

Effective Date: 12/22/93

Title: SubPart 67-1 - Screening and Follow-Up

SUBPART 67-1

Screening and Follow-Up

Statutory Authority: Public Health Law, section 206 and Title X of Article 13

SEC.

67-1.1 Definitions

67-1.2 Lead screening and follow-up of children by health care providers

67-1.3 Laboratory testing and specimen collection

67-1.4 Lead screening status of children who enroll in preschool or childcare

67-1.5 Lead screening and follow-up of pregnant women by prenatal care providers

67-1.6 Role of local health units

Effective Date: 12/22/93

Title: Section 67-1.1 - Definitions

Section 67-1.1 Definitions. The following definitions apply to this Part:

- (a) "Anticipatory guidance" means providing parents or guardians of children under the age of six and pregnant women with information regarding the major causes of lead poisoning and means of preventing lead exposure. Such guidance shall be pertinent to the environment of the child or pregnant woman.
- (b) "Certificate of lead screening" means documentation prepared by the health care provider who ordered the blood lead test for the child indicating the date the test was performed.
- (c) "Confirmed blood lead level" means a blood lead concentration measured on venous blood.
- (d) "Elevated blood lead level" means a blood lead concentration equal to or greater than 10 micrograms per deciliter of whole blood.
- (e) "Environmental management" means environmental investigation and exposure assessment, sampling for lead, environmental testing and reporting, notice and demand of discontinuance of conditions conducive to lead poisoning, environmental intervention and abatement, and enforcement in accordance with Subpart 67-2.
- (f) "Follow-up" means actions by local health units and health care providers which, depending on the blood lead level and exposure history of the child, shall include as appropriate: risk reduction education, follow-up testing, confirmatory testing, diagnostic evaluation, medical management, environmental management and case management, in accordance with generally accepted medical standards and public health guidelines.
- (g) "Health care provider" means any health care practitioner who is authorized to order a blood lead test and any facility licensed pursuant to Article 28 of the Public Health Law.
- (h) "Lead screening" means measuring lead concentration in whole blood to identify elevated blood lead levels.

Effective Date: 12/22/93

Title: Section 67-1.2 - Lead screening and follow-up of children by health care providers

67-1.2 Lead screening and follow-up of children by health care providers.

(a) Lead screening and follow-up of children by primary health care providers.

(1) At each routine well-child visit, or at least annually if a child has not had routine well-child visits, primary health care providers shall assess each child who is at least six months of age but under six years of age, for high dose lead exposure using a risk assessment tool based on currently accepted public health guidelines. Each child found to be at risk for high dose lead exposure shall be screened or referred for lead screening.

(2) Primary health care providers shall provide the parent or guardian of each child under six years of age anticipatory guidance on lead poisoning prevention as part of routine care.

(3) Primary health care providers shall screen or refer each child for blood lead screening, at or around one and two years of age, preferably as part of routine well child care.

(4) The Commissioner of Health may provide recommended alternative schedules for other high risk groups as deemed necessary.

(5) Each primary health care provider who screens a child for elevated blood lead levels shall explain the blood lead test results and give a certificate of lead screening to the parent or guardian of the child or other person authorized to consent for the medical care of the child.

(6) Primary health care providers shall provide or make reasonable efforts to ensure the provision of follow-up testing for each child with an elevated blood lead level in accordance with currently accepted medical standards and public health guidelines.

(7) Primary health care providers shall provide or make reasonable efforts to ensure the provision of risk reduction education and nutritional counseling for each child with an elevated blood lead level equal to or greater than 10 micrograms per deciliter of whole blood.

(8) Primary health care providers shall confirm blood lead levels greater than 15 micrograms per deciliter of whole blood obtained on a fingerstick specimen from a child using a venous blood sample.

(9) For each child who has a confirmed blood lead level equal to or greater than 20 micrograms per deciliter of whole blood, primary health care providers shall provide or make reasonable efforts to ensure the provision of a complete diagnostic evaluation; medical treatment, if necessary; and referral to the appropriate local or State health unit for environmental management. A complete diagnostic evaluation shall include at a minimum: a detailed lead exposure assessment, a nutritional assessment including iron status, and a developmental screening.

