

Department of Legislative Services
Maryland General Assembly
2013 Session

FISCAL AND POLICY NOTE

House Bill 303 (Delegate Nathan-Pulliam, *et al.*)
Health and Government Operations

Finance

Task Force to Study Point-of-Care Testing for Lead Poisoning

This bill establishes the Task Force to Study Point-of-Care Testing for Lead Poisoning to study and make recommendations regarding the use of (and reimbursement for) point-of-care testing to screen and identify children with elevated blood-lead levels. The Department of Health and Mental Hygiene (DHMH) must provide staff for the task force, which must report its findings and recommendations to the Governor and specified committees of the General Assembly by January 1, 2014.

The bill takes effect July 1, 2013, and terminates June 30, 2014.

Fiscal Summary

State Effect: The bill's requirements can be handled with existing budgeted resources.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: As specified by the bill, the task force consists of four members of the General Assembly, one representative of the Laboratories Administration within DHMH, one representative of the Maryland Medical Assistance Program within DHMH, one representative of the Maryland Chapter of the American Academy of Pediatrics, one representative of the Laboratory Advisory Committee, one representative of a Medicaid managed care organization, two public health experts, and one representative of the Coalition to End Childhood Lead Poisoning. A member of the task force may not

receive compensation as a member of the task force but is entitled to reimbursement for standard expenses as provided in the State budget.

The task force must include in its study (1) the benefits of point-of-care testing waived under the federal Clinical Laboratory Improvement Amendments; (2) the use of point-of-care testing in other states; (3) barriers to point-of-care testing, including regulatory barriers related to licensing of medical laboratories; (4) appropriate reimbursement for point-of-care testing and reporting; and (5) any other items the task force considers important.

Current Law/Background: Lead poisoning is a serious medical condition caused by increased levels of lead in the body. Particularly hazardous for young children, lead poisoning interferes with the development of the nervous system and can cause permanent cognitive and behavioral disorders. Lead was a common additive to paint in the United States in the mid-twentieth century.

In 1971, the first significant legislation related to lead paint – the federal Lead-Based Paint Poisoning Prevention Act – addressed the use of lead-based paint in federally funded housing. The Consumer Product Safety Commission prohibited the residential use of lead-based paint in 1978.

Chapter 114 of 1994 established the Lead Poisoning Prevention Program within the Maryland Department of the Environment to regulate compensation for children who are poisoned by lead paint, treat affected residential rental properties to reduce risks, and limit liability of landlords who act to reduce lead hazards in accordance with various regulatory requirements. The number of children in Maryland with elevated blood lead levels has steadily decreased since the onset of the program.

More than 650 lead poisoning cases were filed in Maryland in calendar 2011. As of July 2012, there were 1,287 open and active lead paint cases on the docket of the Circuit Court for Baltimore City.

A facility that draws blood from any child for analysis of blood levels is required to report to DHMH the test results as well as other specified information, including the child's address, date of birth, sex, and race.

State Fiscal Effect: DHMH advises that the department has already initiated internal discussions regarding the issues that the task force is required to study under the bill and that the department can use existing budgeted resources to provide staffing for the task force.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): U.S. Department of Health and Human Services, Department of Health and Mental Hygiene, Maryland Insurance Administration, Department of Legislative Services

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mc/ljm

Analysis by: Jennifer A. Ellick

Direct Inquiries to:
(410) 946-5510
(301) 970-5510