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- TO: The Honorable Thomas Mac Middleton, Chairman Members, Senate Finance Committee The Honorable Shirley Nathan-Pulliam
- FROM: Joseph A. Schwartz, III Pamela Metz Kasemeyer J. Steven Wise
- DATE: March 27, 2013
- RE: **SUPPORT** House Bill 303 Task Force to Study Point-of-Care Testing for Lead Poisoning

On behalf of MedChi, the Maryland State Medical Society (MedChi) and the Maryland Chapter of the American Academy of Pediatrics (MDAAP), we support House Bill 303.

This bill establishes a Task Force to Study Point-of-Care Testing for Lead Poisoning to study and make recommendations regarding the use of (and reimbursement for) point-of-care testing to screen and identify children with elevated blood-lead levels.

Lead poisoning is a serious medical condition caused by increased levels of lead in the body. Particularly hazardous for young children, lead poisoning interferes with the development of the nervous system and can cause permanent cognitive and behavioral disorders.

Under current law, a facility that draws blood from any child for analysis of blood levels is required to report to DHMH the test results as well as other specified information, including the child's address, date of birth, sex, and race. "Point-of-Care" testing does not require blood to be drawn and submitted to a lab for analysis. A physician can evaluate the results of the test during the patient's visit and determine whether additional testing or services are warranted.

Maryland has been a national leader in addressing lead poisoning. In 1994, Maryland established the Lead Poisoning Prevention Program within the Maryland Department of the Environment to regulate compensation for children who are poisoned by lead paint, treat affected residential rental properties to reduce risks, and limit liability of landlords who act to reduce lead hazards in accordance with various regulatory requirements. The number of children in Maryland with elevated blood The Honorable Thomas Mac Middleton, Chairman House Bill 303 Page Two

lead levels has steadily decreased since the onset of the program. However, each year there are still a number of children that test positive at blood levels that trigger the need for intervention. House Bill 303 will evaluate whether "point-of-care" testing for lead poisoning provides an additional tool that may be useful in identifying additional children that may require services.

It is appropriate to establish a task force to evaluate the use of this "point-of-care" testing as positive lead level results can trigger a range of legal requirements. It will be important to assess the benefits, risks, costs and legal implications of recognizing this method of testing for elevated lead levels before authorizing its use. MedChi and MDAAP support the efforts of the sponsor to evaluate this potentially useful new tool. A favorable report is requested.

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