

## Administrative Procedures – Final Proposed Rule Filing

**Instructions:**

In accordance with Title 3 Chapter 25 of the Vermont Statutes Annotated and the “Rule on Rulemaking” adopted by the Office of the Secretary of State, this filing will be considered complete upon filing and acceptance of these forms with the Office of the Secretary of State, and the Legislative Committee on Administrative Rules.

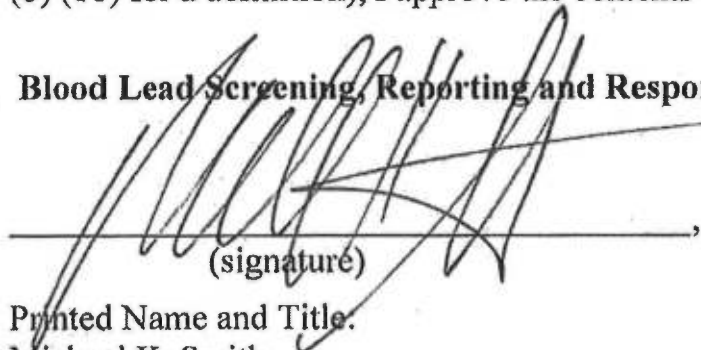
All forms requiring a signature shall be original signatures of the appropriate adopting authority or authorized person, and all filings are to be submitted at the Office of the Secretary of State, no later than 3:30 pm on the last scheduled day of the work week.

The data provided in text areas of these forms will be used to generate a notice of rulemaking in the portal of “Proposed Rule Postings” online, and the newspapers of record if the rule is marked for publication. Publication of notices will be charged back to the promulgating agency.

**PLEASE REMOVE ANY COVERSHEET OR FORM NOT REQUIRED WITH THE CURRENT FILING BEFORE DELIVERY!**

**Certification Statement:** As the adopting Authority of this rule (see 3 V.S.A. § 801 (b) (11) for a definition), I approve the contents of this filing entitled:

**Blood Lead Screening, Reporting and Response Rule**

 \_\_\_\_\_, on 3-6-20.  
 (signature) (date)

Printed Name and Title.  
 Michael K. Smith  
 Secretary  
 Agency of Human Services

**RECEIVED**  
 MAR - 6 2020

BY: .....

RECEIVED BY: \_\_\_\_\_

- Coversheet
- Adopting Page
- Economic Impact Analysis
- Environmental Impact Analysis
- Strategy for Maximizing Public Input
- Scientific Information Statement (if applicable)
- Incorporated by Reference Statement (if applicable)
- Clean text of the rule (Amended text without annotation)
- Annotated text (Clearly marking changes from previous rule)
- ICAR Minutes
- Copy of Comments
- Responsiveness Summary

1. TITLE OF RULE FILING:

**Blood Lead Screening, Reporting and Response Rule**

2. PROPOSED NUMBER ASSIGNED BY THE SECRETARY OF STATE

19P-084

3. ADOPTING AGENCY:

Department of Health

4. PRIMARY CONTACT PERSON:

*(A PERSON WHO IS ABLE TO ANSWER QUESTIONS ABOUT THE CONTENT OF THE RULE).*

Name: Brendan Atwood

Agency: Department of Health

Mailing Address: 108 Cherry Street, Burlington VT 05401

Telephone: 802 863 - 7280 Fax: 802 951 - 1275

E-Mail: ahs.vdhrules@vermont.gov

Web URL *(WHERE THE RULE WILL BE POSTED)*:

<https://www.healthvermont.gov/about-us/laws-regulations/public-comment>

5. SECONDARY CONTACT PERSON:

*(A SPECIFIC PERSON FROM WHOM COPIES OF FILINGS MAY BE REQUESTED OR WHO MAY ANSWER QUESTIONS ABOUT FORMS SUBMITTED FOR FILING IF DIFFERENT FROM THE PRIMARY CONTACT PERSON).*

Name: Shayla Livingston

Agency: Department of Health

Mailing Address: 108 Cherry Street, Burlington VT 05401

Telephone: 802 863 - 7280 Fax: 802 951 - 1275

E-Mail: ahs.vdhrules@vermont.gov

6. RECORDS EXEMPTION INCLUDED WITHIN RULE:

*(DOES THE RULE CONTAIN ANY PROVISION DESIGNATING INFORMATION AS CONFIDENTIAL; LIMITING ITS PUBLIC RELEASE; OR OTHERWISE EXEMPTING IT FROM INSPECTION AND COPYING?)* No

