



**House
Legislative
Analysis
Section**

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REDUCE CHILDHOOD DEATHS

RECEIVED

House Bills 4768-4770 (Substitutes H-1)
First Analysis (11-27-89)

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Sponsor: Rep. Alma Stallworth
Committee: Public Health

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THE APPARENT PROBLEM:

In 1988, Michigan was one of five states that received funding from the Robert Wood Johnson Foundation to study the causes and frequency of childhood deaths. Reportedly, the study showed that, distressingly, nearly 60 percent of all child deaths in Michigan are preventable. The governor's 1989 State of the State message recommended a five-part program to reduce the number of unnecessary and preventable deaths of children in Michigan, and legislation has been introduced to address the issues of child abuse and neglect (through parenting information and a child mortality review panel) and lead poisoning in young children.

THE CONTENT OF THE BILLS:

House Bill 4768 would require the Department of Public Health (DPH) to provide certain kinds of parenting information to new parents, House Bill 4769 would establish a child mortality review panel in the DPH, and House Bill 4770 would establish a free lead poisoning assessment program for preschool children.

House Bill 4768 would amend the Public Health Code to require the Department of Public Health (DPH) to develop a parenting pamphlet and to mail the pamphlet to parents of newborn (and certain newly adopted) children.

Pamphlet. The Department of Public Health would be required to develop a pamphlet containing information regarding parenting. In developing the pamphlet, the department would be required to consult with appropriate professional organizations and other state agencies and departments. The pamphlet would have to be printed in English (and other languages, if the DPH considered it appropriate), and written in easily understood, nontechnical terms.

Distribution. The department would be required to have the pamphlet ready for distribution within 90 days after the bill took effect, and to mail a copy to parents of newborn children and of certain adopted children.

Parents to whom the pamphlet would be mailed would be identified by taking their names from birth certificates (a) of live children registered with the state registrar and (b)

prepared by the state registrar for an adopted child. Pamphlets would have to be mailed to the parents within 30 days of the registration of the birth certificate.

The department also would be required to distribute copies to the boards of allopathic and of osteopathic medicine and upon request, free of charge to physicians and local health departments. Other people could get copies of the pamphlet at cost, by writing to the DPH.

MCL 333.17017, 333.17517, and 333.20185

House Bill 4769 would add a new part to the Public Health Code to create a "child mortality review panel" in the

Department of Public Health to review child fatalities in the state and make recommendations on how to help avoid child deaths.

Membership. Panel members would be appointed by the department and would have to include a forensic investigator (who was employed by a law enforcement agency), a representative of a consumer advocacy organization, a physician who specialized in pediatric medicine, a county medical examiner, a child development specialist, an attorney familiar with issues related to child mortality, and representatives from university schools of social work and of public health and from a local community college that dealt with issues related to child mortality. In addition, representatives from the DPH and from the office in the Department of Social Services that deals with child welfare issues both would be non-voting members of the panel. Panel members would be reimbursed for their expenses.

Duties. The panel would be required to:

- develop ways of reviewing and analyzing deaths of children (as well as mortality trends and patterns) in the state in order to recommend remedial action;
- review child fatalities in the state;
- beginning a year after the panel was appointed, make annual recommendations to the department, the legislature, and the governor, on measures that could be taken to avoid child deaths.

The panel could establish subcommittees as it saw necessary, could give priority to certain causes of child deaths over others in making its recommendations for remedial actions, and could promulgate administrative rules to carry out the bill's provisions.

DPH support. The Department of Public Health would be required to provide staff support and pediatric medicine consultation for the panel, as well as allow it to use the department's medical advisory bodies for medical expertise and the department's records and reporting capacity for mortality surveillance in the review process.

Sunset. The bill would expire three years after it went into effect.

MCL 333.701 et al.

House Bill 4770 would amend the Public Health Code to require free periodic assessment of preschool children for lead poisoning, to require a certificate of assessment for admission to school, and to impose criminal penalties for violating these requirements.

