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TO: The Honorable Kumar P. Barve, Chair
Members, House Environment and Transportation Committee
The Honorable Nick Mosby

FROM: Pamela Metz Kasemeyer
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DATE: March 6, 2020

RE: **OPPOSE** – House Bill 1542 – *Public Health – Lead Poisoning Testing Program and Lead Poisoning Prevention Fund*

On behalf of the Maryland State Medical Society (MedChi) and the Maryland Chapter of the American Academy of Pediatrics (MDAAP), we submit this letter of **opposition** for House Bill 1542.

House Bill 1542 establishes a Lead Poisoning Prevention Fund, a special fund administered by the Secretary of Health, funded by a 25-cent per gallon fee paid by paint manufacturers and wholesalers based on the number of gallons of paint sold in the State and third-party reimbursements from health care providers who are reimbursed by insurers for providing lead testing. The fund is intended to provide financial support to health care providers to test for lead and to purchase lead poisoning testing equipment. The bill also makes several changes to the State’s Lead Poisoning Screening Program including the imposition of penalties on providers and labs who fail to test or report test results. While well intentioned, the above-named organizations do not think it advances the substantial work now being done to enhance lead testing, prevention, and intervention and could actually create unintended consequences that impedes the current program.

For instance, the bill’s reference to testing versus screening fails to recognize that the fingerstick lead test is technically a screening test that is done as a blood test, fulfilling the state requirement for a blood lead sample. Also as noted above, using physician reimbursement for the lead testing to supply the proposed fund would be unfair to the practices that use the reimbursement for their costs in performing in-office screening. Furthermore, labs and offices performing blood lead tests were already obligated to report the results and there is no substantial evidence that failure to report results is a problem, thereby making the penalty provisions unnecessary and would not provide a substantial revenue source to the proposed fund.

In October 2015, the State released the Maryland Targeting Plan for Areas at Risk for Childhood Lead Poisoning (the 2015 targeting plan). The 2015 targeting plan and accompanying proposed regulations called for blood lead testing at 12 months and 24 months of age throughout the State. Previously, only children living in certain at-risk zip codes or who were enrolled in Medicaid were targeted for testing. As a result, since March 28, 2016, any geographic area within the State is considered an “at-risk” area for lead exposure. Under current regulations, all children born on or after January 1, 2015, must be tested for lead poisoning. Children born prior

to January 1, 2015, must be tested for lead poisoning if they reside in an at-risk area, as designated by the 2004 Targeting Plan for Areas at Risk for Childhood Lead Poisoning. There is also currently a Lead Poisoning Prevention Fund within the Maryland Department of the Environment (MDE) that consists of all fees collected and penalties imposed under the Subtitle 8 (Reduction of Lead Risk in Housing) of the Environment Article. MDE must use the fund to cover the costs of fulfilling program implementation costs for MDE and the Lead Poisoning Prevention Commission and for program development for these activities.

House Bill 1542 will not result in additional lead testing for Maryland's children and may actually result in fewer providers being willing to do onsite testing and submit for reimbursement, thereby reducing the number of children tested. There is appreciation for the sponsor's desire to address lead poisoning prevention, but House Bill 1542 is not a mechanism that achieves those objectives. An unfavorable report is requested.

For more information call:

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