



Kerri Evelyn Harris
STATE REPRESENTATIVE
32nd District

HOUSE OF REPRESENTATIVES
STATE OF DELAWARE
411 LEGISLATIVE AVENUE
DOVER, DELAWARE 19901

COMMITTEES
Health & Human Development, Chair
Agriculture
Housing
Administration
Natural Resources & Energy
Transportation
Veterans Affairs

House Health & Human Development Committee Meeting Minutes

5.22.2024

House Committee Recording

Chair Harris called the meeting to order at 10:09 a.m.

Members present:

Rep. Harris, Chair

Rep. Morrison, Vice Chair

Rep. Baumbach

Rep. Heffernan

Rep. Johnson

Rep. Minor-Brown

Rep. Neal

Rep. Parker Selby

Rep. Romer

Rep. Jones Giltner

Rep. Hensley

Rep. Postles

Rep. Shupe

Chair Harris introduced **HB 402 AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO COUNTY BUILDING CODES.**

Sponsored by Rep. Bush, this Act requires new schools and state buildings over 50,000 square feet to meet certain requirements to ensure that the building's roof is able to support solar energy infrastructure.

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Rep. Baumbach asked if charter schools are exempt from this requirement. Rep. Bush answered that he is unsure but will find out.

Rep. Jones Giltner asked if they would need to follow these requirements if there is a field next to the building that would support solar energy infrastructure. Rep. Bush answered that it would be required.

Chair Harris opened the floor for public comment. *Time Stamp: 10:13*

Members of the public who voiced support of the bill included Robert Overmiller.

A motion was made by Rep. Hensley and seconded by Rep. Parker Selby to release HB 402 from committee; motion carried. Yes = 11 (Baumbach, Harris, Hensley, Johnson, Jones Giltner, Morrison, Neal, Parker Selby, Postles, Romer, Shupe); No = 0; Absent = 5 (Chukwuocha, Heffernan, Hilovsky, Minor-Brown, Smith). The bill was released from committee with a F=1, M=11, U=0 vote.

Chair Harris introduced **HB 401 AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO LEAD SCREENING OR TEST RESULTS.** *Time Stamp: 10:16*

Sponsored by Rep. Lambert, Sen. Gay, and Rep. Dorsey Walker, 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.

Chair Harris opened the floor for public comment. *Time Stamp: 10:19*

Members of the public who voiced support of the bill included Robert Overmiller, Amy Roe, Sarah Bucic, Taylor Hawk, Joann Rogers

A motion was made by Rep. Johnson and seconded by Rep. Romer to release HB 401 from committee; motion carried. Yes = 12 (Baumbach, Harris, Hensley, Johnson, Jones Giltner, Minor-Brown, Morrison, Neal, Parker Selby, Postles, Romer, Shupe); No = 0; Absent = 4 (Chukwuocha, Heffernan, Hilovsky, Smith). The bill was released from committee with a F=1, M=12, U=0 vote.

Chair Harris introduced **SB 216 w/ SA 1 AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE RELATING TO LONG TERM CARE FACILITIES AND SERVICES AND CIVIL PENALTIES.** *Time Stamp: 10:29*

Sponsored by Sen. Mantzavinos and Rep. Johnson, this Act increases the civil penalties for violations of the statutes in Title 16, Chapter 11 related to Long Term Care Facilities and the regulations adopted pursuant to it. For violations that the Department determines pose a serious threat to the health and safety of a resident, the minimum penalty in Section 1109 of Title 16 is increased from \$1,000 per violation to \$2,000, and the maximum penalty is increased from \$10,000 to \$20,000 per violation. Each day of a continuing violation constitutes a separate violation. For violations that do not constitute a serious threat to the health and safety of a resident, the maximum penalty is increased from \$5,000 to \$10,000 per violation. The civil penalties in Section 1109(a)(2) for violations that pose a serious threat to the health and safety of a resident were established in 1998 and have not been increased since then. The maximum civil penalty in Section 1109(c) for violations that do not constitute a serious threat to the health and safety of a resident was set at \$10,000 in 1998, but was later reduced to \$5,000 in 2000, and has not been increased since then. This Act also repeals the provision which places a cap on the civil penalties for continuing violations.

Chair Harris opened the floor for public comment. *Time Stamp: 10:38*

Members of the public who voiced support of the bill included Robert Overmiller and Candace Esham.

Members of the public who voiced concerns with the bill included Cheryl Heiks, Mary Peterson, and Felishia Alderson.

Rep. Baumbach asked whether a facility that is prohibiting or interfering with an investigation should have a higher severity of penalty.

Rep. Johnson answered that she will need to fully evaluate the issue and how it could impact the bill.

A motion was made by Rep. Hensley and seconded by Rep. Neal to release SB 216 w/ SA 1 from committee; motion carried. Yes = 12 (Baumbach, Harris, Heffernan, Hensley, Johnson, Jones Giltner, Minor-Brown, Morrison, Neal, Parker Selby, Postles, Romer); No = 0; Absent = 4 (Chukwuocha, Hilovsky, Shupe, Smith). The bill was released from committee with a F=2, M=7, U=0 vote.

Chair Harris adjourned the meeting at 10:49 a.m.

Respectfully submitted by:

Anna Squiers

Attendance List

- Candace Esham, Delaware Elder Care Advocacy Coalition
- Sarah Bucic
- Taylor Hawk, Delaware State Education Association
- Cheryl Heiks, Delaware Health Care Facilities Association
- Robert Overmiller
- Amy Roe

Committee Members:

My name is Mary Peterson. I am a registered nurse with 44 years of experience including long-term care administration and the regulation of long-term care facilities.