Lead poisoning assessment. The bill would add a new part (Part 94: Lead Poisoning Assessment) to the Public Health Code which would require local health departments (or someone designated by the DPH and working with the local health department) to publicize and conduct free periodic lead poisoning assessment programs for children between the ages of nine months and five years living in the local

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health department district. The programs would have to be designed to ensure that children underwent testing and screening for lead poisoning at least twice before the age of six: once within the child's first two years of life and again before the child turns six. The Department of Public Health (DPH) would be required to help local health departments in developing and maintaining these assessment programs.

When an assessment indicated that a child should be tested for lead poisoning, the local health department, with parental authorization, would be required to test the child. Alternatively, the parent could have the child tested by a qualified health professional of the parent's choosing.

If a lead poisoning test indicated that a child was suffering from lead poisoning and needed medical care, the bill would require that the local health department notify the child's parent in writing and provide information about the availability and sources of lead poisoning treatment.

Requirements for parents. Parents would be required to have their children assessed for lead poisoning at least twice before the child was six years old: once before two years of age and again before the child turned six. Parents also would be required to present to school authorities a certificate of lead poisoning assessment (or a statement of exemption) when they registered their child for the first time in kindergarten or first grade.

Exemptions. Children would be exempt from the bill's requirements if their parents (or guardians or people acting in place of their parents) presented a written statement to the child's school saying that the requirement violated the parent's personal religious beliefs.

Requirements for school districts. By November 1 each year, school districts would be required to give summaries (on forms provided by the DPH)

of the lead poisoning assessment reports of new entering kindergartners and first graders both to the DPH and to the appropriate local health departments. School districts also would be required to make and keep records of lead poisoning assessments and to make these records available to health agencies and appropriate school district staff to help affected children and their parents get the proper assistance.

Confidentiality of records. Except for their release to the proper health agencies and school staff, individual lead poisoning assessment records would be confidential.

Requirements for the DPH. In addition to helping the local health departments establish and maintain their lead poisoning assessment programs, the Department of Public Health also would be required:

- to promulgate rules to implement the bill (including rules about the maintenance, confidentiality, and disclosure of records);
- to provide, in cooperation with the departments of Education and of Social Services, public education on the dangers of paint containing lead and on the need for lead poisoning assessment for young children; and
- to develop and distribute to local health departments and health care professionals (a) protocols for conducting lead poisoning assessments, (b) standards for excessive levels of lead in blood, (c) guidelines for medical treatment of children suffering from lead poisoning, and (d) forms for the required school certificate of lead poisoning assessment.

The director of the DPH also would be able to appoint an advisory committee of health professionals, physicians, and school representatives to help the department with lead poisoning programs.

Penalties. Anyone violating the bill's provisions would be guilty of a misdemeanor.

Miscellaneous. The state and local health departments would be required to cooperate with any appropriate state agency and local health department or other community group in encouraging "remedial measures" for children at risk of, or suffering from, lead poisoning.

MCL 333.9501 et al.

FISCAL IMPLICATIONS:

Fiscal implications are not available. (11-22-89)

BACKGROUND INFORMATION:

According to a study of 8,740 childhood deaths in Michigan between 1984 and 1986, 60 percent of the deaths could have been prevented and poor children are 2 and 1/2 times more likely to die than children who are not poor. Fifty-four percent of the children who died were under a year old, about three percent were between one and fourteen years old, and twenty-three percent were between 15 and 19. Sixty-eight percent of the deaths were disease-related, six percent were homicides, three percent were suicides, and 22 percent were "unrelated." The major cause of death among children who died before reaching their first birthday was complications related to birth, while most children who died between the ages of one and four were killed by disease. The major cause of death for children between the ages of five and nineteen was unintentional injury.

Michigan infant mortality is 1.2 times the U.S. rate, and Michigan children die in fires 1.4 times the U.S. rate. Poor children died in fires seven times more often than other children and drowned 2 and 1/2 times more often than others. Black children die from homicide at 2.4 times the U.S. rate. The suicide rate for black teenage males is twice the U.S. rate, and black males between 15 and 19 died from homicide at 25.3 times the rate for white males of the same ages.