IF YES, CITE THE STATUTORY AUTHORITY FOR THE EXEMPTION:

PLEASE SUMMARIZE THE REASON FOR THE EXEMPTION:

7. LEGAL AUTHORITY / ENABLING LEGISLATION:

*(THE SPECIFIC STATUTORY OR LEGAL CITATION FROM SESSION LAW INDICATING WHO THE ADOPTING ENTITY IS AND THUS WHO THE SIGNATORY SHOULD BE. THIS SHOULD BE A SPECIFIC CITATION NOT A CHAPTER CITATION).*

18 V.S.A. §§ 1755 and 1757, and 3 V.S.A. § 801 (b).

**EXPLANATION OF HOW THE RULE IS WITHIN THE AUTHORITY OF THE AGENCY:**

18 V.S.A. § 1755 states:

"Health care providers...shall test children one and two years of age for elevated blood lead levels in accordance with rules adopted by the Commissioner."

18 V.S.A. § 1757(a) states:

"The Commissioner shall adopt rules pursuant to 3 V.S.A. chapter 25 regarding:

(1) the method and frequency with which children shall be tested for elevated blood lead levels;

(2) the reporting requirements for the lead test result; and

8. (3) the action required for children found to have elevated blood lead levels."

9. THE FILING HAS NOT CHANGED SINCE THE FILING OF THE PROPOSED RULE.

10. THE AGENCY HAS NOT INCLUDED WITH THIS FILING A LETTER EXPLAINING IN DETAIL WHAT CHANGES WERE MADE, CITING CHAPTER AND SECTION WHERE APPLICABLE.

11. SUBSTANTIAL ARGUMENTS AND CONSIDERATIONS WERE NOT RAISED FOR OR AGAINST THE ORIGINAL PROPOSAL.

12. THE AGENCY HAS NOT INCLUDED COPIES OF ALL WRITTEN SUBMISSIONS AND SYNOPSES OF ORAL COMMENTS RECEIVED.

13. THE AGENCY HAS NOT INCLUDED A LETTER EXPLAINING IN DETAIL THE REASONS FOR THE AGENCY'S DECISION TO REJECT OR ADOPT THEM.

14. **CONCISE SUMMARY (150 WORDS OR LESS):**

This rulemaking modernizes and clarifies the blood lead testing and reporting requirements rule. Additionally, this rulemaking lowers the blood lead level at which parents and guardians receive educational material from 5 micrograms per deciliter to anything greater than zero. This rulemaking updates the name of the rule.

**15. EXPLANATION OF WHY THE RULE IS NECESSARY:**

This rule changes the blood lead level at which parents and guardians receive educational materials, ensuring that parents and guardians are fully informed of the importance of lead screening, testing and prevention. In addition, some providers are not reporting results to the Department, hindering monitoring and prevention efforts - this rule clarifies and streamlines these requirements.

**16. EXPLANATION OF HOW THE RULE IS NOT ARBITRARY:**

This rule outlines the screening and reporting requirements for blood lead testing per 18 V.S.A. §§ 1755 and 1757.

**17. LIST OF PEOPLE, ENTERPRISES AND GOVERNMENT ENTITIES AFFECTED BY THIS RULE:**

Pediatricians, Vermont children and their parents and guardians.

**18. BRIEF SUMMARY OF ECONOMIC IMPACT (150 WORDS OR LESS):**

The changes in counseling required by this rule should have a negligible economic impact. There is potential positive impact from improved lead screening and prevention, but that is not measurable.

**19. A HEARING WAS HELD.**

**20. HEARING INFORMATION**

(THE FIRST HEARING SHALL BE NO SOONER THAN 30 DAYS FOLLOWING THE POSTING OF NOTICES ONLINE).

IF THIS FORM IS INSUFFICIENT TO LIST THE INFORMATION FOR EACH HEARING PLEASE ATTACH A SEPARATE SHEET TO COMPLETE THE HEARING INFORMATION.

