

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Energy and Environment

Department of Health Care Finance



TO ALL PEDIATRICIANS, FAMILY PRACTITIONERS, HEALTH CLINICS, AND MANAGED CARE ORGANIZATIONS SERVING DC MEDICAID BENEFICIARIES

Re: Lead Screening and Reporting Requirements in the District of Columbia

Dear Health Care Provider:

For Children's Health Month and National Lead Poisoning Prevention Week (October 24–30, 2021), the Department of Energy and Environment (DOEE) and the Department of Health Care Finance (DHCF) are writing to remind you of your legal obligation to perform blood lead level (BLL) screening as part of a well-child visit for all children you serve in the District of Columbia, as outlined below. To review your full responsibilities under the lead screening and reporting law, please visit: <http://www.dcregs.dc.gov/Gateway/ChapterHome.aspx?ChapterNumber=22-B73>.

Screening Requirements

Missed opportunities to screen “every child, twice by two” for blood lead as part of a well-child visit put children who live in the District at risk for serious and irreversible harm from lead exposure. District law requires a BLL screening test for all children between 6 months and 14 months of age and another BLL screening test between 22 months and 26 months of age, unless an identical test was performed in the previous 12 months. If a child over 26 months of age has not been tested for lead, the law mandates two BLL tests before the child turns six years of age.

District law also requires you to conduct a BLL screening test when a child is at risk for high-dose lead exposure. Risk indicators include living in or frequently visiting deteriorated or renovated housing built before 1978, presumed by District law to include lead-based paint; having a household member who may be exposed to lead at work; exhibiting pica; or having neurological, behavioral, developmental, or other symptoms consistent with lead exposure.

Reporting Requirements

For laboratories, including health care facilities using point-of-care blood lead testing devices, District law mandates reporting of all BLL test results (capillary or venous) to DOEE within one week. District law also requires laboratories to report children with an elevated BLL at or above 10 micrograms of lead per deciliter of blood ($\mu\text{g}/\text{dL}$) **immediately** to DOEE. Timely reporting of elevated BLLs allows DOEE to promptly offer case management and risk mitigation assistance.

Pediatric providers and health care facilities that receive laboratory reports of an elevated BLL in a child are legally mandated to inform DOEE within 72 hours. DOEE also encourages laboratories, providers, and facilities to **report BLL results at or above 5 $\mu\text{g}/\text{dL}$ to DOEE immediately**. Please fax the elevated BLL result to **DOEE's secure fax line at (202) 535-2607** or call **DOEE's Childhood Lead Poisoning Prevention Program at (202) 654-6002**.

Follow-up Testing and Case Management

When a child has an elevated BLL, you are legally obligated by the District to provide follow-up BLL testing, treatment, and care. You are also required to provide case management, such as family education, developmental screening, and referrals for social and environmental services.

New DC Lead Registry

On March 22, 2021, DOEE launched the DC Lead Registry in CRISP, the District's Designated Health Information Exchange Entity (<https://crispdc.org>). Providers who access the DC Lead Registry through CRISP, either online or through their own electronic health record, now have a quick and easy way to check lead screening status for patients and be alerted regarding elevated blood lead levels. The patient's current and past BLL test results can be viewed in CRISP's Health Records and Patient Snapshot tabs. If a patient has an elevated BLL test result, a Care Alert will also appear in the Patient Snapshot tab. This information can be used to:

- Guide providers' clinical decisions regarding anticipatory guidance, screening, treatment, and repeat testing for lead exposure; and
- Help health plans meet their members' lead testing, treatment, and follow-up care needs.

For more information, email Emmanuel C. Ofoche at emmanuel.ofoche@dc.gov. For access to the DC Lead Registry via CRISP, email Michelle Zancan at michelle.zancan@crisphealth.org.

Talking with Parents/Caregivers: Anticipatory Guidance

With no identified safe blood lead level in children, educating parents, caregivers, and persons who are pregnant or breastfeeding on preventing lead exposure is critical. Lead hazards include lead-contaminated dust and soil; deteriorated lead-based paint; lead in drinking water; and lead in consumer products, such as certain imported candy, spices, and folk remedies; jewelry; old toys; cosmetics; pottery; and ceramic cookware. For guidance, visit <http://doee.dc.gov/node/613342>.

School Health Requirements

The District of Columbia Universal Health Certificate (UHC) requires providers to document the performance of two BLL screening tests for children less than six years of age and the results. The UHC must be submitted annually for all children enrolled in child development facilities; Head Start; and public, public charter, private, and parochial schools in the District of Columbia. The UHC is available at: <https://dcps.dc.gov/page/school-health-requirements>.

For questions about lead screening requirements, please contact Ms. Colleen Sonosky, Associate Director of DHCF's Division of Children's Health Services, at (202) 557-1625, or Ms. Lisa A. Gilmore, Chief of DOEE's Healthy Housing Branch, at (202) 535-2624.

Thank you for all that you continue to do to protect children's health in our nation's capital.

Sincerely,

Tommy
Wells

Digitally signed by Tommy
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