

Universal Blood Lead Testing

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State Toxicologist

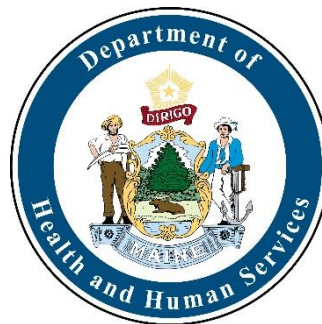
Maine Center for Disease Control and Prevention

October 21, 2019

Virtual conference (audio/visual) via zoom:

<https://zoom.us/j/8061423002>

or by phone: 19292056099,,,8061423002#



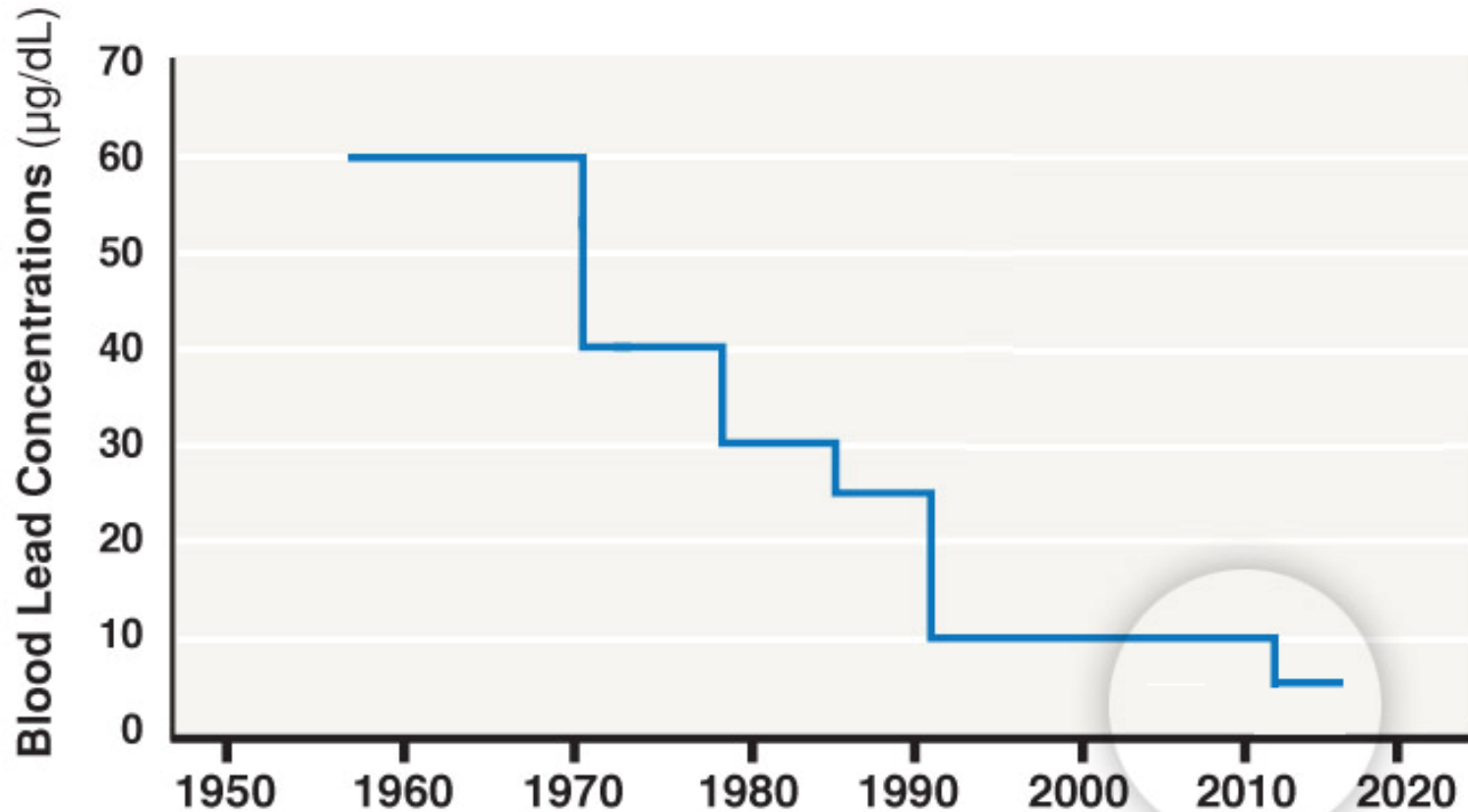
Welcome and Zoom Tips

1. You can get audio and visual through your computer
2. You can also call in for audio: 19292056099,,8061423002#
3. We will be recording the call and will send out a link to the recording and slides after the call with follow-up information
4. If you hover over the bottom left side of the screen, there will be a menu bar. You can turn on your video and mute yourself with buttons on the screen
5. When you are speaking, please turn on your video
6. You can put questions into the chat box