Date: 2/5/2020

Time: 11:00 AM

Street Address: 108 Cherry Street, Burlington, VT Room 3B

Zip Code: 05401

Date:

Time: AM

Street Address:

Zip Code:

Final Proposed Coversheet

Date:

Time: AM

Street Address:

Zip Code:

Date:

Time: AM

Street Address:

Zip Code:

21. DEADLINE FOR COMMENT (NO EARLIER THAN 7 DAYS FOLLOWING LAST HEARING):

2/12/2020

KEYWORDS (PLEASE PROVIDE AT LEAST 3 KEYWORDS OR PHRASES TO AID IN THE SEARCHABILITY OF THE RULE NOTICE ONLINE).

Blood lead screening

Blood lead level

Blood lead reporting

Lead

Children

# Administrative Procedures – Adopting Page

## **Instructions:**

This form must accompany each filing made during the rulemaking process:

Note: To satisfy the requirement for an annotated text, an agency must submit the entire rule in annotated form with proposed and final proposed filings. Filing an annotated paragraph or page of a larger rule is not sufficient. Annotation must clearly show the changes to the rule.

When possible, the agency shall file the annotated text, using the appropriate page or pages from the Code of Vermont Rules as a basis for the annotated version. New rules need not be accompanied by an annotated text.

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1. TITLE OF RULE FILING:  
**Blood Lead Screening, Reporting and Response Rule**
2. ADOPTING AGENCY:  
Department of Health
3. TYPE OF FILING (*PLEASE CHOOSE THE TYPE OF FILING FROM THE DROPDOWN MENU BASED ON THE DEFINITIONS PROVIDED BELOW*):
  - **AMENDMENT** - Any change to an already existing rule, even if it is a complete rewrite of the rule, it is considered an amendment as long as the rule is replaced with other text.
  - **NEW RULE** - A rule that did not previously exist even under a different name.
  - **REPEAL** - The removal of a rule in its entirety, without replacing it with other text.

This filing is **AN AMENDMENT OF AN EXISTING RULE** .

4. LAST ADOPTED (*PLEASE PROVIDE THE SOS LOG#, TITLE AND EFFECTIVE DATE OF THE LAST ADOPTION FOR THE EXISTING RULE*):  
Blood Lead Testing and Reporting, January 4, 2011  
Secretary of State Rule Log #10-044





## INTERAGENCY COMMITTEE ON ADMINISTRATIVE RULES (ICAR) MINUTES

**Meeting Date/Location:** December 9, 2019, Pavilion Building, 5<sup>th</sup> floor conference room, 109 State Street, Montpelier, VT 05609

**Members Present:** Chair Brad Ferland, Dirk Anderson, Jennifer Mojo, John Kessler, Shayla Livingston, Steve Knudson and Matt Langham (via phone)

**Members Absent:** Clare O'Shaughnessy, Diane Bothfeld, Ashley Berliner

**Minutes By:** Melissa Mazza-Paquette

- 2:00 p.m. meeting called to order, welcome and introductions.
- Review and approval of minutes from the November 13, 2019 meeting.
- No additions/deletions to agenda. Agenda approved as drafted.
- No public comments made.
- Presentation of Proposed Rules on pages 2 - 4 to follow.
  1. Environmental Citations, Agency of Natural Resources, page 2
  2. Lead Poisoned Children Rules, Department of Health, page 3
  3. Blood Lead Screening, Reporting and Response Rule, Department of Health, page 4
- Next scheduled meeting is January 13, 2020 at 2:00 p.m.
- 2:45 p.m. meeting adjourned.

**Proposed Rule: Blood Lead Screening, Reporting and Response Rule, Department of Health  
Presented by Shayla Livingston**

Motion made to accept the rule by Steve Knudson, seconded by Jen Mojo, and passed unanimously except for Shayla Livingston who abstained, with the following recommendations:

1. Proposed Rule Coversheet, page 3, #8: Make note that the name of the rule is changing.
2. Incorporation by Reference, page 1, #5: Include phone number, such as noted in #4 of page 1 of Public Input.
3. Proposed Rule, page 1, #3.6: Research legislation to confirm there isn't a conflict with any guideline changes.