(10) Primary health care providers shall communicate and coordinate as appropriate with local health units to ensure that each child with an elevated blood lead level receives appropriate follow-up, as prescribed above in paragraphs (5) through (9) of this Section.

(b) Lead screening and follow-up of children by non-primary care providers.

(1) A health care provider that provides services to a child who is at least 6 months of age but under 6 years of age and who is not the child's ongoing primary care provider, such as a hospital inpatient facility, an emergency service if the child's condition permits, or other facility or practitioner which provides services to the child on a one-time or walk-in basis, shall inquire if the child has been

appropriately assessed and screened for elevated blood lead levels in accordance with the schedule prescribed in paragraphs (1) and (3) of this subdivision.

(2) If the child has not received such appropriate lead screening, the health care provider shall screen the child for elevated blood lead levels, or refer the child to the child's primary health care provider or, if the child's primary care provider is unavailable or the child has no primary health care provider, to another primary health care provider, or to the local health unit to obtain a blood lead test.

(3) If screening is performed, the blood lead test result shall be sent to the child's primary care provider or to the local health unit to enable appropriate follow-up in accordance with paragraphs (a)(5) through (9) of this section.

Effective Date: 12/22/93

Title: Section 67-1.3 - Laboratory testing and specimen collection

67-1.3 Laboratory testing and specimen collection.

- (a) All blood lead tests shall be performed by a laboratory approved for toxicology-blood lead under Article 5, Title V of the Public Health Law.
- (b) Venous blood is the preferred specimen for blood lead analysis and should be used for lead measurement whenever practicable.
- (c) Fingertick blood specimens are acceptable for lead screening if appropriate collection procedures are followed to minimize the risk of environmental lead contamination. Instructions regarding appropriate collection procedures for fingertick specimens may be obtained from laboratories approved for toxicology-blood lead under Article 5, Title V of the Public Health Law.

Effective Date: 12/22/93

Title: Section 67-1.4 - Lead screening status of children who enroll in preschool or child care

67-1.4 Lead screening status of children who enroll in preschool or child care.

(a) Prior to or within three months of initial enrollment, each child care provider, public and private nursery school and preschool, licensed, certified or approved by any State or local agency shall obtain a copy of a certificate of lead screening for any child at least one year of age but under six years of age, and retain such documentation until one year after the child is no longer enrolled.

(b) When no documentation of lead screening exists, the child shall not be excluded from attending nursery school, preschool or childcare, however, the child care provider, principal, teacher, owner or person in charge of the nursery school or preschool shall provide the parent or guardian of the child with information on lead poisoning and lead poisoning prevention and refer the parent or guardian to the child's primary health care provider or, if the child's primary care provider is unavailable or the child has no primary health care provider, to another primary care provider or to the local health unit to obtain a blood lead test.

(c) Each child care provider, public and private nursery school and pre-school licensed, certified or approved by any State or local agency is exempt from the requirement to obtain, prior to or within three months of initial enrollment of children under six years of age, evidence that said children have been screened for elevated blood lead levels until April 1, 1994.

Effective Date: 12/22/93

Title: Section 67-1.6 - Role of local health units.

67-1.6 Role of local health units.

- (a) Local health units shall provide public and professional education and community outreach on lead poisoning prevention.
- (b) Local health units shall provide blood lead screening or arrange for blood lead screening for each child who requires screening as provided in section 67-1.4 of this Subpart and whose parent or guardian is unable to obtain a lead test for their child because the child is uninsured or the child's insurance does not cover lead screening.
- (c) Local health units shall establish a sliding fee schedule for blood lead screening of children from families with incomes in excess of 200% of the federal poverty level, pursuant to Section 606 of the Public Health Law, and shall collect fees for blood lead testing from third party payors, when available.
- (d) Local health units shall provide environmental management as required under this Part.
- (e) Local health units shall provide data to identify exposure patterns and high risk populations for strategic planning for lead poisoning prevention at the State and local level.
- (f) Local health units shall institute measures to identify and track children with elevated blood lead levels to assure appropriate follow-up.
- (g) Local health units who serve as a child's primary health care provider shall carry out activities in accordance with paragraphs (1) through (9) of section 67-1.2(a).

GOAL III: PROMOTE BLOOD LEAD TESTING OF CHILDREN, ESPECIALLY THOSE AT HIGH-RISK FOR LEAD POISONING

Background

Although blood lead testing identifies children who already have elevated blood lead levels, it also contributes to prevention of lead poisoning in several ways.

- Action to protect children with elevated BLLs from additional lead exposure prevents increasingly serious health consequences.
- Repair of lead paint hazards in the homes of poisoned children may protect siblings and future occupants of the apartment against exposure to lead.
- Surveillance data on children with elevated blood lead levels is used to target prevention activities to high-risk communities.

For these reasons, activities to promote blood lead testing are an important component of a comprehensive plan to prevent lead poisoning.

New York State law requires that primary health care providers:

- Assess annually every child from 6 months up to 6 years of age for risk of exposure to lead. (The provider can assess the risk by administering a risk assessment questionnaire.)
- Test every child found to be at risk.
- Test every child for lead poisoning at both 1 and 2 years of age, regardless of the results of the risk assessment.

Medicaid has similar requirements. Every child enrolled in Medicaid must be tested at 1 and 2 years of age. Children up to 6 years of age must be tested if there is no record of a previous blood lead test.

In 2003, 66% of 1-year olds and 56% of 2-year olds in NYC were tested for lead poisoning. Among the cohort of children born in 2000 and turning 3 years old in 2003, an estimated 84% were tested at least once by their 3rd birthday – a major achievement – but only 30% had been tested at both ages 1 and 2, as the law requires.

Testing Children at High-Risk for Lead Poisoning

In its outreach work, DOHMH emphasizes the importance of testing children at ages 1 and 2 and testing children who have risk factors other than, or in addition to, age. Those at risk include:

- 1) Children in low-income families such as those enrolled in Medicaid.
- 2) Children enrolled in the Early Intervention Program which provides services for children who have developmental delays or who have a physical or mental condition that is likely to result in such delays.
- 3) Children living in housing where lead paint hazards have been identified.
- 4) Children living in neighborhoods where lead poisoning case rates are persistently higher than in other areas.
- 5) Immigrant children born in countries where exposure to lead is widespread and who may continue to be exposed to lead in the NYC if their families use imported folk remedies, cosmetics, food and pottery that contain lead.

Objective IIIA: By 2010, 80% of 1-year old children and 80% of 2-year old children will be tested for lead poisoning.²²

Strategy A: Educate health care providers, especially those serving high risk populations, about NY State blood lead testing regulations and the importance of testing children at 1 and 2 years of age.

Activity 22: Send educational material to health care providers in NYC at least annually. (Parties responsible: DOHMH)

Copies of the September 2004 issue of the DOHMH City Health Information (CHI) newsletter—which focuses exclusively on lead poisoning prevention and medical management – have been mailed and distributed to more than 40,000 medical providers and health care facilities in NYC. This is the third CHI since 1995 to focus on lead poisoning prevention. DOHMH plans to send updates to the CHI and/or other educational materials on lead poisoning to health care providers at least once a year. Educational materials also will be distributed through projects (such as Activity 23) that involve direct contact with medical providers and health care institutions.

Activity 23: Visit medical practices and provider groups in high-risk neighborhoods to promote lead testing, risk assessment and appropriate medical management of lead-poisoned children. (Parties responsible: DOHMH)

On-site visits to medical providers will include chart reviews to evaluate compliance with NYS testing requirements, review of in-house protocols to determine whether they adequately support such compliance, and consultation with the staff to identify practical strategies for improving performance with regard to blood lead testing, reporting and follow-up. Review of immunization records will be conducted simultaneously.

Activity 24: Promote use of the new Online Registry which enables medical providers to determine if their pediatric patients have received all required immunizations and lead

²² As noted earlier, 66 % of 1-year olds and 56% of 2-year olds were tested were tested in 2003.

tests. (Parties responsible: DOHMH)

Through the Online Registry, which was launched on March 14, 2004 and contains mechanisms to safeguard confidential information, medical providers can obtain a record of their pediatric patients' vaccines and blood lead test results. Medical providers also can obtain recommendations for follow-up testing of their patients and get educational materials such as brochures to distribute to parents. Providers gain access to this information by registering and obtaining a password. LPPP and the DOHMH Immunization Program will collaborate to promote use of the registry among medical providers.

Strategy B. Educate families with young children about the importance of blood lead testing, especially at 1 and 2-years of age.

Activity 25: Continue to promote testing of children at 1 and 2-years of age through periodic, high-profile educational campaigns targeted to high-risk communities. (Parties responsible: DOHMH)

See Activity 14

Activity 26: Continue outreach about blood lead testing to high-risk populations through workshops, health fairs, home visits and other community-focused activities. (Parties responsible: DOHMH, CBOs)

See Activity 13

Activity 27: Send information on lead poisoning prevention and testing to parents of every newborn. (Parties responsible: DOHMH)

The health promotion brochure sent by DOHMH to the parents of every newborn along with the child's birth certificate includes a newly updated section on lead poisoning prevention and blood lead testing. The DOHMH will regularly review the content of the brochure to determine if any additional updates are necessary.

Activity 28: Continue to send a letter about blood lead testing to every family with young children living in an apartment where HPD has identified lead paint violations. (Parties responsible: DOHMH and HPD)

HPD provides DOHMH with access to the names and address of families with children less than 7 years of age who live in apartments where HPD has issued lead paint violations. The DOHMH sends a letter to each family which recommends that the children be tested for lead poisoning and provides information on lead poisoning prevention.

Objective IIIB: By December 31, 2010, 90% of children enrolled in Medicaid Managed Care will be tested for lead poisoning by age 2.²³

²³ According to the 2002 New York State Managed Care Plan Performance Report, published by the NYS Department of Health, 76% of 2-year old children enrolled in Medicaid Managed Care plans statewide in 2001, were tested for lead poisoning. The definition of 2-year old includes children whose 25th month of life falls in the current calendar year.

Strategy A. Increase testing of children from low-income families by targeting children enrolled in Medicaid Managed Care

Activity 29: Continue data-matching project with Medicaid Managed Care Organizations (MMCOs) to identify children who have not been tested and to encourage testing by their medical providers. (Parties responsible: DOHMH and MMCOs)

Over the last year, with the assistance of the DOHMH Division of Health Care Access and Improvement, LPPP has developed data-matching agreements with the 17 MMCOs that provide services for Medicaid eligible children under contract with NYC. About 70% of NYC's Medicaid children are enrolled in MMCOs. In the data-matching project, LPPP uses its database of blood lead test results, in conjunction with names of children who are enrolled with the MMCOs affiliated providers, to identify children who have not received blood lead tests. The MMCOs agreed, in a memorandum of understanding (MOU) with the DOHMH, to follow-up by contacting the medical providers of children who have not been tested in order to encourage them to order the necessary blood lead tests. The MOU also requires that the MMCOs send a letter to the parents of children who have not been tested urging them to schedule an appointment for a blood lead test as soon as possible.

Objective IIIC: By December 31, 2006, 100% of children enrolled in the Early Intervention Program will be tested for lead poisoning by their third birthday.

Strategy A: Increase testing of children with developmental delays by targeting children enrolled in the DOHMH Early Intervention Program.

Activity 30: Continue collaboration between LPPP and DOHMH Early Intervention Program in order to increase testing of children enrolled in the program. (Parties responsible: DOHMH)

The DOHMH Early Intervention (EI) Program provides services to children less than 3 years of age with developmental delays or with mental or physical conditions that are likely to result in such delays. The data-matching project with the LPPP identifies children enrolled in EI who are over 15 months of age and have not received a blood lead test within the past year. Follow-up with contracted service coordinators and parents is conducted by EI to promote testing of children identified as not tested. In addition, EI is working on a plan to require proof of a lead as part of the physical required for each child before services are authorized.

Objective IIIC – testing 100% of children enrolled in EI – is more ambitious than Objective IIIB, which projects a 90% screening rate for 2-year olds enrolled in Medicaid; this higher standard is

*NYC Comprehensive Childhood Lead Poisoning Prevention Plan
1/3/05 Draft – This draft is being circulated for public comment.*

appropriate for a program that is administered directly by DOHMH and which serves children who, in most cases, have already experienced confirmed developmental delays.