



SPONSOR: Rep. Lambert & Rep. Matthews & Sen. Hansen & Sen. Brown & Sen. S. McBride & Sen. Poore
Reps. Baumbach, Bentz, Bolden, Brady, Bush, Chukwuocha, Collins, Dorsey Walker, Griffith, Heffernan, K. Johnson, Kowalko, Lynn, Minor-Brown, Mitchell, S. Moore, Ramone, Schwartzkopf, Shupe, Michael Smith, K. Williams, Wilson-Anton; Sens. Gay, Pinkney, Sokola, Townsend, Walsh, Wilson

HOUSE OF REPRESENTATIVES
151st GENERAL ASSEMBLY

HOUSE BILL NO. 222

AN ACT TO AMEND TITLE 16 AND TITLE 18 OF THE DELAWARE CODE RELATING TO CHILDHOOD 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 age 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, Delaware trails most mid-Atlantic and northeast states in the implementation of universal screening
25 for children age 2 and above; and

26 WHEREAS, children at age 2 are often fully mobile in the home and engage in hand-to-mouth behaviors that
27 make them most likely to be vulnerable to lead poisoning; and

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

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

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

41 WHEREAS, on April 16, 2019, the Journal of the American Medical Association (Vol. 321, No. 15) reported that
42 the United States Preventive Services Task Force “found adequate evidence that questionnaires and other clinical prediction
43 tools to identify asymptomatic children with elevated blood lead levels are inaccurate”; and

44 WHEREAS, in 2016, the American Academy of Pediatrics Council on Environmental Health concluded that
45 “screening questionnaires frequently used in the primary care setting fail to identify children who have elevated blood lead
46 concentrations” (PEDIATRICS Vol. 138, No. 1; July 2016); and

47 WHEREAS, the following zip codes have been targeted by the Division of Public Health as having an elevated
48 risk for lead poisoning due to the preponderance of homes constructed before 1978 that may contain lead paint: 19701,

49 19702, 19703, 19706, 19709, 19711, 19713, 19720, 19733, 19801, 19802, 19803, 19804, 19805, 19806, 19808, 19809,
50 19810, 19904, 19933, 19934, 19938, 19939, 19940, 19941, 19943, 19945, 19901, 19946, 19947, 19950, 19952, 19953,
51 19956, 19958, 19960, 19962, 19963, 19966, 19968, 19971, 19973, 19975, and 19977; and

52 WHEREAS, childhood lead poisoning can be prevented.

53 NOW, THEREFORE:

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

55 Section 1. Amend § 2601, Title 16 of the Delaware Code by making deletions as shown by strike through and
56 insertions as shown by underline as follows:

57 § 2601. Short ~~title~~. title; definitions.

58 (a) This act shall be known and may be cited as the Childhood Lead Poisoning Prevention Act.

59 (b) For purposes of this chapter:

60 (1) “Elevated blood lead level” means any blood lead level determined by regulations established by the
61 Division of Public Health to be detrimental to the health, behavioral development, or cognitive potential of a child.

62 (2) “Screening” means a capillary blood lead test, including where a drop of blood is taken from a finger or
63 heel of the foot.

64 (3) “Testing” means a venous blood lead test where blood is drawn from a vein.

65 Section 2. Amend § 2602, Title 16 of the Delaware Code by making deletions as shown by strike through and
66 insertions as shown by underline as follows:

67 § 2602. Physicians and health-care facilities to screen children.

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

71 ~~(b) In addition to the screening required by subsection (a) of this section, every health-care provider who is the~~
72 ~~primary health-care provider for a child shall determine based upon criteria promulgated by the Division of Public Health~~
73 ~~whether that child should be screened for lead poisoning at or around 24 months of age. The health-care provider shall~~
74 ~~order screening for children for whom screening is suggested by said criteria. The health-care provider shall maintain~~
75 ~~records of the determination regarding the necessity of screening at 24 months of age. [Repealed.]~~

76 ~~(c)(1) Unless the child is at high risk for lead poisoning, as determined by the primary health-care provider,~~
77 ~~pursuant to guidelines promulgated by the Division of Public Health, screening shall not be required for any child who is~~
78 ~~over 12 months of age on March 1, 1995. If screening under subsection (a) of this section determines that a child has an~~

79 elevated blood lead level, the health-care provider shall order testing under regulations adopted by the Division of Public
80 Health.