DRAFT



# Administrative Procedures – Economic Impact Analysis

## **Instructions:**

In completing the economic impact analysis, an agency analyzes and evaluates the anticipated costs and benefits to be expected from adoption of the rule; estimates the costs and benefits for each category of people enterprises and government entities affected by the rule; compares alternatives to adopting the rule; and explains their analysis concluding that rulemaking is the most appropriate method of achieving the regulatory purpose.

Rules affecting or regulating schools or school districts must include cost implications to local school districts and taxpayers in the impact statement, a clear statement of associated costs, and consideration of alternatives to the rule to reduce or ameliorate costs to local school districts while still achieving the objectives of the rule (see 3 V.S.A. § 832b for details).

Rules affecting small businesses (excluding impacts incidental to the purchase and payment of goods and services by the State or an agency thereof), must include ways that a business can reduce the cost or burden of compliance or an explanation of why the agency determines that such evaluation isn't appropriate, and an evaluation of creative, innovative or flexible methods of compliance that would not significantly impair the effectiveness of the rule or increase the risk to the health, safety, or welfare of the public or those affected by the rule.

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### 1. TITLE OF RULE FILING:

**Blood Lead Screening, Reporting and Response Rule**

### 2. ADOPTING AGENCY:

Department of Health

### 3. CATEGORY OF AFFECTED PARTIES:

*LIST CATEGORIES OF PEOPLE, ENTERPRISES, AND GOVERNMENTAL ENTITIES POTENTIALLY AFFECTED BY THE ADOPTION OF THIS RULE AND THE ESTIMATED COSTS AND BENEFITS ANTICIPATED:*

Pediatricians - The changes will require providers to alter when they provide educational material. The economic impact should be negligible.

Vermont children - With better reporting, children who would otherwise have missed the opportunity to be screened may be screened. Economic impact could be

## Economic Impact Analysis

positive for those who are screened and further lead exposure is prevented.

Parent and guardians - Could see a positive impact if their child is screened and further lead exposure is prevented.

### 4. IMPACT ON SCHOOLS:

*INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON PUBLIC EDUCATION, PUBLIC SCHOOLS, LOCAL SCHOOL DISTRICTS AND/OR TAXPAYERS CLEARLY STATING ANY ASSOCIATED COSTS:*

Could see a positive impact if students are screened and further lead exposure is prevented.

### 5. ALTERNATIVES: *CONSIDERATION OF ALTERNATIVES TO THE RULE TO REDUCE OR AMELIORATE COSTS TO LOCAL SCHOOL DISTRICTS WHILE STILL ACHIEVING THE OBJECTIVE OF THE RULE.*

N/A

### 6. IMPACT ON SMALL BUSINESSES:

*INDICATE ANY IMPACT THAT THE RULE WILL HAVE ON SMALL BUSINESSES (EXCLUDING IMPACTS INCIDENTAL TO THE PURCHASE AND PAYMENT OF GOODS AND SERVICES BY THE STATE OR AN AGENCY THEREOF):*

N/A

### 7. SMALL BUSINESS COMPLIANCE: *EXPLAIN WAYS A BUSINESS CAN REDUCE THE COST/BURDEN OF COMPLIANCE OR AN EXPLANATION OF WHY THE AGENCY DETERMINES THAT SUCH EVALUATION ISN'T APPROPRIATE.*

N/A

### 8. COMPARISON:

*COMPARE THE IMPACT OF THE RULE WITH THE ECONOMIC IMPACT OF OTHER ALTERNATIVES TO THE RULE, INCLUDING NO RULE ON THE SUBJECT OR A RULE HAVING SEPARATE REQUIREMENTS FOR SMALL BUSINESS:*

If this rulemaking is not completed, some children may continue to be exposed to lead unnecessarily, leading to worse health, education and career outcomes as they age.

### 9. SUFFICIENCY: *EXPLAIN THE SUFFICIENCY OF THIS ECONOMIC IMPACT ANALYSIS.*

The changes will have a negligible immediate economic impact, but could over time have a positive impact for individuals who are screened. This positive impact, however, is difficult to quantify.

# Administrative Procedures – Environmental Impact Analysis

## **Instructions:**

In completing the environmental impact analysis, an agency analyzes and evaluates the anticipated environmental impacts (positive or negative) to be expected from adoption of the rule; compares alternatives to adopting the rule; explains the sufficiency of the environmental impact analysis.

