



STATE OF DELAWARE
STATE COUNCIL FOR PERSONS WITH DISABILITIES
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The Honorable John Carney,
Governor

John McNeal, Director
SCPD

MEMORANDUM

DATE: May 27, 2022

TO: Division of Public Health

FROM: Terri Hancharick, Chairperson
State Council for Persons with Disabilities

RE: Proposed DPH Amendments to 16 DE Admin. Code 4459A, 25 Delaware Register of Regulations 1006 (May 1, 2022)

The State Council for Persons with Disabilities (SCPD) has reviewed the proposed revisions to 16 DE Admin. Code 4459A, which establishes standards for lead testing of young children. The amendments revise standards to correspond with updated guidance on blood lead levels from the Center for Disease Control and Prevention (CDC)¹ and to expand the number of children who will be tested for lead.

SCPD supports this regulation, with the following recommendations:

1. That that the proposed revisions only include the term “reference value,” which should correspond with the current CDC definition (and which should be amended if the CDC changes this value). The proposed revisions include three different terms to refer to the same metric of 3.5 mcg/dL of lead -- “blood lead level of concern”, “elevated blood lead level”, and “reference level.” “Reference value” is the current term used by the CDC. The definition of “reference value” should include the former terminology now covered by this term.
2. That the definition section of the Code provide more clarity about the differences between capillary and venous blood testing and clarify when a venous blood test should be administered. The current revised language defines “blood test” to include both capillary and venous testing and defines both type of testing. However, the definitions of “capillary” and “venous” testing in the revised language do not include information about the accuracy

¹ *Childhood Lead Poisoning Prevention: Blood Lead Reference Value*, CTRS. FOR DISEASE CONTROL & PREVENTION (Oct. 27, 2021), <https://www.cdc.gov/nceh/lead/data/blood-lead-reference-value.htm>

of testing and do not reflect the CDC's guidance that the venous test should be used to confirm a finding using a capillary test.

3. Modify or eliminate other distinctions between primary care and other healthcare providers in this proposed language. Currently, the proposed requirements about lead testing at different early childhood milestones only apply to primary care providers. The proposed revisions only state that "a healthcare provider giving non-primary care to a child may, but is not required to, administer a blood test for lead, even if a blood test for lead is not medically indicated." This may mean that children who are not being connected with a primary care provider may go longer without getting blood lead level testing. The language could be revised to clarify or identify the circumstances when a non-primary care provider would be required to test a child for lead who previously has not been tested.
4. That the proposed language makes guidance consistent across healthcare providers or include alternative provisions to ensure all appropriate CDC-recommended testing occurs, regardless of what type of provider administers the initial test.
5. That the revised language incorporate the CDC's recommended interventions when testing reveals blood lead levels at different metrics. Currently, the revised language does not include any further interventions beyond reporting for medical providers, public health and environmental agency officials, or housing providers. The CDC, meanwhile, outlines various recommended interventions at different blood lead levels.

Thank you for your consideration and please contact SCPD if you have any questions or comments regarding our position or comments on the proposed regulation.

cc: The Honorable Molly Magarik
Dr. Karyl Rattay
Ms. Laura Waterland, Esq., DLP
Governor's Advisory Council for Exceptional Citizens
Developmental Disabilities Council