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

83 (d) All laboratories and health-care providers involved in blood lead level analysis ~~will analysis, including~~
84 screening and testing, shall participate in a universal reporting system as established by the Division of Public Health. The
85 Division of Public Health shall provide a childcare facility, public or private nurse school, preschool, or kindergarten
86 access to the universal reporting system to ensure compliance with § 2603 of this title.

87 (e) Nothing in this section ~~shall~~ may be construed to require any child to undergo a ~~lead blood level~~ screening or
88 ~~test whose~~ testing if the child's parent or guardian objects on the grounds that the screening or ~~test~~ testing conflicts with the
89 parent's or guardian's religious beliefs.

90 (f) ~~All laboratories involved in blood lead level analysis will participate in a universal reporting system as~~
91 ~~established by the State Board of Health.~~ [Repealed.]

92 Section 3. Amend § 2603, Title 16 of the Delaware Code by making deletions as shown by strike through and
93 insertions as shown by underline as follows:

94 § 2603. Screening prior to child care or school enrollment.

95 (a) For every child ~~born on or after March 1, 1995, and~~ who has reached the age of 12 months, child care facilities
96 and public and private nursery schools, ~~preschools~~ preschools, and kindergartens shall require proof of screening for lead
97 poisoning for admission or continued ~~enrollment;~~ enrollment.

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

100 (c) ~~A statement shall be provided~~ A child's parent or guardian must provide one of the following:

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

103 (2) ~~or in lieu thereof a~~ A certificate signed by the parent or guardian stating that the screening is contrary to
104 ~~that person's~~ the parent's or guardian's religious beliefs.

105 Section 4. Amend § 2604, Title 16 of the Delaware Code by making deletions as shown by strike through and
106 insertions as shown by underline as follows

107 § 2604. Reimbursement by third-party payers.

108 ~~Screening, Blood lead testing, screening, screening-related services~~ services, and diagnostic evaluations as
109 required by § 2602 of this title ~~shall be~~ are reimbursable under health insurance contracts and group and blanket health
110 insurance ~~as provided by Chapter 33 and Chapter 35, respectively, of Title 18. under § 3337 and § 3554 of Title 18,~~
111 respectively.

112 Section 5. Amend Chapter 26, Title 16 of the Delaware Code by making deletions as shown by strike through and
113 insertions as shown by underline as follows:

114 § 2606. Annual report.

115 The Division of Public Health shall annually, on or before January 1, provide a report on elevated blood lead
116 levels to the General Assembly by delivering a copy of the report to the Secretary of the Senate, Chief Clerk of the House
117 of Representatives, and the Director and Librarian of the Division of Research.

118 Section 6. Amend § 3337, Title 18 of the Delaware Code by making deletions as shown by strike through and
119 insertions as shown by underline as follows:

120 § 3337. Lead poisoning screening reimbursement.

121 (a) All individual health insurance policies which are delivered or issued for delivery in this State by any health
122 insurer, health service corporation, health maintenance organization ~~organization~~, or any health services and facilities
123 reimbursement program operated by the State and which provide a benefit for outpatient services shall ~~also~~ provide a
124 benefit for a baseline lead poisoning ~~screening test for children at or around 12 months of age. screening or testing, as~~
125 defined in § 2601 of Title 16.

126 (b) Benefits shall ~~must~~ also be provided for lead poisoning ~~screening and diagnostic evaluations~~ screening, testing,
127 diagnostic evaluations, screening and testing supplies, and home-visits for children ~~under the age of 6 years~~ who are at high
128 risk for lead poisoning ~~in accordance with~~ under guidelines and criteria ~~set forth~~ established by the Division of Public
129 Health.