Thank you for allowing me to comment on the above Bill and Amendment.

I support SB216 with SA1 but would like to see some technical revisions as follows:

Refusing to permit an investigation or interfering with same would pose a serious threat to the health and safety of a resident. Therefore, Lines 28 – 35 should be moved and should be added after Line 8 so that a higher civil money penalty is imposed for facility failure to: permit a survey; allow a representative of the Department to visit any portion of the premises of the facility; or inspect documents, records or files. The same penalty would be imposed for willfully interfering with the work of a representative of the Department, interfering with the enforcement of **16 DE CODE**, Chapter 11 or interfering with the preservation of evidence of a violation of this chapter or regulation pursuant to it. These are all actions that would pose a serious threat to the health and safety of residents.

Please note that in some areas of the Bill the term “state civil penalties” is used while in other areas the term “state civil money penalties” is used. I would suggest using consistent language throughout the Bill.

While the increase in civil money penalties, in and of itself, will not improve the care provided to residents, it may give facilities incentive to comply with the laws and regulations.

I would also like to suggest that you consider the following:

The Centers for Medicare and Medicaid Services (for federally funded facilities) gives long-term care providers a 35% reduction in the civil penalty amount if the facility doesn't challenge the cited deficiency. The State may want to consider a 10% reduction in the penalty if the facility does not challenge the cited deficiency and penalty. The State would then not have to spend employee time preparing for a hearing with a contracted individual and defending the deficiency.

Respectfully,

Mary Peterson



Learning Disabilities
Association of Delaware

May 21, 2024

Letter in Support of HB 401: An Act to Amend Title 16
of the Delaware Code Relating to Lead Screening or Test Results

Dear Members of the Delaware Health and Human Development Committee,

My name is Fern Goldstein and I am the President of the Learning Disabilities Association of Delaware (LDA-DE).

The Learning Disabilities Association of Delaware is a statewide, non-profit organization of individuals with specific learning disabilities (SLD) and attention disabilities, and the families and the professionals who support them. LDA-DE provides education and support to families of children with learning disabilities and adults with learning disabilities.

One in 6 American children or about 17.8% have at least one developmental disability or developmental delayⁱ. The autism rate continues to rise now affecting 1 in 36 children, which has tripled since 2000ⁱⁱ. During the 2018-2019 school year, about 10,000 Delaware children were identified as having specific learning disabilities and 15.6 % of public school students received special education.

According to the national Center for Disease Control and Prevention, there is no safe level of lead exposure for a child. Scientific studies show that even low levels of lead in children's blood - lower than 5 micrograms/deciliter - are associated with intellectual impairment and attention deficits, problems with behavior such as aggression and hyperactivity, and diminished academic abilities. We also know that lead exposures, even at low levels, can **cause** learning disabilities and ADHD.

Delaware, like many states, has taken action on lead, but **we still have a long way to go to prevent lead exposures, detect lead poisoning early, and provide critical interventions to lessen lead poisoning impacts.**

Delaware has required school nurses to verify screening upon kindergarten enrollment since 1994 with the original Childhood Lead Poisoning Prevention Act. [HB 222](#) - which passed in 2021, requires all children in Delaware to have a 24-month blood lead screening in addition to the already mandated 12-month blood lead screen. This law is in line with

the American Academy of Pediatrics recommendation that all children get their blood lead screened at 12 and 24 months of age.

School nurses are an important safety net for health issues including lead poisoning. School nurses' verification of blood lead levels resulted in over two thousand students screened for lead in FY 2023, eighty of whom had a blood lead level at or above the CDC's Blood Lead Reference Value of 3.5 µg/dLⁱⁱⁱ.

In January 2023, the Delaware Department of Health and Social Services discontinued providing school nurses with information about which students had been screened for lead poisoning. LDA appreciates the passing of [HB 227](#) in 2023, which restored data access for nurses to lead screening verification, but **we still have a major missing piece of information: the lead testing results.**

School nurses already get important intellectual and behavioral diagnoses upon enrollment. **In addition to receiving notice of whether children have been tested for lead, nurses need to get the blood lead level results so schools can provide critical interventions that can lessen the lifelong impacts of lead poisoning in children and ensure children reach their full potential.**

In addition, school-age lead exposure is more directly associated with cognitive and behavioral delays and increased risk of adult criminal behavior than early childhood exposure. Due to the advocacy of school nurses, 30 point of care machines have now been distributed to school nurses who wanted to have one in their office. This will not only streamline care but detect children who have elevated lead levels and get them connected to appropriate treatment through the Division of Public Health. Research-based Recommendation: School nurses screen all children who exhibit learning or behavioral concerns to rule out lead exposure.

Please help children reach their full learning potential by passing HB 401 to ensure school nurses have essential lead testing results. LDA also recommends school nurses or other providers test school age children with learning or behavioral symptoms.

Sincerely,

Fern Goldstein

Fern Goldstein, President
Learning Disabilities Association of Delaware

ⁱ [Center for Disease Control and Prevention](#), 2015-2016 statistics.

ⁱⁱ [Center for Disease Control and Prevention](#), prevalence of autism, 2023.

ⁱⁱⁱ DHSS Blood Lead Surveillance in Delaware, 2023 Annual Report, Table 1.