an accounting of all children referred for blood lead level testing, the results***  
31 ***of blood lead level testing to the department at least annually. Reports shall include the***

1 *total number of children served by the practice annually as well as the total number of*  
2 *children that failed to follow through in response to a referral for a test.* A health care  
3 provider shall not be liable for not performing a test for blood lead level when a parent or guardian  
4 has been informed of the blood test requirement and has refused to consent or has failed to follow  
5 through in response to a referral for a test. Nothing in this section shall prevent a health care  
6 provider from recommending blood testing for children younger than one year or older than 2 years  
7 should circumstances, including potential lead hazard exposures, warrant such testing.

8 4 Lead Paint Poisoning Prevention and Control; Blood Lead Testing; Annual Opt-Out Report  
9 Established. Amend RSA 130-A:5-c to read as follows:

10 130-A:5-c Blood Lead Testing. All parents or legal guardians shall have their children who are  
11 residing in this state tested for blood lead level at the ages of one and 2. A child shall be exempt  
12 from this required blood lead level testing if a parent or legal guardian objects to such testing and  
13 provides a statement to such effect or if a physician licensed under RSA 329, or a physician  
14 exempted under RSA 329:21, III, certifies that blood lead level testing may be detrimental to the  
15 child's health. The latter exemption shall exist only for the length of time that, in the opinion of the  
16 physician, testing would be detrimental to the child. The commissioner shall develop an opt out  
17 form for the purposes of this section and shall make such form available to health care facilities.  
18 The form shall include simple opt out language in a font and size easily readable by the average  
19 adult reader. ***Health care providers shall report at least annually, the total number of opt***  
20 ***out forms exempted under this section.***

21 5 Effective Date. This act shall take effect 60 days after its passage.

**HB 1642-FN- FISCAL NOTE  
AS INTRODUCED**

AN ACT relative to lead testing in children.

**FISCAL IMPACT:**     State             County             Local             None

STATE:	Estimated Increase / (Decrease)			
	FY 2022	FY 2023	FY 2024	FY 2025
<b>Appropriation</b>	\$0	\$0	\$0	\$0
<b>Revenue</b>	\$0	\$0	\$0	\$0
<b>Expenditures</b>	\$0	\$1,200,600	\$156,700	\$161,000
<b>Funding Source:</b>	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Education	<input type="checkbox"/> Highway	<input type="checkbox"/> Other

**METHODOLOGY:**

This bill:

1. Requires that the form provided by the Department of Health and Human Services to local public school officials for reporting the results of a child's physical examination include one result of blood lead level testing, and requires schools to provide the results to the Department. The Department is then required to report the results in publicly-shared community health profiles.
2. Requires that the form pertaining to admission, progress, health, and discharge provided by a child day care agency include one result of blood lead level testing. Further requires that at least one test be a requirement for entry into day care facilities, that such facilities report the results to the Department, and that the Department report the results in publicly-shared community health profiles.
3. Requires health care providers to report, on a form developed by the Department, an accounting of all children referred for blood lead level testing and the results of such tests at least annually.

The Department states that in order to fully implement the requirements of the bill, the following will be necessary:

- The Department will need to establish a data-sharing process with each individual school (or school district), as well as each individual licensed childcare facility in the state. The Department notes that there are approximately 102 school administrative units (SAU) and more than 700 licensed childcare facilities in the state.



- The Department will need to de-identify and aggregate the data collected in order to share it publicly while complying with data privacy and data reliability standards.
- The Department will need to monitor compliance with blood lead testing requirements on the part of the 700 licensed childcare facilities.
- A new data system will need to be developed to store the additional data elements required by the bill, requiring the Department to do the following:
  - o Establish a contract with a software vendor to develop and purchase a data system to transfer and store required data elements;
  - o Secure necessary software licenses;
  - o Establish a secure file transfer protocol site or a secure file data portal that would allow schools and childcare facilities to report information to the Department; and
  - o Establish a reporting mechanism for the health care systems, schools, and childcare facilities to report the names and number of children that they serve.

The Department anticipates a cost of \$850,000 to purchase a new database system meeting the bill's requirements. Additional costs are estimated at \$250,000 for the development of a vendor contract, data system development, and Department of Information Technology (DOIT) resources. Ongoing maintenance for the data system is estimated at \$50,000 per year.

In addition to the costs noted above, the Department states it will need to hire one full-time Senior Management Analyst (labor grade 26, starting at step 5). The costs for that position are as follows:

	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
Salary	\$ 59,800	\$ 64,700	\$ 67,300
Benefits	\$ 31,300	\$ 35,000	\$ 36,700
Other	\$ 9,500	\$ 7,000	\$ 7,000
<b><i>Position Total</i></b>	<b>\$ 100,600</b>	<b>\$ 106,700</b>	<b>\$ 111,000</b>

It is assumed that the fiscal impact will begin in FY23.

**AGENCIES CONTACTED:**

Department of Health and Human Services