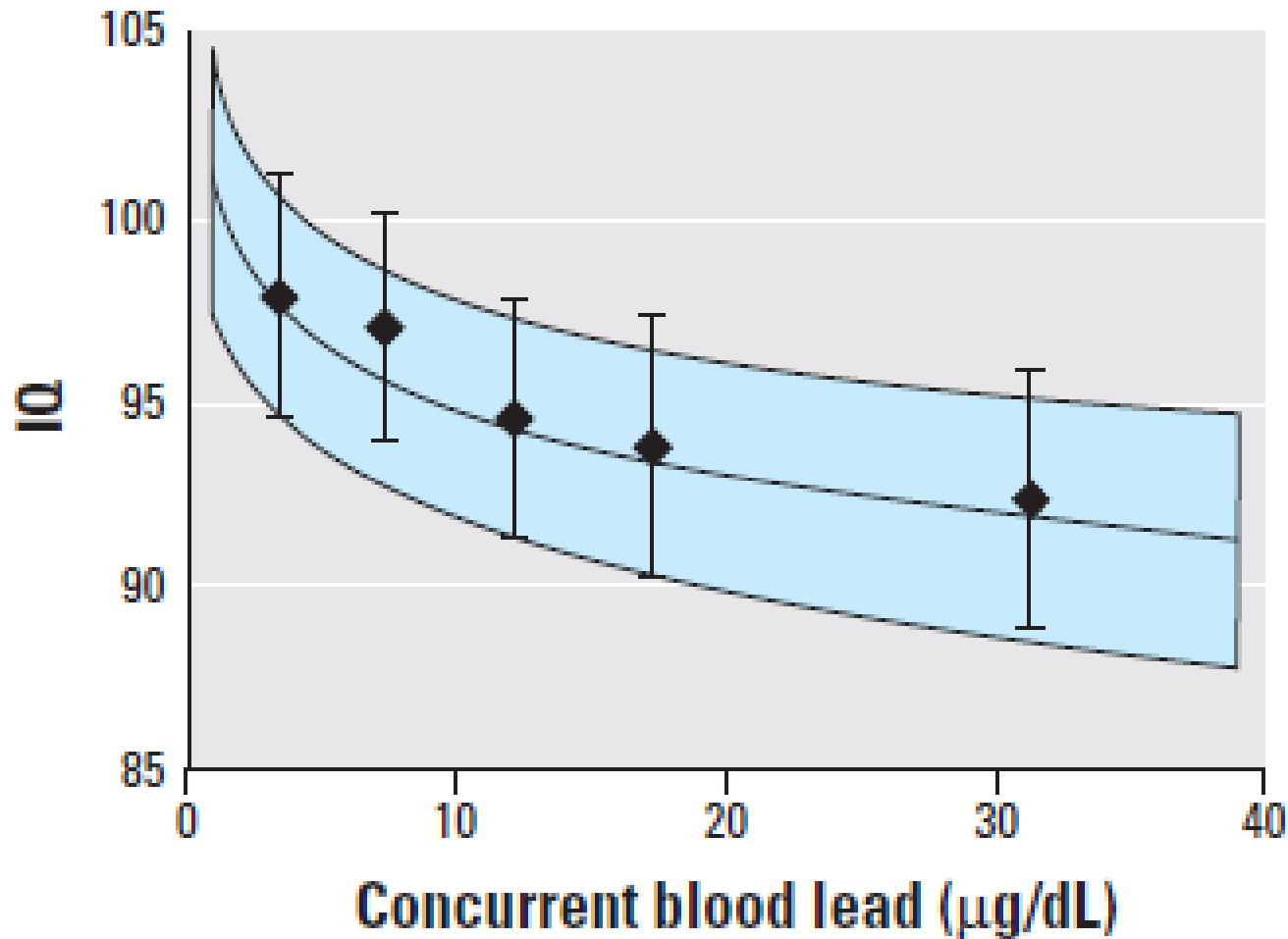
Topics

- Background on lead poisoning
- Universal blood lead testing mandate
- Current blood lead testing rates
- Your questions and our responses

CDC's Changing Blood Lead Level of Concern



Low level blood lead and intellectual function



Source: Lanphear et al., VOLUME 113 | NUMBER 7 | July 2005 • Environmental Health Perspectives

Low level blood lead and reading readiness



Reading readiness at start of kindergarten is associated with blood lead levels below $10 \mu\text{g}/\text{dL}$.

Source: McLaine et al., VOLUME 131 | NUMBER 6 | June 2013 • Pediatrics

Maine statutory definition of “lead poisoning”



2015

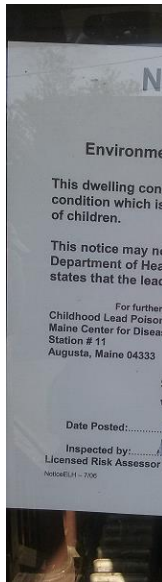
Lead Poisoning
is a confirmed
Blood Lead Level of
 $\geq 5 \mu\text{g}/\text{dL}$

If a “lead poisoned” child is identified, DHHS must inspect dwellings for hazards



Test for lead in
paint, dust,
water, soil

If inspections find lead hazards, DHHS must:



**Peel
notified
hazard**

**of
hazards**

Role of Providers

Test for blood lead, confirm elevated capillary results, timely follow-up of elevated venous results



Testing of 1 and 2 year old's How are we doing?



54 %

of 1 year old's on MaineCare

35 %

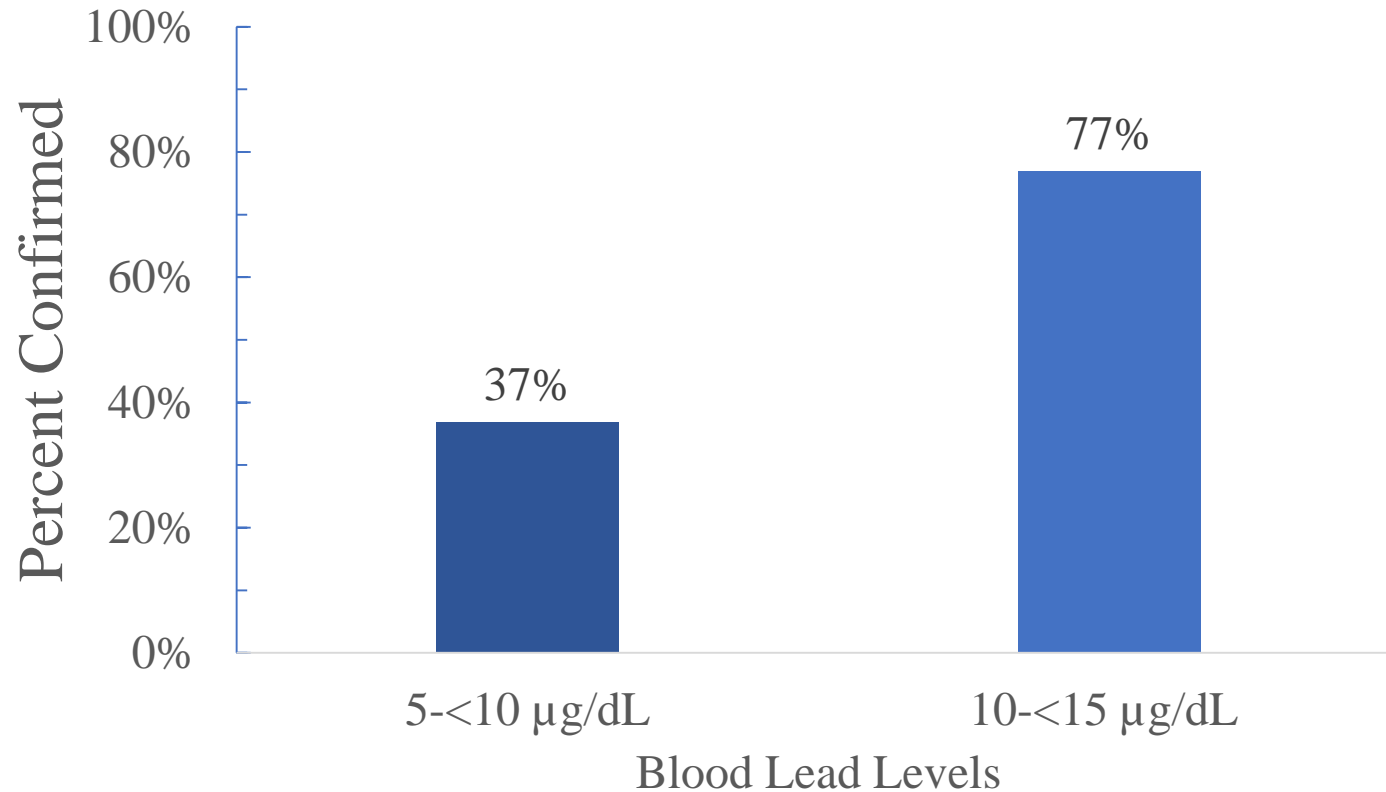
of 2 year old's on MaineCare

Statutory mandate to test ALL 1 and 2 year old children enrolled in MaineCare has existed since 2001.

Confirming Elevated Capillary Results

How are we doing?

Confirmation Rates by Initial Capillary Blood Lead Level - 2018



When we test, how often do we find a lead poisoned child?



