



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

March 6, 2020

The Honorable Kumar P. Barve
Chair, House Environment and Transportation Committee
Room 251, House Office Building
Annapolis, MD 21401-1991

RE: HB 1542 – “Public Health - Lead Poisoning Testing Program and Lead Poisoning Prevention Fund” – Letter of Information

Dear Chair Barve and Committee Mebers:

The Maryland Department of Health (the Department) is submitting this letter of information for HB 1542 – Public Health - Lead Poisoning Testing Program and Lead Poisoning Prevention Fund. This bill would require the Department to establish a universal lead testing program for each child in the State. Each child would be required to be tested at 12 and 24 months, except where the testing conflicts with a parent’s or guardian’s religious beliefs. HB 1542 further establishes financial penalties for health care providers that fail to test a child’s blood lead level, and for medical laboratories that fail to report a lead level to the Maryland Department of the Environment. This bill also establishes a 25-cent fee for each gallon of paint sold in the State to be paid into a Lead Poisoning Prevention Fund (Fund) to offset costs related to testing blood lead levels.

Maryland statute currently allows the Department to determine whether blood lead testing or “screening” by the health care provider (using a series of questions regarding the child’s environmental risks) is more appropriate, according to the Department’s analysis of data related to the geographic distribution of lead hazards. As of 2016, Maryland requires all children to be tested for lead at 12 and 24 months (Code of Maryland Regulations 10.11.04), based on the 2015 report identifying all jurisdictions as areas where children are “at risk” of lead poisoning.¹ This bill would remove the Department’s discretion to modify blood lead testing requirements based on the analysis of testing data to identify local trends and tailored strategies. Instead, HB 1542 would compel all health care providers to test all children at ages 12 and 24 months, regardless of any current or future analysis of risk by the Department.

As of 2018, 23.9% of children under 6 years of age were tested for blood lead.² Blood lead testing for children enrolled in Medicaid or the Children’s Health Insurance Program (CHIP) is

¹ Maryland Targeting Plan for Areas at Risk of Childhood Lead Poisoning (October, 2015). Available at: <https://phpa.health.maryland.gov/IDEHSharedDocuments/MD%202015%20Lead%20Targeting%20Plan.pdf>

² Maryland Department of the Environment (October, 2019). Annual Report of Childhood Blood Lead Surveillance in Maryland (Calendar Year 2018 Data). Available at:

covered, and private health insurance plans will generally cover the 12- and 24-month tests, though not necessarily tests for children under the age of 6 years who have not yet been tested. Maryland children who are uninsured could benefit from the coverage provided by the Fund. According to the U.S. Census Bureau, approximately 12,000 children under the age of 6 in Maryland are uninsured.³ Nationally, it is estimated that close to 90% of uninsured children are eligible for (but not enrolled in) Medicaid or CHIP.⁴

Blood lead levels can be tested in two ways. The first uses capillary blood (finger stick) and does not require skilled laboratory personnel. The capillary test is useful for point of care testing (testing in provider offices), but positive results must be confirmed by the second testing method which uses venous blood and must be performed by a Clinical Laboratory Improvement Amendments-certified laboratory. The Fund would provide health care providers with access to capillary blood testing equipment, but additional follow-up testing of positive results (including false positives) would still be required.

The Department and the Department of the Environment understand that despite the current requirement for testing at 12 and 24 months, parents and children still encounter barriers to blood lead testing. The Department acknowledges the importance of point of care testing and has adopted recommendations in the 2014 report of the Task Force on Point of Care Testing to reduce barriers to point of care testing.⁵ This report found that it is not clear that financial incentives are the greatest barrier to adoption of point of care testing, nor is it clear that the lack of point of care testing is the most important barrier to testing. The Department and the Department of the Environment continue to focus outreach efforts on local jurisdictions where testing rates and the total number of children not tested are lowest, and where the likelihood of finding the maximum number of lead-exposed children is greatest.

The Department notes that there is an existing Lead Poisoning Prevention Fund established in Environment Article § 6-844 with the purpose of covering the costs of lead poisoning prevention efforts at the Department of the Environment.

This bill would have a fiscal impact on the Department as additional staff would be needed to administer the Lead Poisoning Testing Program and Lead Poisoning Prevention Fund. I hope this information is useful. If you would like to discuss this further, please contact Director of Governmental Affairs Webster Ye at (410) 260-3190 or webster.ye@maryland.gov.

<https://mde.maryland.gov/programs/LAND/Documents/LeadReports/LeadReportsAnnualChildhoodLeadRegistry/LeadReportCLR2018.pdf>


³ U.S. Census Bureau; American Community Survey, 2018 American Community Survey 1-Year Estimates, Table S2702; generated using American FactFinder, 27 February 2020 at: <<http://factfinder.census.gov>>.

⁴ American Academy of Pediatrics Analysis of United States Census Bureau, "Health Insurance Status and Coverage by State – Children Under 18," 2008-2015 American Community Survey.

⁵ Report to the General Assembly by the Task Force on Point of Care Testing for Lead Poisoning (Chapter 365). Available at:

https://phpa.health.maryland.gov/Documents/Final%20Report_Lead%20Poisoning%20Point%20of%20Care%20Testing.pdf

Sincerely,

A handwritten signature in blue ink, appearing to read "Robert R. Neall", with a long horizontal flourish extending to the right.

Robert R. Neall
Secretary