

LAWS OF DELAWARE
VOLUME 84
CHAPTER 308
152nd GENERAL ASSEMBLY
FORMERLY
HOUSE BILL NO. 401

AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO LEAD SCREENING OR TEST RESULTS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

WHEREAS, Chapter 26 of Title 16 of the Delaware Code, the Childhood Lead Poisoning Prevention Act requires universal screening of all children for lead poisoning at 12 months of age, and again at 24 months of age; and

WHEREAS, Chapter 26 of Title 16 of the Delaware Code, the Childhood Lead Poisoning Prevention Act, requires every child born on or after March 1, 1995, who has reached the age of 12 months, to be tested for lead poisoning before admission or continued enrollment in a childcare facility, public or private nursery school, or preschool or kindergarten; and

WHEREAS, school nurses are a valuable safety net in identifying children with lead poisoning in Delaware by verifying lead screening and testing as part of Kindergarten enrollment; and

WHEREAS, as of May 2021, the CDC uses a blood lead reference value (BLRV) of 3.5 micrograms per deciliter 25 ($\mu\text{g}/\text{dL}$) to identify children with higher levels of lead in their blood compared to most children; and

WHEREAS, in the Childhood Blood Lead Surveillance in Delaware Annual Report, published in November 2023, the Department of Health and Social Services documented that over two thousand Delaware children received their initial blood lead screening between 46 and 72 months of age, the age of kindergarten enrollment, for fiscal year 2023. Of these kindergarten-enrollment aged children, 80 children had a blood lead level at or above the U.S. Centers for Disease Control and Prevention's Blood Lead Reference Value, triggering case management in Delaware; and

WHEREAS, in the Childhood Blood Lead Surveillance in Delaware Annual Report, published in November 2023 documented that for fiscal year 2023, 11,275 children aged 72 months were screened or tested for lead poisoning, and 694 had a blood lead screening or test at or above the U.S. Centers for Disease Control and Prevention's Blood Lead Reference Value, triggering case management in Delaware; and

WHEREAS, identification of lead poisoning through screening and testing is essential for identifying individuals with lead poisoning, so that the source of exposure can be removed from the child's environment and supplementary dietary and educational resources can be provided to help these children to overcome some of the developmental challenges of lead poisoning; and

WHEREAS, the Interagency Coordinating Council adopted, effective May 1, 2021, a lowering of the threshold for eligibility for early intervention services in children with lead poisoning from 10 mcg/dl to 5 mcg/dL; and

WHEREAS, according to the World Health Organization, "Lead exposure can have serious consequences for the health of children. At high levels of exposure lead attacks the brain and central nervous system, causing coma, convulsions and even death. Children who survive severe lead poisoning may be left with intellectual disability and behavioral disorders. At lower levels of exposure that cause no obvious symptoms, lead is now known to produce a spectrum of injury across multiple body systems. In particular, lead can affect children's brain development, resulting in reduced intelligence quotient (IQ), behavioral changes such as reduced attention span and increased antisocial behavior, and reduced educational attainment. Lead exposure also causes anemia, hypertension, renal impairment, immunotoxicity and toxicity to the reproductive organs. The neurological and behavioral effects of lead are believed to be irreversible."; and

WHEREAS, according to the Mayo Clinic, "Lead poisoning can be hard to detect. Even people who seem healthy can have high blood levels of lead. Signs and symptoms usually don't appear until dangerous amounts have accumulated. Signs and symptoms of lead poisoning in children include: Developmental delay, Learning difficulties, Irritability, Loss of appetite, Weight loss, Sluggishness and fatigue, Abdominal pain, Vomiting, Constipation, Hearing loss, Seizures, Eating things, such as paint chips, that aren't food (pica)."; and

WHEREAS, children with even low blood lead levels have demonstrated impacts to their end of grade test scores, and are more likely to be non-proficient in math, science and reading and show poorer performance on tests; and

WHEREAS, subclinical lead poisoning results in a 50% increase in the number of children with IQ scores < 70; and

WHEREAS, increasing blood lead levels are associated with higher costs in special education and juvenile justice; and

WHEREAS, families of children referred for an early intervention or a special education evaluation in Delaware are not currently required to submit 12 or 24 month lead screening results prior to the determination of eligibility for services. Currently, blood lead levels are not required to be documented in early intervention and special education eligibility reports; and

WHEREAS, currently, school nurses, special education coordinators, and early intervention case managers are not able to access information related to a child's blood lead level, even though lead poisoning is a critical factor in determining a child's needed education and mental health supports; and

WHEREAS, school nurses should have information about lead poisoning, and not just whether a child received a blood lead screening or test, so that education services and care can be coordinated for each child; and

WHEREAS, school nurses already receive information about other intellectual and behavioral diagnoses for children upon enrollment, but do not receive information about blood lead diagnosis; and

WHEREAS, the Department of Health and Social Services maintains a database of all blood lead level results; and

WHEREAS, Department of Health and Social Services and the Department of Education are currently negotiating a new health-system software for sharing health data with school nurses, making now an ideal time to correct this oversight; and

WHEREAS, childhood lead poisoning can be prevented.

Section 1. Amend § 2603, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows and redesignating accordingly:

§ 2603. Screening prior to child care or school enrollment.

(d) The Division of Public Health shall ensure that all school nurses have access to data that confirms or denies whether each enrolled child has been screened for lead ~~poisoning-poisoning~~ and the results of all lead screenings or tests. A record of the proof of screening shall be kept in each student's school health record. Results must be in micrograms per deciliter and provided by Jan 1, 2025.

(e) By November 1 of each year, all school districts and charter schools must report to the Division of Public Health the number of students enrolled in kindergarten who have not met the requirements under subsection (c) of this section.

(f) Any contracts or computer upgrades must continue to include lead results.

Approved July 17, 2024