For MaineCare 1 year old children:

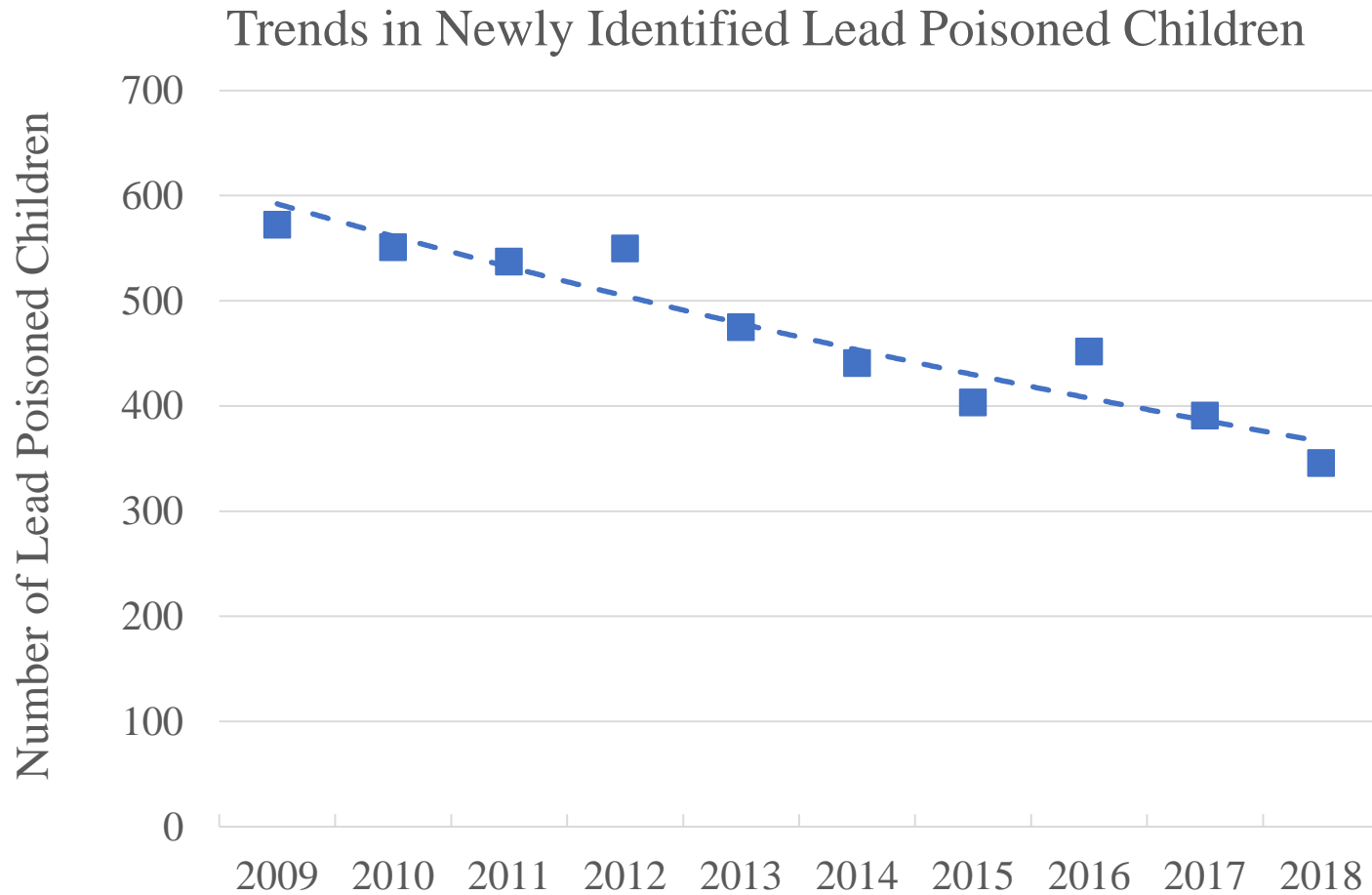
~ 1 in 25



For 1 year old children not on MaineCare:

~ 1 in 50

Slow Progress on Goal to Eradicate Childhood Lead Poisoning



Universal Blood Lead Testing Mandate 2019

Sec. 2. 22 MRSA §1317-D, sub-§4, as enacted by PL 2001, c. 683, §3 and affected by §10, is amended to read:

4. Testing of children not covered by MaineCare program. The program must require the testing of blood lead levels of all children not covered by the MaineCare program at one year of age and 2 years of age ~~unless, in the professional judgment of the provider of primary health care, in conjunction with the use of the lead poisoning risk assessment tool, the child's level of risk does not warrant a blood lead level test.~~ The drawing of blood for the testing may be done in the health care provider's office or may be referred to another laboratory.

APPROVED

JUNE 27, 2019

BY GOVERNOR

CHAPTER

479

PUBLIC LAW

Question #1

Why did Maine adopt universal
blood lead testing?

Nearly all Northeast States have Universal Blood Lead Testing Mandates

Top 8 States (and NH) based on percent housing built before 1950 and universal blood lead testing status.

State	Percent of Housing Built before 1950	Universal Screening	Year Adopted
New York	41.0%	✓	1992
Massachusetts	39.5%	✓	1987
Rhode Island	38.3%	✓	1991
Pennsylvania	34.4%	✗	n/a
Iowa	31.8%	✓	2008
Maine	29.8%	✗	n/a
Connecticut	29.5%	✓	2008
Vermont	29.2%	✓	2011
New Hampshire (ranked #14)	24.2%	✓	2018
United States Median	17.1%	n/a	n/a

✓ 2019

Source: Benfer and McHugh 2019. Health Justice Innovations, LLC - <https://mainehousingcoalition.org/wp-content/uploads/2019/08/Lead-Screening-Report-Final-Full-Report.pdf>

Question #2

How many more lead poisoned children will we find with universal blood lead testing?

100 – 150
per year

Question #3

What should we tell a parent who does not want their 2 year old tested because they had a low BLL at 1 year of age and no change in risk factors?

2-year olds are at highest risk for having an elevated blood lead

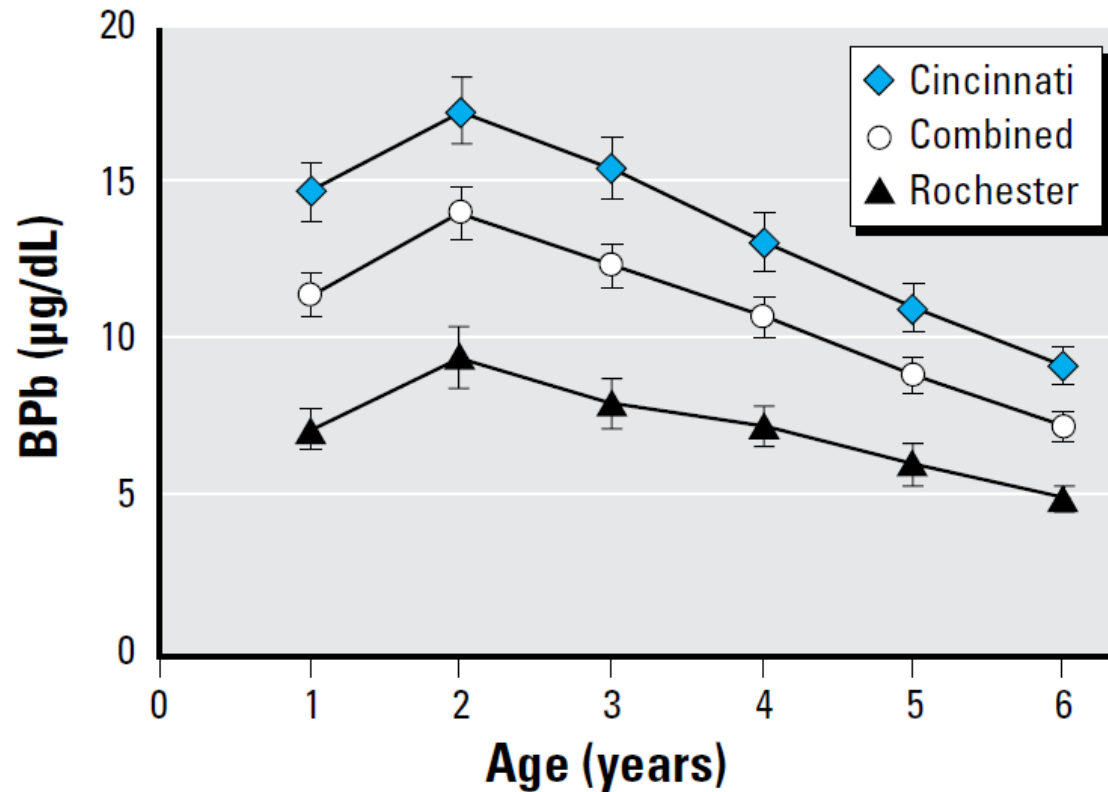


Figure 1. Annual BPb levels and 95% confidence intervals for Cincinnati and Rochester cohorts, individually and combined.

