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HB 237/96 - ENV

1997 Regular Session
7r2474

By: Delegates Hubbard, Morhaim, Owings, Frush, Oaks, Nathan-Pulliam, C. Mitchell, Kirk, Boston, Fulton, Bobo, Muse, Benson, Crumlin, R. Baker, Opara, Marriott, and Branch

Introduced and read first time: February 7, 1997

Assigned to: Environmental Matters

A BILL ENTITLED

1 AN ACT concerning

2 **Childhood Lead Screening Program**

3 FOR the purpose of requiring the Department of Health and Mental Hygiene to establish
4 and administer a Lead Poisoning Screening Program, for certain purposes, and
5 using certain criteria, screening methods, and payment mechanisms; requiring the
6 Department of the Environment to assist local governments to provide case
7 management for certain individuals; requiring certain documentation to be provided
8 to certain child care providers within a certain period; requiring the Department of
9 the Environment, in conjunction with certain other units, to develop and report on
10 a certain plan by a certain date; requiring a certain case management program to be
11 in place by a certain date; deleting obsolete language; and generally relating to lead
12 screening of children.

13 BY repealing and reenacting, with amendments,
14 Article - Environment
15 Section 6-303
16 Annotated Code of Maryland
17 (1996 Replacement Volume and 1996 Supplement)

18 BY adding to
19 Article - Environment
20 Section 6-304
21 Annotated Code of Maryland
22 (1996 Replacement Volume and 1996 Supplement)

23 BY adding to
24 Article - Health - General
25 Section 18-106
26 Annotated Code of Maryland
27 (1994 Replacement Volume and 1996 Supplement)

28 BY adding to
29 Article - Family Law

2

1 Section 5-556.1, 5-580.2, and 5-589.1
2 Annotated Code of Maryland
3 (1991 Replacement Volume and 1996 Supplement)

4 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
5 MARYLAND, That the Laws of Maryland read as follows:

6 **Article - Environment**

7 6-303.

8 (a) A medical laboratory shall report to the Department the results of all blood
9 lead [or erythrocyte protoporphyrin] tests performed on any child 18 years and under.

10 (b) The Department shall report the results of blood lead [or erythrocyte
11 protoporphyrin] tests indicating an elevated blood lead level, as defined by regulation, to:

12 (1) The local health department in the jurisdiction where the child resides;
13 and

14 (2) The Department of Health and Mental Hygiene.

15 (c) The Department shall adopt regulations to:

16 (1) Govern the reporting requirements of laboratories to the Department
17 under subsection (a) of this section; and

18 (2) Provide for the reporting of information by the Department to local
19 health departments and the Department of Health and Mental Hygiene.

20 6-304.

21 (A) THE SECRETARY SHALL ASSIST LOCAL GOVERNMENTS, IF NECESSARY, TO
22 PROVIDE CASE MANAGEMENT OF CHILDREN WITH ELEVATED BLOOD LEAD LEVELS
23 GREATER THAN OR EQUAL TO 15 MICROGRAMS PER DECILITER (UG/DL).

24 (B) A LOCAL HEALTH DEPARTMENT THAT RECEIVES THE RESULTS OF A
25 BLOOD LEAD TEST INDICATING THAT A CHILD UNDER 6 YEARS OF AGE HAS AN
26 ELEVATED BLOOD LEAD LEVEL GREATER THAN OR EQUAL TO 15 UG/DL AND LESS
27 THAN 20 UG/DL SHALL NOTIFY:

28 (1) THE CHILD'S PARENTS; AND

29 (2) IN THE CASE OF A CHILD WHO LIVES IN A RENTAL DWELLING UNIT,
30 THE OWNER OF THE RENTAL DWELLING UNIT WHERE THE CHILD RESIDES.

31 **Article - Health - General**

32 18-106.

33 (A) THE SECRETARY SHALL ESTABLISH AND ADMINISTER A LEAD POISONING
34 SCREENING PROGRAM THAT WILL ASSURE THE APPROPRIATE SCREENING OF
35 CHILDREN IN MARYLAND FOR LEAD POISONING.

36 (B) THE LEAD POISONING SCREENING PROGRAM SHALL:

3

1 (1) ENCOURAGE CONTINUITY OF CARE WITH THE CHILD'S CONTINUING
2 CARE HEALTH CARE PROVIDER;

3 (2) PROMOTE TIMELY, APPROPRIATE SCREENING OF CHILDREN AT
4 RISK OF BEING POISONED BY LEAD;

5 (3) UTILIZE ALL OF THE PAYMENT MECHANISMS AVAILABLE TO COVER
6 LEAD POISONING SCREENING, INCLUDING:

7 (I) THIRD PARTY PAYMENTS FROM INSURERS;

8 (II) THE MEDICAL ASSISTANCE PROGRAM;

9 (III) PRIMARY CARE MEDICAL ASSISTANCE PROGRAMS
10 ESTABLISHED UNDER WAIVER FROM THE FEDERAL GOVERNMENT;

11 (IV) HEALTH MAINTENANCE ORGANIZATIONS;