Examples of Environmental Impacts include but are not limited to:

- Impacts on the emission of greenhouse gases
- Impacts on the discharge of pollutants to water
- Impacts on the arability of land
- Impacts on the climate
- Impacts on the flow of water
- Impacts on recreation
- Or other environmental impacts

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### 1. TITLE OF RULE FILING:

**Blood Lead Screening, Reporting and Response Rule**

### 2. ADOPTING AGENCY:

Department of Health

### 3. GREENHOUSE GAS: *EXPLAIN HOW THE RULE IMPACTS THE EMISSION OF GREENHOUSE GASES (E.G. TRANSPORTATION OF PEOPLE OR GOODS; BUILDING INFRASTRUCTURE; LAND USE AND DEVELOPMENT, WASTE GENERATION, ETC.):*

N/A

### 4. WATER: *EXPLAIN HOW THE RULE IMPACTS WATER (E.G. DISCHARGE / ELIMINATION OF POLLUTION INTO VERMONT WATERS, THE FLOW OF WATER IN THE STATE, WATER QUALITY ETC.):*

N/A

### 5. LAND: *EXPLAIN HOW THE RULE IMPACTS LAND (E.G. IMPACTS ON FORESTRY, AGRICULTURE ETC.):*

N/A

### 6. RECREATION: *EXPLAIN HOW THE RULE IMPACT RECREATION IN THE STATE:*

N/A

### 7. CLIMATE: *EXPLAIN HOW THE RULE IMPACTS THE CLIMATE IN THE STATE:*

N/A

Environmental Impact Analysis

8. **OTHER:** *EXPLAIN HOW THE RULE IMPACT OTHER ASPECTS OF VERMONT'S ENVIRONMENT:*

It is possible that through increased detection and prevention efforts, more lead abatement and stabilization could lead to healthier living environments. However, this impact is not measurable.

9. **SUFFICIENCY:** *EXPLAIN THE SUFFICIENCY OF THIS ENVIRONMENTAL IMPACT ANALYSIS.*

This rule does not have a measurable impact on the environment.

# Administrative Procedures – Public Input

## Instructions:

In completing the public input statement, an agency describes the strategy prescribed by ICAR to maximize public input, what it did do, or will do to comply with that plan to maximize the involvement of the public in the development of the rule.

This form must accompany each filing made during the rulemaking process:

\*\*\*\*\*

1. TITLE OF RULE FILING:

**Blood Lead Screening, Reporting and Response Rule**

2. ADOPTING AGENCY:

Department of Health

3. PLEASE DESCRIBE THE STRATEGY PRESCRIBED BY ICAR TO MAXIMIZE PUBLIC INVOLVEMENT IN THE DEVELOPMENT OF THE PROPOSED RULE:

Seek input from the Vermont Chapter of the American Academy of Pediatrics for input.

Provide a public hearing and hold a public comment period.

4. PLEASE LIST THE STEPS THAT HAVE BEEN OR WILL BE TAKEN TO COMPLY WITH THAT STRATEGY:

The Department of Health sent a draft of the proposed changes to the Vermont Chapter of the American Academy of Pediatrics for input.

A public hearing was held on February 5, 2020.

The proposed rule was posted on the Department of Health's webpage: <https://www.healthvermont.gov/about-us/laws-regulations/public-comment>

Hard copies of the proposed rule were made available upon request at 802-863-7280.

5. BEYOND GENERAL ADVERTISEMENTS, PLEASE LIST THE PEOPLE AND ORGANIZATIONS THAT HAVE BEEN OR WILL BE INVOLVED IN THE DEVELOPMENT OF THE PROPOSED RULE:

Vermont Academy of Pediatrics

# Administrative Procedures – Incorporation by Reference

**THIS FORM IS ONLY REQUIRED WHEN INCORPORATING MATERIALS BY REFERENCE. PLEASE REMOVE PRIOR TO DELIVERY IF IT DOES NOT APPLY TO THIS RULE FILING:**

## **Instructions:**

In completing the incorporation by reference statement, an agency describes any materials that are incorporated into the rule by reference and how to obtain copies.

This form is only required when a rule incorporates materials by referencing another source without reproducing the text within the rule itself (e.g. federal or national standards, or regulations).