Source:

Hornung, Lanphear, Dietrich. Environmental Health Perspectives (2009) 11(8), 1309–1312

A child can have an elevated BLL without obvious lead hazards in the home

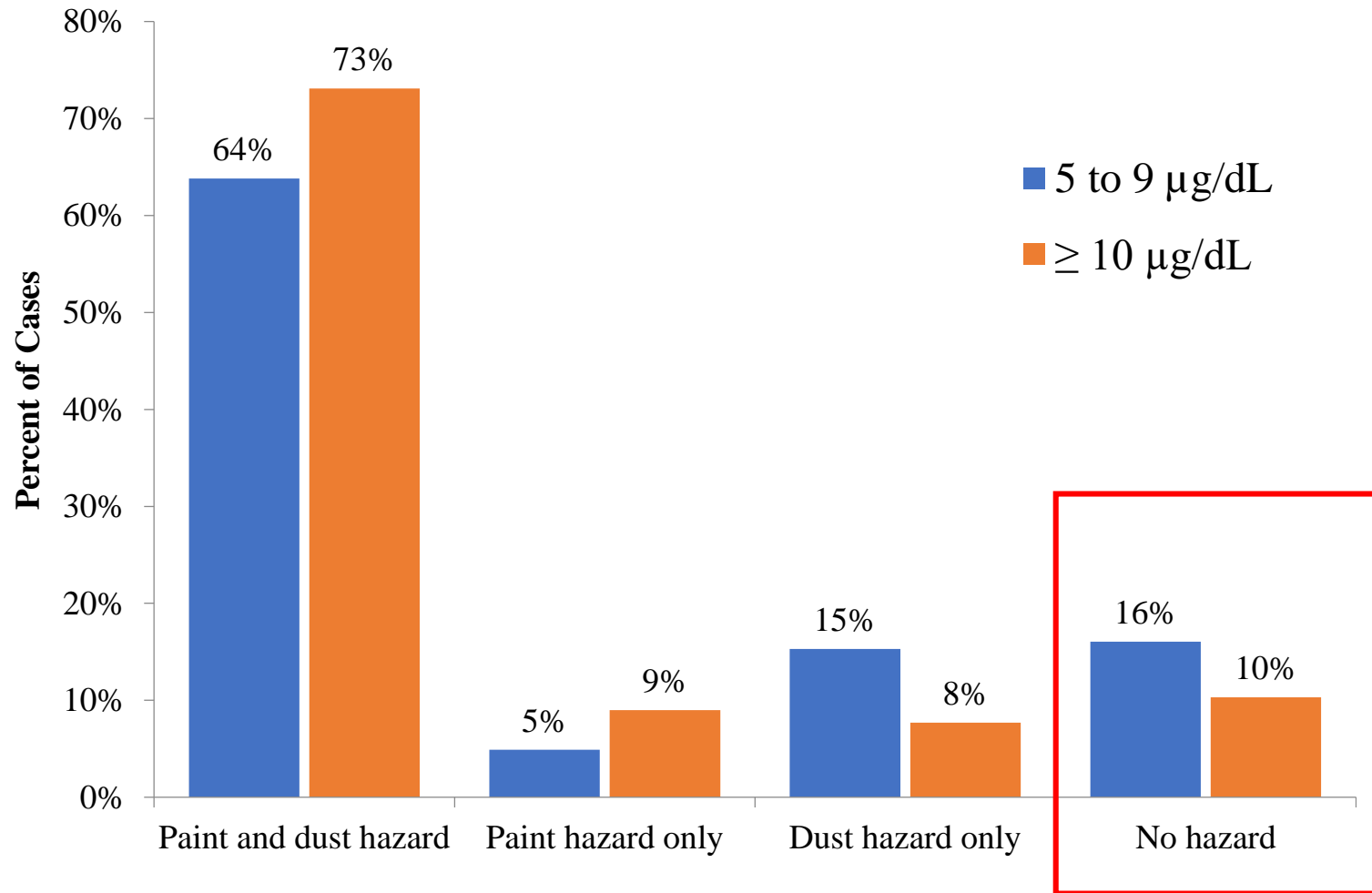


FIGURE Lead Paint and Dust Hazards by BLL Category.

Question #4

How should we document families that refuse a blood lead test?

Maine State Law

§1317-D. LEAD POISONING RISK ASSESSMENT AND BLOOD LEAD LEVEL TESTING PROGRAM

7. Exception. This section does not apply to a child whose parent or guardian objects to that child's participation in the program on the grounds that the assessment or testing is contrary to the parent's or guardian's sincerely held religious or philosophical beliefs.

[2001, c. 683, §3 (NEW); 2001, c. 683, §10 (AFF) .]

New Hampshire 'Opt Out' Form

Your Logo Here

Choose Not to Have Your Child Tested for Elevated Blood Lead Level

I choose not to have my child tested for elevated blood lead.

I understand that by not testing my child's blood that neither I nor my physician will know if my child has an elevated blood lead. I understand that young children exposed to lead often look healthy and act healthy, demonstrating no outward signs or symptoms. I understand that young children are especially vulnerable to lead exposure due to their developmentally appropriate behaviors, and that the lead can accumulate in their body over time. As children grow, I understand that elevated blood lead can affect my child's ability to pay attention, speech and language development, hearing, executive functions, visual-spatial skills, and large and fine muscle motor skills and can result in increased impulsivity, and aggression. If high enough, lead exposure can induce convulsions and cause the loss of muscle control and even death.

I understand that I may reverse my decision at any time and have my child tested for elevated blood lead levels through a simple test.

DATE: _____

PATIENT NAME (printed): _____

PARENT OF GUARDIAN NAME (printed): _____

PARENT OR GUARDIAN NAME (signature): _____

WITNESS by current health care provider: _____

Parents who choose to not have their children tested for elevated blood lead are
required by law to sign this document in accordance with RSA 130-A.

Signed paper statement or scanned electronic copy to be maintained in child's medical record.

NH State Law requires
parents to sign an opt out
form.

Question #5

When will the Blood Lead Module for ImmPact become available?

