SPONSOR: Rep. Lambert & Sen. Gay & Rep. Dorsey Walker & Rep. Morrison & Rep. Minor-Brown
Reps. Baumbach, Bolden, Bush, Cooke, Gray, Griffith, Harris, Heffernan, K. Johnson, Neal, Romer, K. Williams; Sens. Buckson, Hansen, Hoffner, Huxtable, Lockman, Mantzavinos, S. McBride, Sokola, Sturgeon, Walsh

HOUSE OF REPRESENTATIVES
152nd GENERAL ASSEMBLY

HOUSE BILL NO. 227
AS AMENDED BY
HOUSE AMENDMENT NO. 2

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

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

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

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

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

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

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

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WHEREAS, the Childhood Lead Poisoning Advisory Committee, in the Committee's 2021 report to the General Assembly, recommended mandating universal blood lead testing around 2 years of age (21-27 months) with one catch up test before age 6 for those with no previous tests, or those whose previous test was before 21 months of age; 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, as of May 2021, the CDC uses a blood lead reference value (BLRV) of 3.5 micrograms per deciliter (µg/dL) to identify children with higher levels of lead in their blood compared to most children; and

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

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

WHEREAS, identification of elevated blood lead levels through screening and testing is essential for identifying individuals with elevated blood lead levels, 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, 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, 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 must contain provider information and the date of the screening. The forms shall be completed at well visits for children at or around 12 and 24 months of age, and for every other instance of screening. 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 health record.

(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.