Incorporated materials will be maintained and available for inspection by the Agency.

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### 1. TITLE OF RULE FILING:

**Blood Lead Screening, Reporting and Response Rule**

### 2. ADOPTING AGENCY:

Department of Health

### 3. DESCRIPTION (*DESCRIBE THE MATERIALS INCORPORATED BY REFERENCE*):

Health Department Pediatric Blood Lead Testing & Case Management Guidelines

### 4. FORMAL CITATION OF MATERIALS INCORPORATED BY REFERENCE:

Pediatric Blood Lead Testing & Case Management Guidelines

### 5. OBTAINING COPIES: (*EXPLAIN WHERE THE PUBLIC MAY OBTAIN THE MATERIAL(S) IN WRITTEN OR ELECTRONIC FORM, AND AT WHAT COST*):

Copies can be obtained for free at:

[https://www.healthvermont.gov/sites/default/files/documents/pdf/Env\\_CEH\\_BLTTestingGuidelines.pdf](https://www.healthvermont.gov/sites/default/files/documents/pdf/Env_CEH_BLTTestingGuidelines.pdf)

Hard copies of the proposed rule are available upon request at 802-863-7280.

### 6. MODIFICATIONS (*PLEASE EXPLAIN ANY MODIFICATION TO THE INCORPORATED MATERIALS E.G., WHETHER ONLY PART OF THE MATERIAL IS ADOPTED AND IF SO, WHICH PART(S) ARE MODIFIED*):

Incorporation By Reference

None .

Run Spell Check



## I. Purpose and Authority

~~These rules are adopted to assure that all of Vermont's young children are tested for lead exposure according to the Commissioner's Blood Lead Screening Guidelines and that all blood lead test results are reported to the Vermont Department of Health.~~

~~This rule is adopted under authority of Section 1755 of Title 18 of the Vermont Statutes Annotated.~~

## II. Blood Lead Testing and Reporting

### 1. Blood Lead Testing

- a. ~~All health care providers who provide primary medical care shall ensure that patients are tested for lead exposure in accordance with the Commissioner's Blood Lead Screening Guidelines, which are incorporated in this rule by reference.~~
- b. ~~Upon receiving any capillary blood test result indicating an elevated blood lead level, a health care provider shall confirm the result with a venous blood lead test in accordance with the Commissioner's Guidelines.~~
- c. ~~All health care providers who provide primary medical care shall ensure that parents and guardians of children six years of age or younger are advised of the availability and advisability of screening and testing their children for lead in accordance with the Commissioner's Guidelines.~~
- d. ~~No health care provider shall be liable for not performing a blood lead capillary or venous test when a parent or guardian has refused to consent or has failed to follow through in response to a referral for a screening or confirmation testing.~~
- e. ~~If a blood lead capillary or venous test cannot be performed because the child's parent or guardian refuses to consent or fails to follow through on a referral for testing, the health care provider shall record that information in the child's medical record, and shall provide the information to the department upon request.~~

### 2. Reporting

- a. ~~All health care providers who analyze blood samples for lead levels or who use laboratories outside Vermont to analyze blood samples for lead levels, shall report all information required by the department to the department and shall report to the department by telephone immediately if the result of any analysis is 45 micrograms or more of lead per deciliter of blood and shall report~~

electronically within 14 days of the analysis if the results are less than 45 micrograms per deciliter of blood.

- b. ~~Any laboratory that analyzes blood samples of Vermont residents for lead levels, shall report all information required by the department to the department.~~
- c. ~~The report to the department on blood lead test results shall include: Patient's first name, middle initial, and last name; sex, race, date of birth of patient; mailing address; street address if different; parent or guardian name and phone number if patient is a child; if known, the owner of the residence of the patient; date of blood draw; type of blood draw (capillary or venous); date blood was analyzed; test result; health care provider's name; and health care provider's address. If the patient is 16 years or older, and if known and applicable, the report shall also include: whether the patient may have been exposed at work, employer's name, patient's job title, and job description.~~
- d. ~~Health care providers and laboratories shall submit reports required by this rule in a form and format approved by the department.~~