January 2020

New Blood Lead Module for ImmPact

ImmPact MAINE IMMUNIZATION INFORMATION SYSTEM

home manage access/account related links logout help desk

ImmPact Lead 2.2.0.0

Patients
 patient search
 merge patients
 upload list
 check roster status
 manage roster list

Immunizations
 patient search

Reports
 reminder / recall
 check reminder status
 check reminder list
 manage custom letters
 cocasa extract
 check request status
 vaccine eligibility
 check vaccine elig status
 group patients
 check group status
 assessment report
 check assessment
 benchmark report
 check benchmark
 ad hoc list report
 ad hoc count report
 ad hoc report status
 billing report request
 check billing report
 provider report
 check provider status
 accountability report
 request
 check vaccine
 accountability
 state supplied flu report
 state supplied vaccine
 report

Inventory
 manage inventory
 manage orders
 manage transfers
 shipping documents
 doses administered
 manual orders
 manage ndc
 inventory count list
 vtrcks export
 vtrcks import
 vtrcks import status

Maintenance
 manage schools
 manage physicians
 manage clinicians

Data Exchange
 exchange data

Patient Information

Patient Name (First - MI - Last) DOB Gender Mother's Maiden Medical Record Number

Address

Risk Assessment and Lead Test Recommendations Print Recommendations

Age	Recommendation*	Date Due	Risk Assessment Done	Lead Test Indicated	Date of Test	Status
1 year	Risk Assessment	12/01/2012	<input type="checkbox"/>	<input type="checkbox"/>		Maximum Age Exceeded
2 years	Risk Assessment	12/01/2013	<input type="checkbox"/>	<input type="checkbox"/>	04/08/2014	Completed
3 years	Risk Assessment	12/01/2014	<input type="checkbox"/>	<input type="checkbox"/>	09/11/2015	Completed
4 years	Risk Assessment	12/01/2015	<input type="checkbox"/>	<input type="checkbox"/>	09/20/2016	Completed
5 years	Risk Assessment	12/01/2016	<input type="checkbox"/>	<input type="checkbox"/>		Overdue

*Note: Assumes schedule of routine screening and testing. Elevated blood lead test results require confirmatory venous testing and alternate follow-up schedule. [Review the Maine CDC Pediatric Blood Lead Screening Guidelines by clicking here](#) or by choosing the link in the Action column below for management recommendations.

Blood Lead Test History

Remove	Owned?	Date Sample Collected	Date Sample Analyzed	Date Results Reported	Blood Lead Level	Action
<input type="checkbox"/>		09/20/2016	09/20/2016	09/21/2016	<3.2 µg/dL	BLL <5
<input type="checkbox"/>		09/11/2015	09/14/2015	09/15/2015	<4.5 µg/dL	BLL <5
<input type="checkbox"/>		04/08/2014	04/09/2014	04/10/2014	<4.5 µg/dL	BLL <5

Enter Blood Lead Data Immunization History Edit Patient New Blood Lead Report Save

If you require an edit to a blood lead test or require access to the Blood Lead Data Entry screen to report lead results, contact the Maine Childhood Lead Poisoning and Prevention Unit at 866-292-3474 or ehu@maine.gov

Date Results Reported: 11/07/2017 Source Type: User Interface
 PFI/LRI Number: 001

Sample Accession Number: Provider Information in Lead Registry:

* Ordering Practitioner:

* Test Method:

* Date Sample Collected:

* Date Sample Analyzed:

* Sample Type:

* Blood Lead Level: µg/dL Note: µg/dL = mcg/dL Qualitative Result:

Lab Result Comments:

ImmPact Provider Notes

- Testing status, prompts

- Blood lead test results with prompts

- Data entry screen for in-office testing and data viewing screen for results

Using the Blood Lead Module to record declination of blood lead tests

ImmPact
MAINE IMMUNIZATION INFORMATION SYSTEM
ImmPact Lead 2.2.0.0

home manage access/account related links logout help desk

Patient Information

Patient Name (First - MI - Last) DOB Gender Mother's Maiden Medical Record Number

Address

Risk Assessment and Lead Test Recommendations Print Recommendations

Age	Recommendation*	Date Due	Risk Assessment Done	Lead Test Indicated	Date of Test	Status
1 year	Risk Assessment	12/01/2012	<input type="checkbox"/>	<input type="checkbox"/>		Maximum Age Exceeded
2 years	Risk Assessment	12/01/2013	<input type="checkbox"/>	<input type="checkbox"/>	04/08/2014	Completed
3 years	Risk Assessment	12/01/2014	<input type="checkbox"/>	<input type="checkbox"/>	09/11/2015	Completed
4 years	Risk Assessment	12/01/2015	<input type="checkbox"/>	<input type="checkbox"/>	09/20/2016	Completed
5 years	Risk Assessment	12/01/2016	<input type="checkbox"/>	<input type="checkbox"/>		Overdue

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<input type="checkbox"/>		09/11/2015	09/14/2015	09/15/2015	<4.5 µg/dL	BLL <5
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Date Results Reported: 11/07/2017 Source Type: User Interface
PFI/LRI Number: 001

Sample Accession Number: Provider Information in Lead Registry:

* Ordering Practitioner:
* Test Method: LeadCare® II (CLIA-Waived)
* Date Sample Collected:
* Date Sample Analyzed:
* Sample Type: Capillary
* Blood Lead Level: µg/dL Note: µg/dL = mcg/dL Qualitative Result:

Lab Result Comments:

ImmPact Provider Notes




Ability to run queries to generate reports

home
manage access/account
related links
logout
help desk

organization CLPP - Maine CDC Lead Program • user Andy Smith • role ImmPact System Manager

Test Due List Report



ImmPact Lead 2.2.0.0

Patients

- patient search
- merge patients
- upload list
- check roster status
- manage roster list

Immunizations

- patient search

Blood Lead (State)

- manage lead
- limited history report
- limited history status
- outbound file extract
- outbound file extract status
- performance list report
- performance list status
- lead only list report
- lead only status
- follow-up report
- check follow-up status
- test due list report
- check test due status
- age exceeded report
- age exceeded status
- performance report
- performance status

Select a Report

One Year Old Test

Two Year Old Test

Select Time Frame

Time Frame: Next 7 Days

Test Due List Report

One Year Old, today

11/08/2017

IR Physicians, 2

Maine CDC Pediatric Blood Lead Screening Guidelines

<https://impact.maine.gov/docs/PBLScreeningGuidelines.pdf>

To create a hyperlink to the document, click on the URL above twice and then out of the field

<u>Birth Date</u>	<u>Last Name</u>	<u>First Name</u>	<u>Responsible Person</u>	<u>Primary Phone</u>	<u>Street Address</u>	<u>City</u>
08/09/2016	STARK	ARYA			305 E TEST ST.	AUGUSTA
11/10/2016	NEVILLE	ELIZA				
11/10/2016	NINEMONTHS	LESSTHAN			305 E TEST ST.	AUGUSTA
11/15/2016	STARK	BRAN			10 EAST DOTY ST	AUGUSTA
01/10/2017	JONES	GEORGE			305 E TEST ST	AUGUSTA
02/08/2017	JEE	JEE				



Report Cards Coming Soon!

2019 Blood Lead Testing Report

Practice Name



State law requires that all children receive a blood lead test at 1 and 2 years of age.

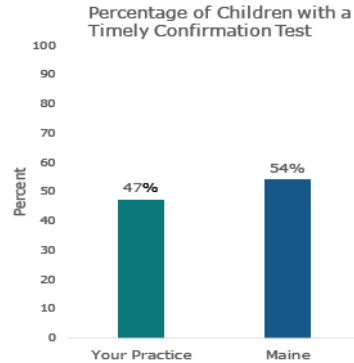
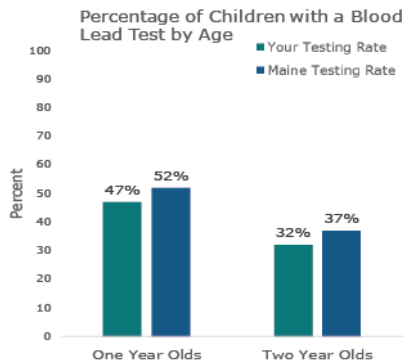
- There is no safe level of exposure to lead.
- Lead poisoning remains a significant, and entirely preventable, public health problem in Maine.
- Always confirm capillary tests ≥ 5 $\mu\text{g}/\text{dL}$ with a venous blood lead test.
- The State of Maine will perform home inspections for lead hazards based on venous test results ≥ 5 $\mu\text{g}/\text{dL}$.