130 ~~(c) Such testing shall be deemed to be~~ The benefits required under subsections (a) and (b) of this section are a
131 covered service, notwithstanding any policy exclusions for services which are part of or related to annual or routine
132 examinations.

133 (d) Nothing in this section shall prevent ~~prevents~~ the operation of ~~such~~ policy provisions such as deductibles,
134 coinsurance allowable charge limitations, coordination of ~~benefits~~ benefits, or provisions restricting coverage to services
135 rendered by licensed, ~~certified~~ certified, or carrier-approved providers or facilities.

136 ~~(e) Nothing in this section shall apply~~ This section does not apply to accident-only, specified disease, hospital
137 indemnity, Medicare supplement, long-term ~~care~~ care, or other limited health insurance policies.

138 ~~This section shall apply to all policies, contracts, certificates or programs issued, renewed, modified, altered,~~
139 ~~amended or reissued on or after March 1, 1995.~~

140 Section 7. Amend § 3554, Title 18 of the Delaware Code by making deletions as shown by strike through and
141 insertions as shown by underline as follows:

142 § 3554. Lead poison screening reimbursement.

143 (a) All group and blanket insurance policies, which are delivered or issued for delivery in this State by any health
144 insurer, health service corporation, health maintenance ~~organization~~ organization, or any health services and facilities
145 reimbursement program operated by the State which provide a benefit for outpatient services shall ~~also~~ provide a benefit for
146 a baseline lead poisoning ~~screening test for children at or around 12 months of age, screening or testing, as defined in §~~
147 2601 of Title 16.

148 (b) Benefits ~~shall~~ must also be provided for lead poisoning ~~screening and diagnostic evaluations~~ screening, testing,
149 diagnostic evaluations, screening and testing supplies, and home visits for children ~~under the age of 6 years~~ who are at high
150 risk for lead poisoning ~~in accordance with~~ under guidelines and criteria ~~set forth~~ established by the Division of Public
151 Health.

152 (c) ~~Such testing shall be deemed to be~~ The benefits required under subsections (a) and (b) of this section are a
153 covered service, notwithstanding any policy exclusions for services which are part of, or related to, annual or routine
154 examinations.

155 (d) Nothing in this section ~~shall prevent~~ prevents the operation of ~~such~~ policy provisions such as deductibles,
156 coinsurance allowable charge limitations, coordination of ~~benefits~~ benefits, or provision restricting coverage to services
157 rendered by licensed, ~~certified~~ certified, or carrier-approved providers or facilities.

158 (e) ~~Nothing in this section shall apply~~ This section does not apply to accident-only, specified disease, hospital
159 indemnity, Medicare supplement, long-term ~~care~~ care, or other limited health insurance policies.

160 ~~This section shall apply to all policies, contracts, certificates or programs issued, renewed, modified, altered,~~
161 ~~amended or reissued on or after March 1, 1995.~~

162 Section 8. The Division of Public Health shall adopt regulations to implement and enforce this Act within 12
163 months of the date of enactment of this Act.

164 Section 9. Sections 6 and 7 of this Act apply to insurance policies, plans, and contracts that are issued, entered
165 into, modified, or renewed on or after January 1, 2022.

SYNOPSIS

Currently, blood lead level screening and testing rates are well below what the Division of Public Health would expect them to be based on the risk factors that determine when screening or testing is necessary.

This Act simplifies the requirements and process for health-care providers and eliminates confusion that may be causing the low compliance rate for screening or testing.

Specifically, this Act does the following:

- (1) Defines “screening” and “testing” for clarity.
- (2) Mandates screening, defined as a capillary blood test, at or around 12 and 24 months of age.
- (3) Clarifies insurance coverage for the costs of compliance with the Act.
- (4) Directs the Division of Public Health to report on elevated blood lead levels to the General Assembly annually and to develop regulations to implement and enforce the Act within 12 months of being enacted.
- (5) Makes technical corrections to conform existing law to the standards of the Delaware Legislative Drafting Manual.