12 (V) FEDERALLY QUALIFIED AND MARYLAND QUALIFIED
13 COMMUNITY HEALTH CENTERS; AND

14 (VI) ANY OTHER MEDICAID REIMBURSEMENT OR WAIVER TO
15 WHICH THE STATE MAY BE ENTITLED UNDER THIS SECTION;

16 (4) TARGET CHILDREN UNDER 6 YEARS OF AGE;

17 (5) PROVIDE LEAD POISONING SCREENING ON A SLIDING FEE SCALE AT
18 SITES DESIGNATED BY LOCAL HEALTH DEPARTMENTS FOR CHILDREN UNABLE TO
19 AFFORD LEAD POISONING SCREENING; AND

20 (6) EMPLOY AN INITIAL QUESTIONNAIRE TO ASSESS CHILDREN'S
21 EXPOSURE TO POTENTIAL LEAD HAZARDS, EXCEPT THAT CHILDREN RESIDING IN
22 AREAS OF HIGHEST RISK MAY BE SCREENED BY A VENOUS BLOOD TEST.

23 (C) THE SECRETARY SHALL TARGET EFFORTS TO PROMOTE AND TO
24 PROVIDE LEAD POISONING SCREENING TO AREAS OF HIGHEST RISK, AS IDENTIFIED
25 BY:

26 (1) CENSUS TRACT INFORMATION NOTING AREAS WITH LARGE
27 CONCENTRATIONS OF PRE-1978 HOUSING; AND

28 (2) HIGHEST RATES OF LEAD POISONING AS EVIDENCED BY
29 INFORMATION PROVIDED TO AND BY THE CHILDHOOD LEAD REGISTRY
30 ESTABLISHED AND MAINTAINED BY THE DEPARTMENT OF THE ENVIRONMENT.

31 **Article - Family Law**

32 5-556.1.

33 WITHIN 30 DAYS AFTER A CHILD UNDER THE AGE OF 6 YEARS ENTERS CARE IN
34 A FAMILY DAY CARE HOME, A PARENT OR GUARDIAN OF THE CHILD SHALL
35 PROVIDE TO THE FAMILY DAY CARE HOME EVIDENCE OF AN APPROPRIATE
36 SCREENING FOR LEAD POISONING. THIS EVIDENCE MAY INCLUDE
37 DOCUMENTATION FROM THE CHILD'S CONTINUING CARE HEALTH CARE PROVIDER

4
1 THAT THE CHILD WAS SCREENED THROUGH AN INITIAL QUESTIONNAIRE AND WAS
2 DETERMINED NOT TO BE AT RISK FOR LEAD POISONING.

3 5-580.2.

4 WITHIN 30 DAYS AFTER A CHILD UNDER THE AGE OF 6 YEARS ENTERS CARE IN
5 A CHILD CARE CENTER, A PARENT OR GUARDIAN OF THE CHILD SHALL PROVIDE TO
6 THE CHILD CARE CENTER EVIDENCE OF AN APPROPRIATE SCREENING FOR LEAD
7 POISONING. THIS EVIDENCE MAY INCLUDE DOCUMENTATION FROM THE CHILD'S
8 CONTINUING CARE HEALTH CARE PROVIDER THAT THE CHILD WAS SCREENED
9 THROUGH AN INITIAL QUESTIONNAIRE AND WAS DETERMINED NOT TO BE AT RISK
10 FOR LEAD POISONING.

11 5-589.1.

12 WITHIN 30 DAYS AFTER A CHILD UNDER THE AGE OF 6 YEARS ENTERS CARE IN
13 A CHILD CARE CENTER IN A STATE-OCCUPIED BUILDING, A PARENT OR GUARDIAN
14 OF THE CHILD SHALL PROVIDE TO THE CHILD CARE CENTER EVIDENCE OF AN
15 APPROPRIATE SCREENING FOR LEAD POISONING. THIS EVIDENCE MAY INCLUDE
16 DOCUMENTATION FROM THE CHILD'S CONTINUING CARE HEALTH CARE PROVIDER
17 THAT THE CHILD WAS SCREENED THROUGH AN INITIAL QUESTIONNAIRE AND WAS
18 DETERMINED NOT TO BE AT RISK FOR LEAD POISONING.

19 SECTION 2. AND BE IT FURTHER ENACTED, That, on or before January 1,
20 1998, the Department of the Environment, in collaboration with the Department of
21 Health and Mental Hygiene, the Office for Children, Youth and Families, the
22 Department of Human Resources, the Department of Housing and Community
23 Development, the Department of Education, the Department of Budget and Fiscal
24 Planning, and representatives of local health and environmental departments, shall
25 develop and report to the Governor and, subject to § 2-1312 of the State Government
26 Article, to the General Assembly on a statewide plan for coordinated case management
27 and follow-up for children with elevated blood lead levels. The statewide coordinated
28 plan for case management under this section shall include plans for coordination among
29 agencies at the local level. Coordinated case management under this Act shall be
30 implemented on or before March 1, 1998.

31 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
32 October 1, 1997.