

## 105 CMR: DEPARTMENT OF PUBLIC HEALTH

### 460.050: Mandatory Blood Lead Screening and Follow-up Schedule

(A) Health Care Provider Applicability. Pursuant to M.G.L. c. 112, § 12BB:

(1) Each physician duly registered under the provisions of M.G.L. c. 112, §§ 2, 2A, 9, 9A or 9B shall screen patients for lead poisoning at intervals and using the methods specified in 105 CMR 460.050; and

(2) Each licensed, registered or approved healthcare facility serving children younger than six years old including, but not limited to, hospitals and clinics licensed under the provisions of M.G.L. c. 111, § 51 shall take appropriate steps to ensure that their patients receive such lead poisoning screening; and

(3) Each health maintenance organization licensed under the provisions of M.G.L. c. 176G shall take appropriate steps to ensure that its patients receive such lead poisoning screening.

(B) A venous blood sample is recommended for screening. If a capillary sample is used, screening shall conform to the capillary blood sample protocol approved by the Director. If a capillary sample shows that the child has a concentration of five micrograms of lead per deciliter of blood or greater ( $> 5 \mu\text{g}/\text{dL}$ ), a confirmatory venous blood sample is required in accordance with guidance issued by the Director.

(C) Regular Screening of Children for Lead Poisoning.

(1) All children shall be screened once between nine and 12 months of age, and again at two and three years of age.

(2) In addition, children who live in one of the cities and towns at high risk for childhood lead poisoning, as determined by the State Program and distributed to clinicians and the public, shall be screened at four years of age.

(D) Screening of Children at High Risk for Lead Poisoning.

(1) Children shall be screened for lead poisoning more than once a year whenever, in the sound medical judgment of the health care provider, they are at high risk of lead poisoning or when they meet one of the following high-risk criteria:

(a) They live in a home where siblings or other children in the same household are lead poisoned.

(b) They live in a pre-1978 home that is undergoing renovations unless it has been inspected by a lead inspector and the surfaces to be disturbed do not contain dangerous levels of lead.

(c) They live in a pre-1978 home with deteriorated paint or plaster, unless it has been inspected by a lead inspector and does not to contain a dangerous level of lead.

(2) Children who meet one of the high-risk criteria in 105 CMR 460.050(D)(1)(a) or (c) shall be screened at least every six months between six months and three years of age, and again at four and five years old. Children who meet the high risk criteria in 105 CMR 460.050(D)(1)(b), shall be screened within four weeks of the start of the renovation project, once a month thereafter during its duration, and once after its completion.

(E) If children between one and six years of age have never been screened for lead poisoning, they must be screened at entry to daycare including group or family day care, or kindergarten or pre-kindergarten, and present evidence of such screening. If they have previously been screened for lead poisoning, they need not be screened again to fulfill daycare, pre-kindergarten, or kindergarten entry requirements, but must present evidence of previous screening.

(F) Children younger than six years old identified as having a blood lead level of 5 µg/dL or greater shall be provided follow-up care, including repeat screening(s), in accordance with the current standards set forth by the American Academy of Pediatrics, or other qualified medical authority as determined by the Director.

#### 460.060: Reimbursement for Mandatory Screening Services

The following blood lead screening services shall constitute the “Mandatory Blood Lead Screening” in accordance with 105 CMR 460.050 and is required to be covered under policies of insurance as provided by M.G.L. c. 175, § 47C, hospital service contracts as provided by M.G.L. c. 176A, § 8B, medical service contracts as provided by M.G.L. c. 176B, § 4C, and health maintenance contracts as provided by M.G.L. c. 176G, § 4, and shall be reimbursable: