## THE GENERAL ASSEMBLY OF PENNSYLVANIA

## **HOUSE BILL**

No. 825

Session of 2023

INTRODUCED BY GIRAL, BURGOS, MADDEN, SCHLOSSBERG, PROBST, SANCHEZ, PIELLI, CIRESI, CEPEDA-FREYTIZ, N. NELSON AND OTTEN, APRIL 3, 2023

REFERRED TO COMMITTEE ON INSURANCE, APRIL 3, 2023

## AN ACT

- 1 Providing for lead screening and related services, for health
- insurance coverage for lead screening and related diagnostic
- 3 services and supplies and for duties of the Department of
- 4 Health.
- 5 The General Assembly of the Commonwealth of Pennsylvania
- 6 hereby enacts as follows:
- 7 Section 1. Short title.
- 8 This act shall be known and may be cited as the Childhood
- 9 Lead Testing and Protection Act.
- 10 Section 2. Declaration of policy.
- 11 The General Assembly finds and declares as follows:
- 12 (1) According to the Centers for Disease Control and
- Prevention, at least 4,000,000 households have children
- 14 living in them who are being exposed to high levels of lead,
- 15 a naturally occurring element that is toxic to humans when
- ingested or inhaled.
- 17 (2) There are approximately 500,000 children in the
- 18 United States between one and five years of age with blood

- lead levels above five micrograms per deciliter ( $\mu g/dL$ ), the
- 2 reference level at which the Centers for Disease Control and
- 3 Prevention recommends public health actions be initiated.
- 4 (3) Lead poisoning is most detrimental to children under
- 5 72 months of age and expectant mothers.
- 6 (4) The effects of lead poisoning are not reversible.
- 7 (5) According to the department's 2020 Childhood Lead
- 8 Surveillance Annual Report, of the approximately 843,000
- 9 children in this Commonwealth under six years of age, only
- 10 148,432 children were screened for blood lead levels. Of the
- 11 148,432 children tested, 6,755 children had elevated blood
- 12 lead levels.
- 13 (6) Complications from lead poisoning include the
- 14 following:
- 15 (i) Developmental delays.
- 16 (ii) Brain damage.
- 17 (iii) Nervous system damage.
- 18 (iv) Memory loss.
- 19 (v) Abdominal pain.
- 20 (vi) Aggressive behavior.
- 21 (vii) Constipation.
- 22 (viii) Sleep problems.
- 23 (ix) Headaches.
- 24 (x) Irritability.
- 25 (xi) Loss of developmental skills in children.
- 26 (xii) Loss of appetite.
- 27 (xiii) Fatigue.
- 28 (xiv) High blood pressure.
- 29 (xv) Numbness or tingling in the extremities.
- 30 (xvi) Anemia.

- 1 (xvii) Kidney dysfunction.
- 2 (7) No safe blood lead level in children has been
- 3 identified.
- 4 Section 3. Definitions.
- 5 The following words and phrases when used in this act shall
- 6 have the meanings given to them in this section unless the
- 7 context clearly indicates otherwise:
- 8 "Birthing facility." An inpatient or ambulatory health care
- 9 facility licensed by the department that provides birthing and
- 10 newborn care services.
- "Blood lead level." A measure of lead in the blood, measured
- 12 in micrograms of lead per deciliter of whole blood (µg/dL).
- "Child." A child under 72 months of age who is a resident of
- 14 this Commonwealth.
- 15 "Department." The Department of Health of the Commonwealth.
- "Diagnostic blood lead level testing." Analysis of a blood
- 17 sample to determine quantitative blood lead levels for a sample:
- 18 (1) Obtained by venipuncture or capillary blood sampling
- for the purpose of any of the following:
- 20 (i) Confirming lead poisoning as a follow-up blood
- 21 lead level test.
- 22 (ii) Diagnosing a child or expectant mother showing
- signs or symptoms of lead poisoning.
- 24 (iii) Diagnosing a child or expectant mother
- 25 suspected of having sustained a significant lead
- exposure.
- 27 (2) Analyzed in a laboratory licensed by the department
- to perform the testing or in a laboratory of the department.
- 29 "Diagnostic evaluation." Obtaining and evaluating medical
- 30 history information, conducting a physical examination and

- 1 diagnostic blood lead level testing, identifying potential
- 2 sources of lead exposure and evaluating iron status.
- 3 "Government program." Any of the following:
- 4 (1) The children's health care program under Article
- 5 XXIII-A of the act of May 17, 1921 (P.L.682, No.284), known
- 6 as The Insurance Company Law of 1921.
- 7 (2) The Commonwealth's medical assistance program
- 8 established under the act of June 13, 1967 (P.L.31, No.21),
- 9 known as the Human Services Code.
- 10 "Health care practitioner." As defined in section 103 of the
- 11 act of July 19, 1979 (P.L.130, No.48), known as the Health Care
- 12 Facilities Act.
- "Insurance policy." An individual or group health insurance
- 14 policy, contract or plan issued by or through an insurer or a
- 15 government program that provides medical or health care coverage
- 16 by a health care facility or licensed health care practitioner.
- 17 The term does not include accident only, fixed indemnity,
- 18 limited benefit, credit, dental, specified disease, Civilian
- 19 Health and Medical Program of the Uniformed Services (CHAMPUS)
- 20 supplement, long-term care or disability income, workers'
- 21 compensation or automobile medical payment insurance.
- 22 "Insurer." An entity or affiliate entity that issues an
- 23 insurance policy that is offered or governed under any of the
- 24 following:
- 25 (1) The children's health care program under Article
- 26 XXIII-A of The Insurance Company Law of 1921.
- 27 (2) The act of December 29, 1972 (P.L.1701, No.364),
- 28 known as the Health Maintenance Organization Act.
- 29 (3) The act of May 18, 1976 (P.L.123, No.54), known as
- 30 the Individual Accident and Sickness Insurance Minimum

- 1 Standards Act.
- 2 (4) 40 Pa.C.S. Ch. 61 (relating to hospital plan
- 3 corporations).
- 4 (5) 40 Pa.C.S. Ch. 63 (relating to professional health
- 5 services plan corporations).
- 6 "Lead poisoning." A blood lead level that meets one of the
- 7 following criteria:
- 8 (1) A confirmed blood lead level greater than or equal
- 9 to 20  $\mu$ g/dL in a child or expectant mother.
- 10 (2) Two blood lead level samples of a child or expectant
- mother, separated by at least 90 days, but not more than 365
- days, which indicate a blood lead level greater than or equal
- 13 to 15  $\mu$ g/dL.
- "Lead-screening-related services." Include:
- 15 (1) Materials and supplies used to obtain blood
- specimens for quantitative blood lead level or erythrocyte
- 17 protoporphyrin (EP) analysis.
- 18 (2) Laboratory analysis of submitted samples for
- 19 quantitative blood lead level testing or EP analysis.
- 20 (3) Evaluation of results obtained from laboratory
- 21 analysis of samples submitted for quantitative blood lead
- level or EP analysis, as well as related consultation,
- referral and follow-up of children and expectant mothers who
- 24 potentially have lead poisoning.
- "Screening test." A blood sample obtained either by
- 26 venipuncture or capillary blood sampling from an asymptomatic
- 27 child or expectant mother not known to have lead poisoning in
- 28 order to identify the child or expectant mother's risk of lead
- 29 poisoning.
- 30 Section 4. Screening.

- 1 (a) General rule. -- Screening tests shall be performed in
- 2 accordance with the following:
- 3 (1) Children shall receive a screening test in
- 4 accordance with the following schedule:
- 5 (i) Each child shall be screened at 12 months of age
- 6 and 24 months of age.
- 7 (ii) All children designated as high risk through a
- 8 risk assessment evaluation promulgated by the department
- 9 shall be screened annually from 12 months of age to 72
- months of age.
- 11 (iii) More frequent screening tests for asymptomatic
- 12 children under 72 months of age may be completed upon
- recommendation of a health care practitioner.
- 14 (2) All expectant mothers shall receive a screening test
- as part of their prenatal care.
- 16 (b) Testing methods. -- Health care practitioners shall ensure
- 17 that screening tests are conducted either by venipuncture or by
- 18 capillary blood sampling in accordance with department
- 19 regulation.
- 20 (c) Exception. -- If the parent or quardian of a child objects
- 21 in writing on the ground that a screening test conflicts with a
- 22 religious belief or practice, the screening test under
- 23 subsection (a) may not be performed.
- 24 Section 5. Health insurance coverage.
- 25 (a) General rule. -- An insurance policy shall provide
- 26 coverage for all of the following:
- 27 (1) Screening tests and lead-screening-related services
- for children under 72 months of age and expectant mothers.
- 29 (2) Diagnostic evaluations.
- 30 (b) Department duties.--The department shall provide the

- 1 following services for children under 72 months of age and
- 2 expectant mothers who are not covered by a health insurance
- 3 policy:
- 4 (1) Screening tests and lead-screening-related services.
- 5 (2) Diagnostic evaluations.
- 6 (c) Reimbursement.--The department shall not be required to
- 7 reimburse third parties for services under subsection (b) that
- 8 are not provided by the department.
- 9 (d) Applicability. -- This section shall apply to insurance
- 10 policies issued or entered into on or after the effective date
- 11 of this section.
- 12 Section 6. Materials.
- 13 (a) Educational and instructional materials. -- The department
- 14 shall distribute readily understandable information and
- 15 educational and instructional materials regarding lead
- 16 poisoning. The materials shall at a minimum explain the risk
- 17 factors associated with lead exposure and emphasize lead
- 18 screening and testing procedures, treatment of lead poisoning
- 19 and the requirements of this act. The materials shall be
- 20 provided to parents of newborns prior to discharge from a
- 21 hospital or birthing facility. If the birth takes place in a
- 22 setting other than a hospital or birthing facility, the
- 23 materials shall be provided by a health care practitioner who
- 24 assists at the birth.
- 25 (b) Acknowledgment statement. -- An acknowledgment statement
- 26 shall be signed by a parent of a newborn prior to discharge from
- 27 a hospital or birthing facility or after a birth that takes
- 28 place in a setting other than a hospital or birthing facility.
- 29 One copy of the acknowledgment statement shall be given to a
- 30 parent and one copy shall remain on file in the hospital or

- 1 birthing facility. Copies of acknowledgment statements signed by
- 2 parents of newborns in settings other than a hospital or
- 3 birthing facility shall be kept on file by the health care
- 4 practitioner who assists at the birth. The acknowledgment
- 5 statement shall be in a form as prescribed by the department.
- 6 (c) Distribution of materials. -- The information and
- 7 educational and instructional materials described in subsection
- 8 (a) shall be provided without cost by each hospital, birthing
- 9 facility or health care practitioner to a parent of each newborn
- 10 upon discharge from a hospital or birthing facility or after
- 11 births that take place in settings other than a hospital or
- 12 birthing facility.
- 13 (d) Liability.--A hospital, birthing facility or health care
- 14 practitioner shall not be civilly or criminally liable for the
- 15 action or inaction of a parent with regard to lead exposure
- 16 pursuant to materials given to the parent relating to lead
- 17 exposure.
- 18 Section 7. Regulations.
- 19 The department shall promulgate regulations as necessary to
- 20 implement the provisions of this act.
- 21 Section 8. Effective date.
- This act shall take effect in 90 days.