

**LEGISLATIVE SERVICES AGENCY
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FISCAL IMPACT STATEMENT

LS 6873

BILL NUMBER: HB 1229

NOTE PREPARED: Jan 3, 2024

BILL AMENDED:

SUBJECT: Lead Testing.

FIRST AUTHOR: Rep. Boy

FIRST SPONSOR:

BILL STATUS: As Introduced

FUNDS AFFECTED: **GENERAL**
 DEDICATED
 FEDERAL

IMPACT: State & Local

Summary of Legislation: The bill allows a local health officer to order an environmental inspection of a building in which a child who has an elevated blood lead level has resided for at least six months.

It requires a local health department to:

- (1) identify grants and resources to assist property owners and occupants with lead abatement; and
- (2) publish the information on the local health department's website.

The bill requires that the guidance developed by the Indiana Department of Health (IDOH) for health care providers for blood lead level screening for children are consistent with the federal Centers for Disease Control and Prevention guidelines.

It amends the requirements for certain health care providers concerning childhood blood lead screening. The bill removes the expiration date of these provisions.

Beginning in the 2025-2026 school year, it requires a qualified school to require a child or student who meets specified criteria to receive a blood lead screening test. The bill provides that a child or student who meets specified criteria may not be initially enrolled in a qualified school unless:

- (1) the child or student has received a blood lead screening test and documentation of the test is provided to the qualified school; or
- (2) if the child's parent, student's parent, or student, if the student is an emancipated minor, declines the test, a written explanation for declining the test is provided to the qualified school.

It defines "qualified school" for purposes of these provisions.

Effective Date: January 1, 2025.

Explanation of State Expenditures: *Indiana Department of Health (IDOH):* The bill requires the IDOH to maintain guidance and standards for health care providers screening children for blood lead concentration. The guidance and standards must be consistent with the federal Centers for Disease Control and Prevention (CDC) guidelines. The bill's requirements are within the agency's routine administrative functions and should be able to be implemented with no additional appropriations, assuming near customary agency staffing and resource levels. *[The IDOH's administrative expenditures are currently paid from the Tobacco Master Settlement Fund, a dedicated fund.]*

State Employee Health Plans: Additional blood lead screenings could increase claims costs to the state health plans. Costs for the state health plans are shared between the state and state employees covered by the plan as determined in the plans' designs, including premiums, coinsurance, copayments, and deductibles. An increase in premiums cost may be mitigated with adjustments to other benefits or to employee compensation packages, or through the division of premium costs between the state and state employees.

Medicaid: Additional blood lead screenings could increase costs to the state Medicaid program. Medicaid and the Children's Health Insurance Program (CHIP) are jointly funded between the state and federal governments. The state share of costs for most Medicaid medical services for FFY 2024 is 34%, 10% for the age 19 to 64 expansion population within the Healthy Indiana Plan (HIP), and 24% for CHIP. The state share of most Medicaid and CHIP expenditures is paid from state General Fund appropriations, and state dedicated funds primarily cover HIP costs.

Additional Information: In 2022, HEA 1313-2022 required the IDOH to establish guidance and standards for health care providers based on guidelines from the federal CDC.

Explanation of State Revenues: An increase in private insurance claims related to blood lead treatment could increase premiums collected in the state. Any increase in insurance company premiums will increase General Fund revenue from either insurance premium tax collections or Adjusted Gross Income (AGI) tax collections. This impact is expected to be small.

Explanation of Local Expenditures: *Local Health Departments:* The bill requires local health departments to order environmental inspections of a building if certain requirements are met. The bill also requires local health departments to identify grants to help with lead abatement of lead contaminated property and publish the information regarding the grants on their website. Any resulting increase in workload should be within a local health department's typical duties and should be able to be implemented with no additional appropriations, assuming near customary staffing and resource levels.

Public Schools: By January 2025, the bill requires public schools to require a child to receive a blood lead screening test, or have a written explanation from the parent declining the test, before the child is allowed to be enrolled. This is within the routine administrative duties of a school.

Local Health Insurance Coverage: The bill potentially impacts local units of government that offer health insurance coverage for employees. Any potential change in local health coverage costs resulting from this bill may be mitigated with adjustments to other benefits or to the total employee compensation packages, or through the division of costs between the local unit and employees.

Explanation of Local Revenues:

State Agencies Affected: Indiana Department of Health; State Personnel Department; Family and Social Services Administration.

Local Agencies Affected: Local health departments; public schools; local units offering health insurance.

Information Sources: HEA 1313-2022; <https://www.in.gov/localhealth/>.

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