

EMERGENCY BILL

M3

7lr2474

HB 237/96 - ENV

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

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Assigned to: Environmental Matters

Committee Report: Favorable with amendments

House action: Adopted

Read second time: February 25, 1997

Recommitted to: Environmental Matters, February 28, 1997

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 4, 1997

CHAPTER ____

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 screening of certain individuals
 8 residing in certain areas; requiring certain documentation to be provided to certain
 9 child care providers within a certain period; requiring the Department of the
 10 Environment, in conjunction with certain other units, to develop and report on a
 11 certain plan by a certain date; requiring a certain case management program to be
 12 in place by a certain date; deleting obsolete language; making this Act an emergency
 13 measure; and generally relating to lead screening of children.

14 BY repealing and reenacting, with amendments,

15 Article - Environment

16 Section 6-303

17 Annotated Code of Maryland

18 (1996 Replacement Volume and 1996 Supplement)

19 BY adding to

20 Article - Environment

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1 Section 6-304
2 Annotated Code of Maryland
3 (1996 Replacement Volume and 1996 Supplement)

4 BY adding to

5 Article - Health - General
6 Section 18-106
7 Annotated Code of Maryland
8 (1994 Replacement Volume and 1996 Supplement)

9 BY adding to

10 Article - Family Law
11 Section 5-556.1, 5-580.2, and 5-589.1
12 Annotated Code of Maryland
13 (1991 Replacement Volume and 1996 Supplement)

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

16 **Article - Environment**

17 6-303.

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

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

22 (1) The local health department in the jurisdiction where the child resides;
23 and

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

25 (c) The Department shall adopt regulations to:

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

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

30 6-304.

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

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

3

1 (1) THE CHILD'S PARENTS; AND

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

4 **Article - Health - General**

5 18-106.

6 (A) THE SECRETARY SHALL ESTABLISH AND ADMINISTER A LEAD POISONING
7 SCREENING PROGRAM THAT WILL ASSURE THE APPROPRIATE SCREENING OF
8 CHILDREN IN MARYLAND FOR LEAD POISONING.

9 (B) THE LEAD POISONING SCREENING PROGRAM SHALL:

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

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

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

16 (I) THIRD PARTY PAYMENTS FROM INSURERS;

17 (II) THE MEDICAL ASSISTANCE PROGRAM;

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

20 (IV) HEALTH MAINTENANCE ORGANIZATIONS;

21 (V) FEDERALLY QUALIFIED AND MARYLAND QUALIFIED
22 COMMUNITY HEALTH CENTERS; AND

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

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

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

29 (6) EMPLOY AN INITIAL QUESTIONNAIRE TO ASSESS CHILDREN'S
30 EXPOSURE TO POTENTIAL LEAD HAZARDS, EXCEPT THAT CHILDREN RESIDING IN
31 AREAS OF HIGHEST RISK ~~MAY SHALL~~ BE SCREENED BY A VENOUS ~~OR~~
32 ~~CAPILLECTORY~~ BLOOD TEST.

33 (C) THE SECRETARY SHALL TARGET EFFORTS TO PROMOTE AND TO
34 PROVIDE LEAD POISONING SCREENING TO AREAS OF HIGHEST RISK, AS IDENTIFIED
35 BY ~~FACTORS INCLUDING, BUT NOT LIMITED TO:~~

4

1 (1) CENSUS TRACT INFORMATION NOTING AREAS ~~CENSUS TRACT~~
2 ~~INFORMATION NOTING AREAS~~ GEOGRAPHIC AREAS WITH LARGE
3 CONCENTRATIONS OF PRE-1978 HOUSING; AND

4 (2) HIGHEST RATES OF LEAD POISONING AS EVIDENCED BY
5 INFORMATION PROVIDED TO AND BY THE CHILDHOOD LEAD REGISTRY
6 ESTABLISHED AND MAINTAINED BY THE DEPARTMENT OF THE ENVIRONMENT.

7 **Article - Family Law**

8 5-556.1.

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

16 5-580.2.

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

24 5-589.1.

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

32 SECTION 2. AND BE IT FURTHER ENACTED, That, on or before January 1,
33 1998, the Department of the Environment, in collaboration with the Department of
34 Health and Mental Hygiene, the Office for Children, Youth and Families, the
35 Department of Human Resources, the Department of Housing and Community
36 Development, the Department of Education, the Department of Budget and Fiscal
37 Planning, and representatives of local health and environmental departments, shall
38 develop and report to the Governor and, subject to § 2-1312 of the State Government
39 Article, to the General Assembly on a statewide plan for coordinated case management
40 and follow-up for children with elevated blood lead levels. The statewide coordinated
41 plan for case management under this section shall include plans for coordination among
42 agencies at the local level. Coordinated case management under this Act shall be
43 implemented on or before March 1, 1998.

1 SECTION 3. AND BE IT FURTHER ENACTED, That this Act ~~shall take effect~~
2 ~~October 1, 1997~~ is an emergency measure, is necessary for the immediate preservation of
3 the public health and safety, has been passed by a yea and nay vote supported by
4 three-fifths of all the members elected to each of the two Houses of the General
5 Assembly, and shall take effect from the date it is enacted.