### **III. Compliance**

#### **1. Notice of Non-Compliance with Commissioner's Guidelines**

~~The department will use its electronic child health information system to monitor health care providers' compliance with the Commissioner's Guidelines for testing one and two year old children for lead exposure. Based on this monitoring and other information available to the department, the department may issue a Notice of Non-Compliance to any health care provider for whom the data available to the department do not confirm compliance with the Commissioner's Guidelines for one or more of the patients under his or her care. The Notice shall include:~~

- a. ~~A copy of the Commissioner's Guidelines;~~
- b. ~~A list of the health care provider's patients for whom the records available to the department do not confirm that the child has had blood tests for lead exposure in accordance with the Commissioner's Guidelines; and~~
- c. ~~A request that, within 30 days of the Notice, the health care provider test each child on the list in accordance with the Commissioner's Guidelines or report to the department that child's parent or guardian refused to consent or failed to follow through in response to a referral for blood lead testing, or that the child is not under the provider's care.~~

#### **2. Notice of Non-Compliance with Reporting Requirements**

~~The department may issue a Notice of Non-Compliance to any laboratory or health care provider that fails to report to the department in accordance with the reporting requirements described in section II.2 of these rules. The Notice shall include:~~

- a. ~~A copy of the blood lead test reporting requirements, including a list of required data elements;~~
- b. ~~A list of children who are missing complete information for required blood lead tests in accordance with the blood lead testing reporting requirements described in section II.2; and~~
- c. ~~A requirement to report to the department all required data elements for each child identified in the Notice within 30 days of the date of the Notice.~~

### ~~3. Enforcement~~

~~The department will work with health care providers and laboratories to encourage voluntary compliance with these rules. In the event that voluntary compliance is not achieved, the department will enforce these rules through the authority provided under Title 18 of the Vermont statutes or through a referral to the appropriate board of professional regulation.~~

Clean  
Text

Chapter 6 – Environmental Health Rules  
Subchapter 4 -

**Blood Lead Screening, Reporting and Response Rule**

**1.0 Authority**

This rule is adopted pursuant to 18 V.S.A. §§ 1755 and 1757.

**2.0 Purpose**

This rule is adopted to ensure that all of Vermont's young children are screened and tested for lead exposure according to the Vermont Department of Health Pediatric Blood Lead Testing & Case Management Guidelines, and that all blood lead level test results, regardless of patient's age, are reported to the Vermont Department of Health.

**3.0 Definitions**

3.1 "Commissioner" means the Commissioner of the Vermont Department of Health.

3.2 "Confirmation test" means a venous blood test to confirm the presence of lead in a human.

3.3 "Department" means the Vermont Department of Health.

3.4 "Elevated blood lead level" means having a blood lead level of greater than zero micrograms per deciliter of human blood.

3.5 "Lead hazard" means a condition that causes exposure to lead from contaminated dust, lead-contaminated soil, lead-containing coatings, or lead-contaminated paint that is deteriorated or present in accessible surfaces, friction surfaces, or impact surfaces that would result in adverse human health effects.

3.6 "Pediatric Blood Lead Testing & Case Management Guidelines" means the Vermont Department of Health blood lead testing guidelines, incorporated here by reference.

3.7 "Screen," "screened," or "screening" relating to blood lead levels, means the initial capillary blood test to determine the presence of lead in a human in accordance with the Pediatric Blood Lead Testing & Case Management Guidelines.

**4.0 Universal Children's Blood Lead Screening and Testing**

4.1 All health care providers who provide primary medical care shall ensure that all patients six years of age or younger under their care are or have been screened and tested for lead exposure in accordance with the Pediatric Blood Lead Testing & Case Management Guidelines.



- 4.1.1 Patients shall be screened and tested for lead exposure at ages 12 months and 24 months in accordance with the Pediatric Blood Lead Testing & Case Management Guidelines.
- 4.1.2 Any patient aged 3 to 6 years that has not previously been screened and tested for lead exposure shall be screened and tested in accordance with the Pediatric Blood Lead Testing & Case Management Guidelines.
- 4.2 All health care providers shall conduct confirmation testing in accordance with the schedule in the Pediatric Blood Lead Testing & Case Management Guidelines.
- 4.3 All health care providers who provide primary medical care to children six years of age or younger shall ensure that those children's parents and guardians are advised of the availability and advisability of screening and testing their children for lead exposure in accordance with the Pediatric Blood Lead Testing & Case Management Guidelines.
- 4.4 All health care providers shall record in the child's medical record if screening or confirmation testing is not performed because the child's parent or guardian refuses to consent or fails to follow through on a referral. Information on parent/guardian refusal shall be reported to the Department in a form and format approved by the Department.
- 4.5 No health care provider shall be liable for not performing a screening or confirmation test for blood lead level when a parent or guardian has refused to consent or has failed to follow through in response to a referral for a screening or confirmation test in accordance with the Pediatric Blood Lead Testing & Case Management Guidelines.

