



SPONSOR: Rep. Lambert & Rep. Dorsey Walker & Sen. Gay  
Reps. Minor-Brown, Morrison, Parker Selby, Romer,  
Baumbach, Harris, Heffernan, K. Johnson, Neal; Sens.  
Lockman, Hansen

HOUSE OF REPRESENTATIVES  
152nd GENERAL ASSEMBLY

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:

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

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

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

8           WHEREAS, as of May 2021, the CDC uses a blood lead reference value (BLRV) of 3.5 micrograms per deciliter  
9 25 ( $\mu\text{g}/\text{dL}$ ) to identify children with higher levels of lead in their blood compared to most children; and

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

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

19           WHEREAS, identification of lead poisoning through screening and testing is essential for identifying individuals  
20 with lead poisoning, so that the source of exposure can be removed from the child's environment and supplementary dietary

21 and educational resources can be provided to help these children to overcome some of the developmental challenges of lead  
22 poisoning; and

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

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

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

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

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

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

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

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

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

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

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

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

59 WHEREAS, childhood lead poisoning can be prevented.

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

62 § 2603. Screening prior to child care or school enrollment.

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

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

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

#### SYNOPSIS

This Act amends Section 2603 of Title 16 to require the Division of Public Health to provide the results of lead screenings or tests to school nurses and require contracts or computer upgrades to include lead results.