

Department of Legislative Services
Maryland General Assembly
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FISCAL AND POLICY NOTE
Revised

House Bill 1676

(Delegate Oaks, *et al.*)

Health and Government Operations

Judicial Proceedings

Lead Poisoning - Lead Testing

This bill authorizes blood lead testing to be conducted using a venous blood test or two capillary blood tests. If the capillary blood test method is used, an individual first must have a sample of capillary blood drawn and tested. A second sample of capillary blood must be drawn and tested within 84 days after the first sample is drawn. If the result of one capillary blood test would require action to be taken related to reducing the lead risk in housing and the other sample would not, an individual's elevated blood lead level must be confirmed by a venous blood test.

The bill takes effect July 1, 2006.

Fiscal Summary

State Effect: The bill's requirements could be handled with existing resources. No effect on revenues.

Local Effect: Local health department expenditures could increase if more children are tested for lead poisoning using a capillary blood test, are identified with elevated blood lead levels, and who require case management services.

Small Business Effect: Potential increase in expenditures for rental property owners who own property built prior to 1950 and who are required to reduce the lead exposure risk to more properties or to relocate more families with children to another property that would not expose the children to lead.

Analysis

Current Law: “Elevated blood lead” means a quantity of lead in whole venous blood, expressed in micrograms per deciliter (ug/dl) that exceeds a specified threshold.

The Secretary of Health and Mental Hygiene must establish and administer a Lead Poisoning Screening Program to assure screening of Maryland children for lead poisoning. The program must:

- encourage continuity of care with the child’s continuing health care provider
- promote timely, appropriate screening of children at risk of being poisoned by lead
- utilize available payment mechanisms to cover the screening, including Medicaid
- target children younger than six years old
- provide screening on a sliding fee scale at sites designated by local health departments for children unable to afford the screening and
- employ a questionnaire to assess children’s exposure to potential lead hazards, except for children living in at-risk areas.

The Secretary must require providers caring for children in at-risk areas to administer a blood test for lead poisoning within the time frame specified in DHMH regulations or according to Centers for Disease Control and Prevention (CDC) guidelines for children older than 24 months who have not received a blood test for lead poisoning. Universal blood lead testing applies to children living in Baltimore City and children receiving Medicaid. This does not require blood testing of a child whose parent or guardian objects to the testing on the ground that it conflicts with the parent’s or guardian’s bona fide religious beliefs and practices. However, this exemption does not apply if the responses to the questionnaire administered by the pediatrician indicate the child is at high risk for lead poisoning.

When a child enters a public prekindergarten program, kindergarten program, or first grade, a parent or guardian must provide documentation from a health care provider certifying that the child has undergone blood testing for lead poisoning. A program or school must report the name, last known address, and telephone number of each child for whom certified documentation is not provided to the local health department where the child lives.

DHMH regulations specify that the child’s blood lead analysis must be administered in connection with the child’s 12-month visit and 24-month visit to a health care provider.

DHCD’s Lead Hazard Reduction Grant and Loan Program provides funds to help homeowners and landlords lessen the risk of lead poisoning and preserve the housing stock by reducing or eliminating lead-based paint hazards. Eligible applicants must be a Maryland resident, if an owner-occupant; and own and occupy the dwelling to be repaired as a principal residence (or rent to an eligible tenant).

Background: Lead is a significant and widespread environmental hazard for Maryland children. Children are at the greatest risk from birth to age six while their neurological systems are developing. Lead paint dust from deteriorated lead paint or from renovation is the major source of exposure for Maryland children. Exposure to lead can cause long-term neurological damage in children that may be associated with learning and behavioral problems and with lowered intelligence.

A capillary sample of blood is obtained by pricking the skin's surface, usually the finger or heel, to obtain a drop or several drops of blood for laboratory testing.

Currently, the only blood test that can be administered is the whole venous blood test that is only performed at a laboratory and not in a doctor's office or other community setting. This blood test is often a barrier to testing. This bill provides that alternative test methods can now be issued including "filter paper testing," which uses finger pricks and can be administered in a doctor's office.

MDE's Lead Poisoning Prevention Program serves as the coordinating agency of statewide efforts to eliminate childhood lead poisoning. Under the 1994 "Reduction of Lead Risk in Housing Law," MDE assures compliance with mandatory requirements for lead risk reduction in rental units built before 1950; maintains a statewide listing of registered and inspected units; and provides blood lead surveillance through a registry of test results of all children tested in Maryland. The program also oversees case management follow-up by local health departments for children with elevated blood lead levels; certifies and enforces performance standards for inspectors and contractors working in lead hazard reduction; and performs environmental investigations for lead-poisoned children. The program provides oversight for community education to parents, tenants, rental property owners, homeowners, and health care providers to enhance their role in lead poisoning prevention.

MDE's Lead Poisoning Prevention Program reported in 2004, the most recent year data were available, that Baltimore City had the highest level of lead testing (35.9%), followed by Caroline County (33.4%), and Somerset County (31.6%). In 2004, 105,549 children were tested for lead poisoning, compared to 76,721 children tested in 2003.

The number of children with elevated blood lead levels in 2004 increased, but the rate of elevated blood levels continued to decline compared to 2003. The number of children with blood lead levels above 10 ug/dL, CDC's level of concern, increased to 1,811 in 2004 (1.7% of children tested statewide) from 1,719 in 2003 (2.2% of children tested statewide). Children with significant elevations of blood lead levels, 20 ug/dL or greater,

decreased to 230 children in 2004 (0.2% of children tested statewide) from 237 children in 2003 (0.3% of children tested statewide).

State Fiscal Effect: By authorizing blood lead testing to be conducted using a capillary blood test, more children may be tested for lead poisoning. As a result, more homes may be identified as eligible for DHCD's Lead Hazard Grant and Loan Program. However, this bill should not increase DHCD expenditures as it does not require an increase in the amount or number of grants and loans awarded. DHMH expenditures would not be affected because all children receiving Medicaid already are required to be tested for elevated blood lead levels.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Maryland Department of the Environment; *Childhood Blood Lead Surveillance in Maryland: 2004 Annual Report*, Maryland Department of the Environment, September 2005; Department of Housing and Community Development; Department of Health and Mental Hygiene; Department of Legislative Services

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