**5.0 Additional At-Risk Screening and Confirmation Testing**

- 5.1 All health care providers who provide primary medical care shall ensure that Vermont residents under the age of 16 who are members of potential at-risk populations or who present with symptoms described in the Pediatric Blood Lead Testing & Case Management Guidelines are screened and tested for lead exposure according to those guidelines.
- 5.2 All health care providers shall ensure that:
  - 5.2.1 Children ages 6 months to 16 years old are screened and tested upon entry to the U.S in accordance with the Pediatric Blood Lead Testing & Case Management Guidelines.
  - 5.2.2 A follow-up screen and test is completed in accordance with the Pediatric Blood Lead Testing & Case Management Guidelines on all children ages 6 months to 6 years within three to six months, regardless of the previous test results.

## 6.0 Blood Lead Test Reporting and Notification

- 6.1 All laboratories that analyze blood samples of Vermont residents, and all health care providers who use their own laboratories or use laboratories outside Vermont to analyze blood samples, shall:
- 6.1.1 Report all information required by the Department in Section 6.2 to the Department in a form and format approved by the Department;
  - 6.1.2 Report to the Department by telephone within 24 hours if the result of any analysis is 45 micrograms or more of lead per deciliter of blood; and
  - 6.1.3 Report electronically within 14 days of the analysis if the results are less than 45 micrograms per deciliter of blood.
- 6.2 The report from Section 6.1 to the Department on blood lead test results shall include:
- 6.2.1 patient's first name, middle initial, and last name;
  - 6.2.2 patient's sex, race, date of birth;
  - 6.2.3 patient's mailing address and street address, if different; whether property is a rental;
  - 6.2.4 patient's parent or guardian name(s) and phone number if patient is under 18 years old;
  - 6.2.5 date of blood draw; type of blood draw (capillary or venous);
  - 6.2.6 date blood was analyzed;
  - 6.2.7 test result;
  - 6.2.8 patient's insurance status;
  - 6.2.9 health care provider's name; and
  - 6.2.10 health care provider's address.
  - 6.2.11 If the patient is 16 years or older, and if known and applicable, the report shall also include: whether the patient may have been exposed at work, employer's name, patient's job title, and job description.
- 6.3 Health care providers shall provide a patient, or the parents or guardians of child patient, with educational materials developed by the Department on lead hazards when the patient is screened.

## 7.0 Enforcement

- 7.1 **Screening and Testing Requirements Notice of Non-Compliance.** The Department may issue a Notice of Non-Compliance (Notice) to any health care provider for whom the data available to the Department do not comply with the Pediatric Blood Lead Testing & Case Management Guidelines for one or more of the patients under the provider's care.
- 7.1.1 Within 30 days of receiving a Notice, for each patient, the health care providers shall:
    - 7.1.1.1 Test the child in accordance with the Pediatric Blood Lead Testing & Case Management Guidelines; or

7.1.1.2 Report to the Department that the child's parent or guardian refused to consent or failed to follow through in response to a referral for blood lead testing; or

7.1.1.3 Report to the Department that the child is not under the health care provider's care.

**7.2 Reporting Requirements Notice of Non-Compliance.** The Department may issue a Notice of Non-Compliance (Notice) to any laboratory or health care provider that fails to report to the Department in accordance with the reporting requirements described in Sections 6.1 and 6.2 of these rules.

7.2.1 Laboratories and health care providers shall report to the Department all data elements required in Section 6.2 for each patient within 14 days of the date of receiving the Notice.

7.3 The Department may seek penalties or corrective action through the authority granted to it by Title 18 or Title 3 of the Vermont Statutes Annotated, or by referring the case to the relevant licensing agency.