

Title 10
MARYLAND DEPARTMENT OF HEALTH
Subtitle 11 MATERNAL AND CHILD HEALTH

10.11.04 Lead Poisoning Screening Program

Authority: Environment Article, §6-303; and Health-General Article,
§18-106; Annotated Code of Maryland

Notice of Proposed Action

[23-121-P]

The Secretary of Health proposes to amend Regulations .02 and .04 under **COMAR 10.11.04 Lead Poisoning Screening Program**.

Statement of Purpose

The purpose of this action is to implement the Centers for Disease Control and Prevention's (CDC's) lowered reference level of 3.5 micrograms per deciliter for the clinical assessment of blood tests for lead poisoning of minor children. The proposal also updates the term "elevated blood lead level" to "blood lead reference value" to align regulations with CDC guidelines and removes outdated references to prior effective dates. Additionally, the proposal removes the definitions of and parts of regulations regarding "children at high risk" and "high-risk area." The term "high-risk area" was defined in the 2004 Targeting Plan for Areas at Risk for Childhood Lead Poisoning, but not in the 2015 Targeting Plan. The term "children at high risk," which applied only to children whose parents were seeking exemptions from lead testing due to bona fide religious beliefs, is no longer applicable based on the 2015 Targeting Plan.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Jourdan Green, Director, Office of Regulation and Policy Coordination, Maryland Department of Health, 201 West Preston Street, Room 512, Baltimore, MD 2120, or call 410-767-6499 (TTY 800-735-2258), or email to mdh.regs@maryland.gov. Comments will be accepted through August 28, 2023. A public hearing has not been scheduled.

.02 Definitions.

A. (text unchanged)

B. Terms Defined.

(1) (text unchanged)

(2) "At-risk area" means[, effective March 28, 2016,] any geographic area within the State that has been designated by the Department as at-risk for lead exposure[:

(a) For individuals born on January 1, 2015 or later] in the 2015 Targeting Plan for Areas at Risk for Childhood Lead Poisoning]; or

(b) For individuals born before January 1, 2015 in the 2004 Targeting Plan for Areas at Risk for Childhood Lead Poisoning].

(3) (text unchanged)

(3-1) "Blood lead reference value" means a blood lead level of 3.5 micrograms per deciliter.

(4)—(5) (text unchanged)

[(6) "Child at high-risk" means a child who resides, or has previously resided, in an area within the State that has been designated as high-risk for lead poisoning by the Department in the 2015 Targeting Plan.]

(7) (text unchanged)

[(8) "Elevated blood lead level" means:

(a) A blood lead level of 10 micrograms per deciliter or greater; or

(b) A blood lead level of 5 micrograms per deciliter or greater for a blood test performed after March 28, 2016.]

(9)—(10) (text unchanged)

[(11) "High-risk area" is an area within the State that has been designated by the Department as high-risk for lead poisoning according to the 2015 Targeting Plan.]

(12)—(13) (text unchanged)

[(14) "Local health officer" means the county health officer in each of the 23 counties of Maryland and the Commissioner of Health in Baltimore City, or their designated representative.]

(15)—(23) (text unchanged)

.04 Blood Tests for Lead Poisoning.

A. [Effective March 28, 2016, a] *A* primary care provider for a child who resides, or who is known to have previously resided, in an at-risk area shall administer a blood test for lead poisoning during the 12-month visit and again during the 24-month visit.

B. [Effective March 28, 2016, a] *A* primary care provider for a child who is 24 months old or older and younger than 6 years old who resides, or who is known to have previously resided, in an at-risk area as defined in the [2004] *2015* Targeting Plan for Areas at Risk for Childhood Lead Poisoning, shall administer a blood test for lead poisoning if the:

(1)—(3) (text unchanged)

C.—D. (text unchanged)

E. A primary care provider shall administer a blood test for lead poisoning, by venous methodology, if the results of a capillary blood test for lead poisoning indicate [an elevated blood lead level] *a blood lead level that exceeds the blood lead reference level.*

F.—G. (text unchanged)

H. Bona Fide Religious Beliefs — At Risk.

(1) If the parent or guardian of a child [who resides or has previously resided in an at-risk area that is not a high risk area] refuses to consent to a blood test for lead poisoning due to the parent or guardian's stated bona fide religious beliefs and practices, a primary care provider shall:

(a) Counsel the parent or guardian that the blood test for lead poisoning is required by law due to the fact that their child is at risk for having [an elevated blood lead level] *a blood lead level that exceeds the blood lead reference level; and*

(b) (text unchanged)

(2)—(3) (text unchanged)

I. Bona Fide Religious Beliefs — High Risk.

(1) If the parent or guardian of a child at high risk refuses to consent to a blood test for lead poisoning due to the parent or guardian's stated bona fide religious beliefs and practices, a primary care provider shall:

(a) Follow the procedures set forth in §H(1) and (2) of this regulation; and

(b) If a provider determines that a child is at a substantial risk of harm from lead exposure, the provider shall follow applicable law if the child's parent or guardian continues to refuse to have the child tested.

(2) If all the responses to the lead exposure risk questionnaire are negative, the provider shall complete the form issued by the Department indicating that the questionnaire was completed.]

J.—K. (text unchanged)

LAURA HERRERA SCOTT
Secretary of Health