ARGUMENTS:

For:

According to one estimate, people who were abused as children are six times more likely to become abusive parents than people who were not abused. Abusive parents who themselves were abused as children often do not know how to care for or interact optimally with their own children. The abusive or neglectful parent needs, above all, education and support. House Bill 4768 would begin to help all new parents by requiring the Department of Public Health to send new parents a pamphlet containing parenting information (to take the form, reportedly, of a list of available parent education programs and parent support groups in the new parent's area).

Against:

House Bill 4768 does not specify what kind of parent information is to be mailed to parents of newborn children. If, as reported, the information is to consist only of lists of parent education classes and support available locally to a particular parent, then this information is likely to be most useful to the kind of parents who may least need it to

prevent child abuse and neglect, namely, literate middle and upper class parents who will seek out help even without such a list. Further, the Department of Public Health's Task Force on Infant Mortality recommended over two years ago that state funds should be used to subsidize parent education classes, training, and support groups, with special attention given to the needs of low-income parents and specific cultural groups. Classes and support groups, not just lists of resources, are what is needed to help potentially abusive or neglectful parents. Finally, if the parent information is intended to prevent child abuse and neglect by educating potentially (or actually) abusive or neglectful parents, it would seem that child abuse prevention agencies would be the logical agencies to do this rather than establishing a whole new mechanism in the Department of Public Health.

Response: While much needs to be done to help the abusive or neglectful parent, certainly having the kind of information proposed in the bill would be a positive step in the right direction. And although it is true that poverty and a lack of formal education can mean that additional stresses are placed upon a family, it should be pointed out that child abuse and neglect occurs even in affluent and highly educated families as well as in poor and poorly educated families.

For:

In order to reduce the number of preventable deaths of infants and children, it is first necessary to determine which deaths could have been prevented. Reportedly, for example, suspicious child deaths too frequently are attributed to Sudden Infant Death Syndrome (SIDS) or are simply not given a cause at all. (In fact, some people believe that the reported six percent incidence of infant and child murders is grossly underreported.) By establishing a child mortality review panel, House Bill 4769 would put into place a mechanism for investigating suspicious deaths of children and, possibly, identify situations in which the death of a child was preventable. Once these situations were been identified, appropriate action could then be taken to prevent future such deaths, whether this action is directed toward abusive or neglectful parents, or toward physically dangerous dwellings.

For:

Lead poisoning is a serious problem, though it can be treated if diagnosed. According to one report, up to 74 percent of urban children suffer from lead poisoning, usually from lead-based paint used in older buildings. (Young children, especially, are vulnerable to lead poisoning from lead-based paint in old buildings because of their tendency to put everything — including peeling paint — into their mouths.) By requiring free periodic assessment of preschool children for lead poisoning (followed by testing and treatment, where indicated), House Bill 4770 could contribute to a reduction in the number of children seriously damaged by lead poisoning.

Against:

In the first place, House Bill 4770 does not specify what is meant by an "assessment" for lead poisoning. Currently, the only sure way to detect lead poisoning is by doing a blood test for the presence of lead. Reportedly, attempts to develop effective screening procedures (such as questionnaires) for detecting lead poisoning have not been successful. Secondly, the population most at risk for lead poisoning — namely, children on Medicaid — already are

eligible for screening through the federally-funded Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Not only would the bill duplicate, using scarce state funds, an existing program, it would extend the program to low-risk populations where the screening costs would far outweigh the program benefits. What really is needed is legislation assuring that once a child was diagnosed as suffering from lead poisoning the necessary medical follow up would take place and that the lead paint would be removed from the home (since it would make no sense to treat a child for lead poisoning and then return him or her to the source of the poisoning).

POSITIONS:

The Department of Public Health supported the original bills but does not yet have a position on the substitutes. (11-20-89)

The Department of Social Services has not yet taken a position on House Bill 4769. (11-21-89)

The Michigan State Medical Society has not yet taken a position on any of the bills. (11-2-89)

The Michigan Hospital Association supports House Bill 4768. (11-21-89)

Michigan Advocates for Choices in Childbirth supports House Bill 4768. (11-20-89)

The Michigan Council for Maternal and Child Health supports House Bills 4768 and 4769, but does not support House Bill 4770. (11-21-89)