Your Practice's Testing Rate:

47% of One-Year-Olds, 32% of Two-Year-Olds

Your Practice's Confirmation Rate:

47% (59/127)



About the Data

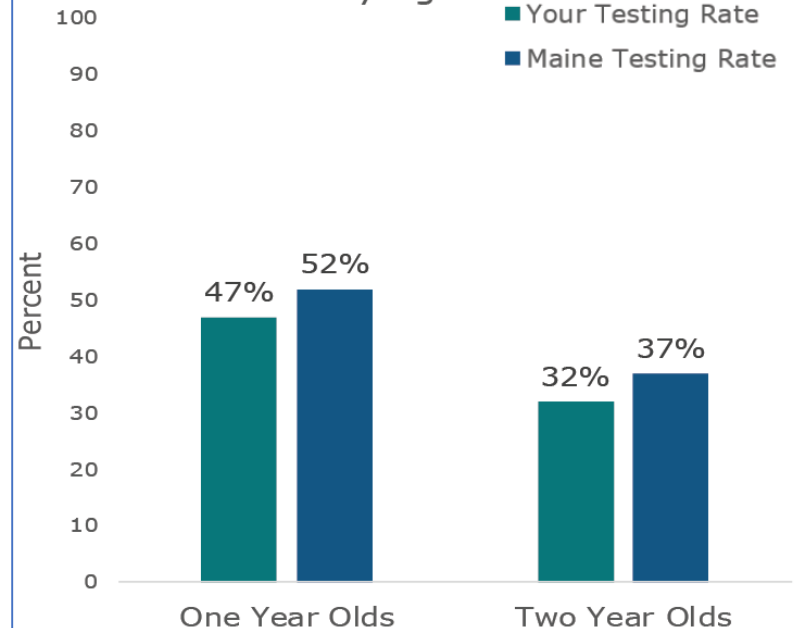
- Testing rates: Percentages of children who had a blood lead test as one-year-olds and two-year-olds.
- One-year-olds: Children born in 20xx.
- Two-year-olds: Children born in 20xx.
- Rates: Calculated for children with records in ImmPact, Maine's Immunization Informatin System.
- Timely confirmation rate: Percentage of all children < 6 years old with a capillary test ≥ 5 $\mu\text{g}/\text{dL}$ who received a venous blood lead test within the recommended confirmation timeframe. Children with a prior venous blood lead test ≥ 5 $\mu\text{g}/\text{dL}$ are not included.

Test children for lead poisoning.

- Use the Blood Lead Module in ImmPact to run additional reports.
- Call 866-292-3474 or visit maine.gov/healthyhomes for more information on blood lead testing guidelines.



Percentage of Children with a Blood Lead Test by Age



Report Cards Coming Soon!

2019 Blood Lead Testing Report

Practice Name



State law requires that all children receive a blood lead test at 1 and 2 years of age.

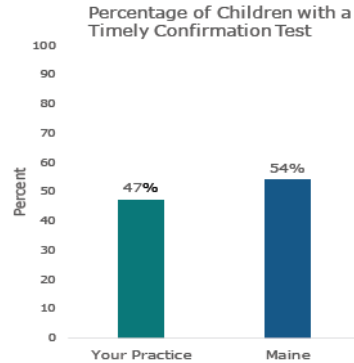
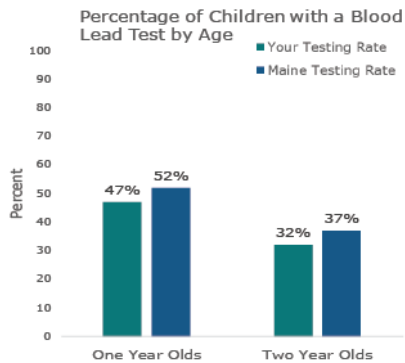
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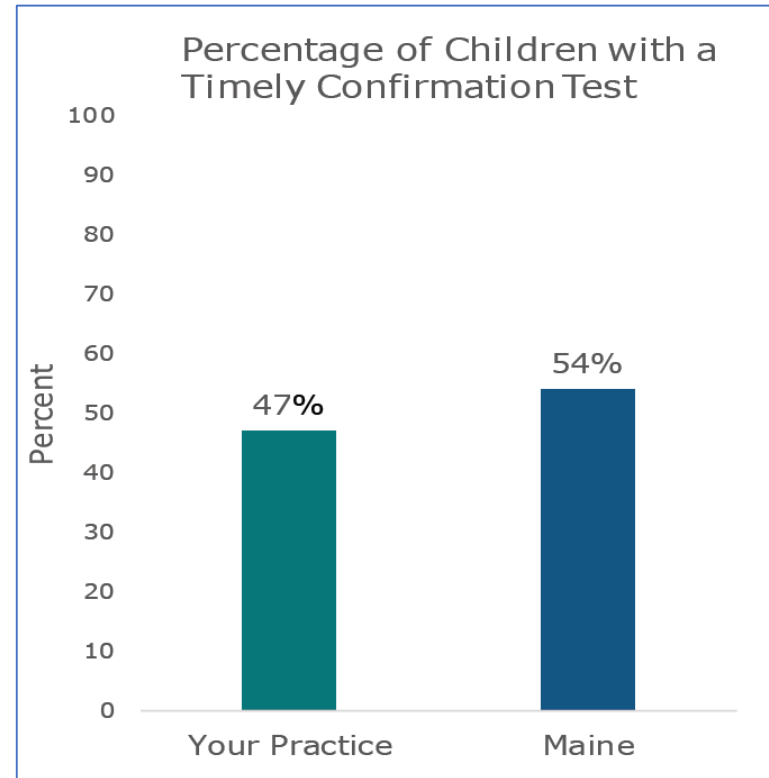


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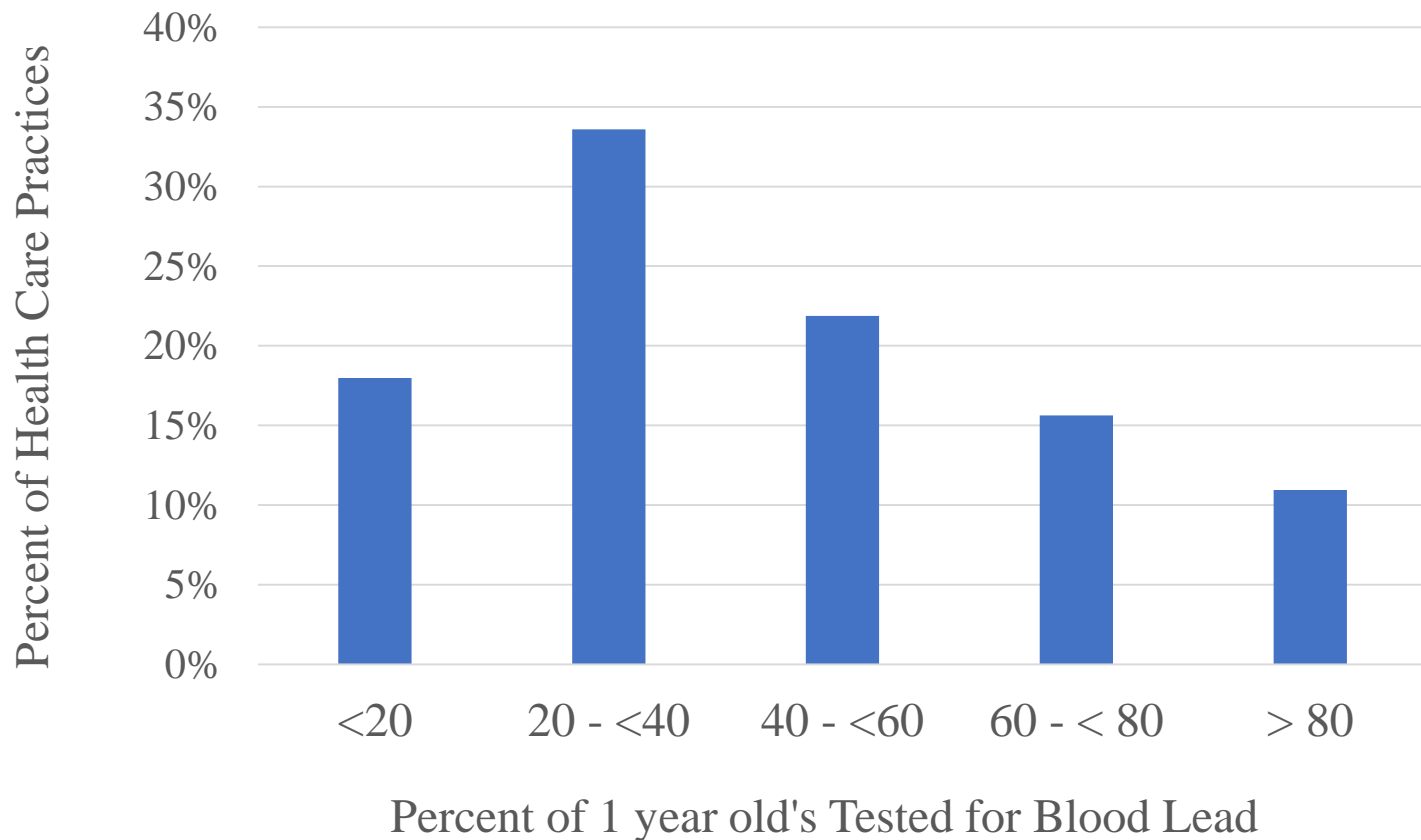
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Report Cards Coming Soon!

