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HOUSE OF REPRESENTATIVES
152nd GENERAL ASSEMBLY

HOUSE BILL NO. 227

AN ACT TO AMEND TITLES 16 AND 24 OF THE DELAWARE CODE RELATING TO LEAD POISONING
PREVENTION.

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

4 WHEREAS, Delaware is evaluating the blood levels of only 23% of children under the age of 5 each year; and

5 WHEREAS, only 43.67% of children aged 12-14 months are receiving a blood lead level screening or test even
6 though such screening or testing at 12 months of age is required by law in the Childhood Lead Poisoning Prevention Act;
7 and

8 WHEREAS, between 2012 and 2016, more than 1,650 Delaware children who were screened or tested had
9 elevated levels of lead in their blood; and

10 WHEREAS, a universal screening method is needed to determine children with elevated blood lead levels because
11 Delaware does not have sufficient data on the concentration centers of elevated blood lead levels that could be used for
12 more targeted screening; and

13 WHEREAS, the Childhood Lead Poisoning Prevention Act currently does not require lead poisoning screening for
14 children older than 2 years of age, even though the American Academy of Pediatrics reports that 20% of children are
15 diagnosed at age 3, and that lead poisoning can occur through school age; and

16 WHEREAS, the use of blood lead level screening at age 12 months and 24 months is part of the
17 "Recommendations for Preventive Pediatric Health Care" by Bright Futures/American Academy of Pediatrics, as updated
18 in 2017; and

19 WHEREAS, the Childhood Lead Poisoning Advisory Committee, in the Committee's 2021 report to the General
20 Assembly, recommended mandating universal blood lead testing around 2 years of age (21-27 months) with one catch up
21 test before age 6 for those with no previous tests, or those whose previous test was before 21 months of age; and

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

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

26 WHEREAS, Delaware's "Strategic Plan to Eliminate Childhood Lead Poisoning By 2010" has not accomplished
27 its overarching goal "to reduce the incidence of lead poisoning to less than one percent of all children under the age of six";
28 and

29 WHEREAS, children at risk of lead poisoning include those who live or spend time in housing built before 1978
30 or adjacent to a lead paint removal, renovation, or demolition project; use playground equipment that has been painted with
31 lead paint; wear jewelry or play with toys that contain lead; eat certain food items, including wild game and those
32 purchased at dollar stores that may contain lead; drink lead-contaminated water; and have a parent or family member who is
33 exposed to lead dust from their place of employment or through recreation, including certain arts and crafts or firearms use,
34 or wears certain cosmetics that contain lead; and

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

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

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

WHEREAS, according to the Mayo Clinic, "Although children are primarily at risk, lead poisoning is also dangerous for adults. Signs and symptoms in adults might include: High blood pressure, Joint and muscle pain, Difficulties with memory or concentration, Headache, Abdominal pain, Mood disorders, Reduced sperm count and abnormal sperm, Miscarriage, stillbirth or premature birth in pregnant women."; and

WHEREAS, lead can be found in paint, makeup, toys, apple juice and other juices, and spices, such as turmeric, chili powder, and red pepper; and

WHEREAS, IDEA Part C Early Intervention, administered at DHSS, does not collect data regarding how many children receiving early intervention services are eligible for those services due to lead exposure; 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 repots; 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, the following zip codes have been targeted by the Division of Public Health as having an elevated risk for lead poisoning due to the preponderance of homes constructed before 1978 that may contain lead paint: 19701, 19702, 19703, 19706, 19709, 19711, 19713, 19720, 19733, 19801, 19802, 19803, 19804, 19805, 19806, 19808, 19809, 19810, 19904, 19933, 19934, 19938, 19939, 19940, 19941, 19943, 19945, 19901, 19946, 19947, 19950, 19952, 19953, 19956, 19958, 19960, 19962, 19963, 19966, 19968, 19971, 19973, 19975, and 19977; and

WHEREAS, childhood lead poisoning can be prevented.

NOW, THEREFORE:

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

Section 1. Amend § 2602, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 2602. Physicians and health-care facilities to screen children.

(a) Every health-care provider who is the primary health-care provider for a child shall order lead poisoning screening of the child, under regulations adopted by the Division of Public Health, at or around 12 and 24 months of age.

(b) [Repealed.]

