

HEALTH

HEALTH SYSTEMS BRANCH

DIVISION OF FAMILY HEALTH SERVICES

MATERNAL AND CHILD HEALTH SERVICES

CHILD AND ADOLESCENT HEALTH PROGRAM

Screening of Children for Elevated Blood Lead Levels

Adopted Amendments: N.J.A.C. 8:51A-1, 2.1, 2.2, 3.1, and 4

Proposed: December 5, 2016, at 48 N.J.R. 2571(a).

Adopted: August 24, 2017, by Cathleen D. Bennett, Commissioner, Department of Health (in consultation with the Public Health Council).

Filed: August 24, 2017, as R.2017 d.176, **with non-substantial changes** not requiring additional public notice and comment (see N.J.A.C. 1:30-6.3).

Authority: N.J.S.A. 26:2-137.2 et seq., particularly 26:2-137.7.

Effective Date: September 18, 2017.

Expiration Date: June 14, 2018.

Summary of Public Comments and Agency Responses:

The Department of Health (Department) received timely comments from the following commenters during the 60-day public comment period, which ended on February 3, 2017:

1. Chris Merkel, Monmouth County Health Department, Freehold, NJ
2. Jeff Bienstock, MD, FAAP, President, New Jersey Chapter, American Academy of Pediatrics, East Windsor, NJ
3. Steven Kairys, MD, MPH, FAAP, Medical Director, New Jersey Chapter, American Academy of Pediatrics, East Windsor, NJ

4. Fran Gallagher, MEd., Executive Director, New Jersey Chapter, American Academy of Pediatrics, East Windsor, NJ

5. Myles O'Malley, MA, Childhood Lead Poisoning Emergency Response, Inc., Maplewood, NJ

A summary of the comments and the Department's responses thereto follows (the numbers following the comments indicate the commenter making the comment).

1. COMMENT: One commenter states that the Department needs to define the phrase "reasonable effort" as it is used at N.J.A.C. 8:51A-4.2 with respect to medical follow-up of lead screening results by physicians, registered professional nurses, and healthcare facilities. The commenter also states that this rule should include a referral to the local health department. (1)

RESPONSE: The comment that the Department needs to define "reasonable effort" as it is used at N.J.A.C. 8:51A-4.2 is outside of the scope of the rule proposal. The Department disagrees with the comment that a referral to the local health department should be included in this rule because local health departments are not included within the scope of N.J.A.C. 8:51A. See N.J.A.C. 8:51A-1.1. Accordingly, the Department makes no change upon adoption in response to the comment.

2. COMMENT: Three commenters state that they support the proposed amendments to N.J.A.C. 8:51A and concur with the name change of the chapter to Screening of Children for Elevated Blood Lead Levels. (2, 3, and 4)

RESPONSE: The Department thanks the commenters for their support of the rule.

3. COMMENT: One commenter states that in addition to universal screening, the Department should adopt a targeted screening approach. The commenter states that only approximately 42 percent of children are being screened Statewide per year. The commenter suggests that the Childhood Lead Information Database should be used to identify areas where screening rates are low and children may be at high risk and to concentrate screening efforts amongst that population. (5)

RESPONSE: The comment that the Department should adopt a targeted approach to screening is outside the scope of the rule proposal because the Department did not propose any amendments concerning a targeted screening approach. The Department acknowledges that the 2014 Statewide screening rate for children aged six through 26 months was 42 percent, with four counties exceeding that rate. The Department further acknowledges the efforts of regional coalitions comprised of local health departments and community organizations. The regional coalitions use the Department's Annual Report on Childhood Elevated Blood Lead Levels to inform decisions about where to concentrate educational and other efforts that are designed to increase childhood screening rates.

Summary of Agency Initiated Changes:

The Department proposed changing the term "lead poisoning" to "elevated blood lead levels" throughout the chapter in the notice of proposal at 48 N.J.R. 2571(a) but this change was inadvertently omitted from the heading of the chapter. Therefore, the Department changes the heading of the chapter from "Screening of Children for Lead Poisoning" to "Screening of Children for Elevated Blood Lead Levels" upon adoption.

Federal Standards Statement

The only Federal regulation governing lead screening of children is a requirement of the U.S. Department of Health and Human Services that applies only to children enrolled in Medicaid and requires such children to be screened at 12 and 24 months, or between 36 and 72 months in the case of a child who has not been previously screened. The adopted amendments are as protective as Federal recommendations regarding childhood lead screening. Accordingly, N.J.A.C. 8:51A will continue to govern lead screening for non-Medicaid enrolled children in New Jersey. The Department's adoption of a reference level of five $\mu\text{g}/\text{dL}$ as the threshold for clinicians to provide education and to recommend follow up screenings is consistent with the CDC position expressed in the publication "CDC Response to Advisory Committee on Childhood Lead Poisoning Prevention Recommendations in 'Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention'," by the Centers for Disease Control and Prevention.

Full text of the adoption follows (additions to proposal indicated in boldface with asterisks ***thus***; deletions from proposal indicated in brackets with asterisks *[thus]*):

CHAPTER 51A

SCREENING OF CHILDREN FOR *[LEAD POISONING]* ***ELEVATED BLOOD LEAD LEVELS***