- PRELIMINARY RESULTS -

2018 Testing Performance among practices with at least 20 1-year-old's



Question #6

What are the economics of in-office blood lead testing?

Why Consider In-Office Testing



- Needs a smaller blood volume (50 µL vs 300 µL)
- Family informed of result during visit and can be referred to laboratory for confirmation

Maryland Task Force on In-Office Blood Lead Testing - 2014

Table 1. Estimated operational costs for point of care testing for lead in Maryland.

Program Component	Cost	Comments
LeadCare II device	\$1,850 - \$2,059	
CLIA waiver registration	\$150.00	Every 2 years
Maryland fee for lead testing	\$200.00	Every 2 years
Maryland application fee for lead test	\$100.00	Every 2 years
Test kits	\$2,928	Based on 144 tests free with machine purchase, then 366 tests at \$8/test
Staff time	\$893	Based on 2 tests/day/provider, or 510 tests/year
Proficiency testing (if required)	\$460.00	Based on data from Wisconsin
Total costs	\$6,581 - \$6,790	

Based on these assumptions, the Task Force estimates that with current Medicaid reimbursement rates of \$12.52 per test, a practice would break even with 434 tests in the first year and 429 tests in the second year. With either a higher reimbursement rate or additional reimbursement for the sample collection, the breakeven point would occur even sooner.

Source: https://phpa.health.maryland.gov/Documents/Final%20Report_Lead%20Poisoning%20Point%20of%20Care%20Testing.pdf

Question #7

What support is there for getting started with in-office blood lead testing?

In-office blood lead testing

- The vendor for the in-office blood lead testing device (LeadCareII) provides training
- MECDC provides assistance with the application process to become approved in-office testing and provides training on use of the ImmPact BLM for required electronic reporting of test results
- MECDC does not provide any funding for the purchase of a LeadCareII instrument or the specimen kits, but will reimburse costs for uninsured patients
- Practice will need to obtain a CLIA Waiver (may already have if performing in-office hemoglobin)

Question #8

Should we continue to use the risk assessment questionnaire as recommended by Bright Futures?

YES

Lead Exposure Behavior and Mobility and Hazard



Revised Blood Lead Testing Requirements

Blood Lead Testing Requirements

Age	Children Covered by <u>MaineCare</u>	Children not Covered by <u>MaineCare</u>
1 year (9 to <18 months)	Blood lead test mandatory under Maine and federal law	Blood lead test mandatory under Maine law
2 years (18 to <36 months)	Blood lead test mandatory under Maine and federal law	Blood lead test mandatory under Maine law
3-5 years (36-72 months)	<ol style="list-style-type: none">1. If not previously tested: Mandatory blood lead test2. If previously tested: Recommend blood lead test yearly unless risk assessment questionnaire is negative	Recommend yearly blood lead test unless risk assessment questionnaire is negative

Question #9

Is there a way to get the costs of blood lead tests covered for uninsured kids?

YES

Indicate No Insurance on HETL Requisition Form

Maine Health and Environmental Testing Laboratory

221 State Street, SHS 12
 Augusta, Maine 04333-0012
 Phone: 207-287-2727 Fax: 207-287-1727

This form and others available for download or printing from our website: www.mainepublichealth.gov/lab/downloadableforms



(*REQUIRED FIELDS)

*Submitter Name/Address	Hospital/Lab ID#	Physician Fax
	Physician Name (First/Last)	Physician Practice/Affiliation
Submitter Phone	Physician Address and Phone	Physician NPI#
Submitter Fax#		

*Patient Name (*Last, *First, MI)	*Gender <input type="checkbox"/> M <input type="checkbox"/> F
*Date of Birth (mm/dd/yy)	
Is patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Symptom Onset Date

Blood Lead – ONLY

Check only if patient has No Private Insurance Coverage AND No MaineCare Coverage

Information highlighted below is required for ALL test requests; Blood

*Patient Street Address	*Appt#	*City/Town
-------------------------	--------	------------

Race	Ethnicity	MaineCare
<input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Some other race <input type="checkbox"/> Two or more races	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	Please indicate category of maine care status

Blood Lead – ONLY	Blood Lead
<input type="checkbox"/> Check only if patient has No Private Insurance Coverage <u>AND</u> No MaineCare Coverage	Patient/Guardian Phone:

BACTERIOLOGY

- Chlamydia/Gonorrhea screen (Amplified Probe)
- Bordetella species PCR
- Campylobacter Identification
- Carbapenem resistance testing-Isolate only
- Clostridium difficile PCR
- Cryptosporidium PCR
- Shigatoxin / E. coli Serotyping
- Enteric Pathogen Screen (Salmonella, E. coli, Shigella, Campylobacter)
- MRSA – Isolate only
- Neisseria meningitidis grouping
- Neisseria meningitidis PCR/CSF ONLY
- Salmonella Identification/serotyping
- Shigella Identification/serotyping
- Vancomycin resistance PCR – Isolate only

Whole Genome Sequencing (WGS)
 Requires WGS submission form
 Bacterial Culture Identification
 Organism suspected:

MYCOBACTERIOLOGY

- Acid fast bacilli (AFB) smear
- AFB smear and culture w/identification
- MTBC/MAC PCR

VIROLOGY

- Adenovirus PCR
- Enterovirus RT-PCR
- Herpes simplex (HSV1/HSV2) PCR
- Influenza A/B RT-PCR
- Mumps RT-PCR
- Norovirus RT-PCR
- Parainfluenza virus RT-PCR
- Rhinovirus RT-PCR
- Respiratory Enterovirus RT-PCR
- RSV RT-PCR
- Rubella (Measles) RT-PCR
- Varicella/Herpes zoster RT-PCR (chicken pox/shingles)

Respiratory Panel by PCR – Includes: Adenovirus, Respiratory Enterovirus, Influenza A/B, Parainfluenza virus, RSV, and Rhinovirus

Reflex to Viral Culture with Confirmation if PCR Test Selected is Negative

Viral Culture, Routine, with Confirmation

CSF Panel by PCR
 Includes: Enterovirus, HSV1, HSV2, VZV and Neisseria meningitidis screen

BLOOD LEAD

- Venous Venous in Microtainer
- Capillary
- Check if Symptomatic or Repeat Test

SEROLOGY

- Arbovirus IgM Serology Panel ** (Includes West Nile, SLE, EEE)
****Requires arboviral submission form**
- Hepatitis C IgG Antibody screen
- HIV-1/HIV-2 Antibody/Antigen screen
- HIV-1/2 Screen and Confirmation
- Quantiferon®-TB Gold Plus - Serology
- RPR Syphilis screen
- Syphilis serum confirmation
- Syphilis VDRL, Spinal Fluid Only

ARBOVIRUS PCR


- Anaplasma/Ehrlichia PCR **
- Babesia PCR **
- Chikungunya RT-PCR **
- Dengue 1-4 RT-PCR **
- Deer Tick virus/Powassan RT-PCR **
- Zika virus RT-PCR **

**** All Require Arboviral Submission Form**

Additional Information:

Modify ImmPact Blood Lead Module to indicate uninsured

home
manage access/account
related links
logout
help desk



ImmPact Lead 2.2.0.0

Patients
patient search
merge patients
upload list
check roster status
manage roster list

Immunizations
patient search

Reports
reminder / recall
check reminder status
check reminder list
manage custom letters
cocasa extract
check request status
vaccine eligibility
check vaccine elig status
group patients
check group status
assessment report
check assessment
benchmark report
check benchmark
ad hoc list report
ad hoc count report
ad hoc report status
billing report request
check billing report
provider report
check provider status
accountability report
request
check vaccine
accountability
state supplied flu report
state supplied vaccine
report

Inventory
manage inventory
manage orders
manage transfers
shipping documents
doses administered
manual orders
manage ndc
inventory count list
vtrcks export
vtrcks import
vtrcks import status

Maintenance
manage schools
manage physicians
manage clinicians

Data Exchange
exchange data

Patient Information

Patient Name (First - MI - Last) DOB Gender Mother's Maiden Medical Record Number

Address

Risk Assessment and Lead Test Recommendations Print Recommendations

Age	Recommendation*	Date Due	Risk Assessment Done	Lead Test Indicated	Date of Test	Status
1 year	Risk Assessment	12/01/2012	▼	▼		Maximum Age Exceeded
2 years	Risk Assessment	12/01/2013	▼	▼	04/08/2014	Completed
3 years	Risk Assessment	12/01/2014	▼	▼	09/11/2015	Completed
4 years	Risk Assessment	12/01/2015	▼	▼	09/20/2016	Completed
5 years	Risk Assessment	12/01/2016	▼	▼		Overdue

*Note: Assumes schedule of routine screening and testing. Elevated blood lead test results require confirmatory venous testing and alternate follow-up schedule. [Review the Maine CDC Pediatric Blood Lead Screening Guidelines by clicking here](#) or by choosing the link in the Action column below for management recommendations.

Blood Lead Test History

Remove	Owned?	Date Sample Collected	Date Sample Analyzed	Date Results Reported	Blood Lead Level	Action
<input type="checkbox"/>		09/20/2016	09/20/2016	09/21/2016	<3.2 µg/dL	BLL <5
<input type="checkbox"/>		09/11/2015	09/14/2015	09/15/2015	<4.5 µg/dL	BLL <5
<input type="checkbox"/>		04/08/2014	04/09/2014	04/10/2014	<4.5 µg/dL	BLL <5

Enter Blood Lead Data Immunization History Edit Patient New Blood Lead Report Save

If you require an edit to a blood lead test or require access to the Blood Lead Data Entry screen to report lead results, contact the Maine Childhood Lead Poisoning and Prevention Unit at 866-292-3474 or ehu@maine.gov

Date Results Reported: 11/07/2017 Source Type: User Interface

PFILRI Number: 001

Sample Accession Number: Provider Information in Lead Registry:

* Ordering Practitioner:

* Test Method:

* Date Sample Collected:

* Date Sample Analyzed:

* Sample Type:

* Blood Lead Level: µg/dL Qualitative Result:

Note: µg/dL = mcg/dL

Lab Result Comments:

← Could add uninsured field here?

Question #10

Since testing is a State mandate, should we attach the mod.33 to the billing code make sure costs are not incurred by families?

Good Question

Looking into this...

- Under the ACA, private insurers are not allowed to charge copays for certain preventive health services.
- Modifier 33 can be appended to codes for services described in HRSA guidelines for children, adolescents, and women
- Bright Futures appears to be a HRSA preventative health services guideline and addresses blood lead testing
- The question is whether the universal testing mandate makes the entire state “high prevalence area” of lead poisoning

Question #11

Do you have materials in non-English languages?

Question #10

Lead Poisoning: Do I need to worry?
Answer these questions to find out.



How to Clean Up Lead Dust



While lead paint can be found in houses and buildings built before 1978, most lead paint is found in homes built before 1950. Lead paint that is peeling or chipping can be a hazard. Areas where lead paint rubs, such as door frames, windows, or even floors where you walk, can produce lead dust. Lead dust can also come from home repairs and renovations. If you sand, scrape or disturb lead paint you can make lead dust.

If You Live in an Old Building or Have Sanded or Scraped Lead Paint

Follow these directions to give your home a deep cleaning to remove lead dust. Once you have cleaned in this way, clean your floors, windowsills, door trim and baseboards with a damp rag or mop once a week.

Step 1: Prepare before you clean.

Look around the room. Put on gloves and pick up any paint chips on the floor or around windows. A damp rag, paper towel or baby wipe may help you pick up these pieces. Throw away the chips and dirty rags in a plastic bag. Vacuum the floor - vacuums with HEPA filters work best. "Allergen" vacuum bags are the next best choice if you don't have a HEPA vacuum. Do not use a broom as these will spread lead dust around.



Step 2: Mix your wash water.

Fill a wash bucket half full with warm water. Mix in a household detergent, following the directions on the bottle.



Step 3: Wash the woodwork and floors.

Start by washing the woodwork around windows, doors and baseboards with rags wet with the wash water. Be sure to work from top to bottom. Once a rag is dirty, throw it out. Change the water when it becomes dirty. Dump dirty water into the toilet.



Step 4: Wash the floors.

Using a new mixture of wash water, wash the floors with a mop or clean rags. When finished, discard wash rags and dump the dirty water into the toilet.

Step 5: Rinse and clean up.

Fill a clean bucket with water. Dip clean rags into the water and wipe all the woodwork that you washed. Using new rinse water, mop or wipe the floors. When you are finished, dump the rinse water into the toilet and clean the mop and bucket. Throw away your gloves, rags, and place the garbage bag in the trash.



Protect your family.

- Check this website: maine.gov/healthyhomes
- Call for advice: 866-292-3474 • TTY: Call Maine Relay 711



- Arabic
- French
- Kinyarwanda
- Lingala
- Portuguese
- Russian
- Somali
- Spanish
- Swahili
- Vietnamese

For More Information

Childhood Lead Poisoning Prevention Website:

<https://www.maine.gov/dhhs/mecdc/environmental-health/eohp/lead/providers.shtml>

Latest Data on Blood Lead Testing Rates and Poisonings

<https://data.mainepublichealth.gov/tracking/>

Questions?

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