(c) (1) If screening under subsection (a) of this section determines that a child has an elevated blood lead level, the health-care provider shall order testing under regulations adopted by the Division of Public Health.

(2) A health-care provider is encouraged to use the health-care provider's clinical judgement to determine when testing should be used in lieu of screening under subsection (a) of this section.

(d) All laboratories and health-care providers involved in blood lead level analysis, including screening and testing, shall participate in a universal reporting system as established by the Division of Public Health. The universal reporting system shall include the lead screening and testing results of all children, regardless of age.

(e) Nothing in this section may be construed to require any child to undergo screening or testing if the child's parent or guardian objects on the grounds that the screening or testing conflicts with the parent's or guardian's religious beliefs.

(f) [Repealed.]

(g) Every health-care provider who is the primary health-care provider for a child shall report the results of lead poisoning screening on electronic forms to be developed by the Division of Public Health. The forms shall be completed at well visits for children at or around 12 months of age and again at well visits for children at or around 24 months of age. The Division of Public Health shall determine in what manner the forms shall be reported to the Division.

Section 2. Amend § 2603, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

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

(a) For every child who has reached the age of 12 months, child care facilities and public and private nursery schools, preschools, and kindergartens shall require proof of screening for lead poisoning for admission or continued enrollment.

(b) Except in the case of enrollment in kindergarten, the screening under subsection (a) of this section may be done within 60 calendar days of the date of enrollment.

(c) A child's parent or guardian must provide 1 of the following:

(1) A statement from the child's primary health-care provider that the child has received a screening for lead poisoning.

(2) A certificate signed by the parent or guardian stating that the screening is contrary to the parent's or guardian's religious beliefs.

(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. A record of the proof of screening shall be kept in each student's school file.

Section 3. Amend Chapter 26, Title 16 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 2607. Training for healthcare providers.

The Division of Public Health shall create or approve of a training program for health-care providers certified under Chapter 17 of Title 24. Health-care providers shall complete the training program every 2 years, which shall educate health-care providers of their obligations under this chapter. The training program shall educate health-care providers on the following requirements:

(1) Screening all children for lead poisoning at or around 12 and 24 months of age.

(2) Ordering additional testing for all screening results above a certain threshold to be determined by the Division of Public Health.

(3) Implementing a plan of action for all children whose tests are above a certain threshold to be determined by the Division of Public Health.

Section 4. Amend § 1723, Title 24 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 1723. Issuance of certificate to practice; registration and registration renewal; reactivating inactive status.

(c) The registration of a certificate to practice medicine must be renewed biennially, through a procedure determined by the Division. The procedure must include payment of an appropriate registration renewal fee; submission of a renewal form provided by the Division; submission of the materials required by § 1720(b)(4), (b)(5), and (g), of this title unless waived pursuant to § 1720(e) of this title; proof that the certified person has met the continuing medical education requirements established by the Board; and the period of time within which a person certified to practice medicine in this State may renew the certified person's registration without penalty, notwithstanding the fact that the person failed to renew the person's registration on or before the renewal date; and the penalty for failure to renew registration in a timely manner. The procedure must also include evidence of completion of ~~training~~ the following:

(1) Training on the recognition of child sexual and physical abuse, exploitation and domestic violence, and the reporting obligations under the Medical Practice Act and § 903 of Title 16, and any successors thereto, and any other mandatory reporting obligations required by the Board. Such trainings shall be coordinated under §§ 911 and 931(b)(4) of Title 16 to ensure consistent trainings across disciplines.

139 (2) Training on the provisions of the Childhood Lead Poisoning Prevention Act in accordance with § 2607 of
140 Title 16.

SYNOPSIS

This Act makes various amendments to the Childhood Lead Poisoning Prevention Act to improve compliance with its testing and reporting requirements. First, this Act requires physicians to take a training program every 2 years relating to the provisions of the Childhood Lead Poisoning Prevention Act. Second, it requires the Division of Public Health to develop electronic forms to be used at a child's 12 and 24 month well visit that record lead screening results and are shared with the Division. Third, it clarifies that laboratories and health care professionals involved in blood lead level analysis must report results to the the Division of Public Health. Finally, it requires the Division of Public Health to share data with school nurses relating to whether an enrolled student has been screened for lead poisoning.