



# Strategic Planning Committee to Eliminate Childhood Lead Poisoning

## MINUTES

DATE: February 27, 2013

TIME: 10:00AM – 12:00PM

LOCATION: DSHS, via Webinar

<b>MEETING CALLED BY</b>	Texas Childhood Lead Poisoning Prevention Program (TXCLPPP)
<b>TYPE OF MEETING</b>	Strategic Planning Committee (SPC) Webinar
<b>FACILITATOR</b>	Cristina Baker
<b>ATTENDEES</b>	SPC Roll Call (see page 4)

## OLD BUSINESS

### APPROVE JANUARY 30, 2013 MEETING MINUTES

by Cristina Baker

<b>DISCUSSION</b>	TXCLPPP asked the SPC to vote “Yes” or “No” to approve the January 30, 2013 meeting minutes
<b>CONCLUSION</b>	SPC voted “Yes” to approve the January 30, 2013 meeting minutes

### REVIEW PROGRESS ON ACTIONS ITEMS ASSIGNED AT THE JANUARY 30, 2013 SPC MEETING

by Cristina Baker

<b>TOPIC/ITEM 1</b>	<p><b>TXCLPPP will prepare data that quantifies:</b></p> <ul style="list-style-type: none"> <li>• How many 5-9 venous BLLs occurred in 2011</li> <li>• How many 5-9 venous BLLs were persistent</li> <li>• How many 5-9 venous BLLs increased to a value of <math>\geq 10</math></li> <li>• Trend analysis for 5-9 vs. <math>\geq 10</math></li> <li>• Geo distribution analysis for 5-9 vs. <math>\geq 10</math></li> </ul>
<b>DISCUSSION</b>	<ul style="list-style-type: none"> <li>• TXCLPPP asked if the data listed above is what the SPC wants presented at a future meeting.</li> <li>• The SPC agreed with the data is what they wanted presented.</li> </ul>
<b>CONCLUSION</b>	TXCLPPP will present these data at the April 24, 2013 meeting.
<b>TOPIC/ITEM 2</b>	<b>Update SPC on Medicaid’s policy regarding reimbursement of BLL follow-up for children with BLLs 5-9 mcg/dL.</b>
<b>DISCUSSION</b>	Although the Texas Health Steps (THSteps) policy indicates testing/action on BLLs of “10 or greater”, a provider can submit an acute care claim for follow-up testing at a lower level and the claim should be paid. THSteps will be working with Provider Relations staff to educate providers while we are waiting for our policy change (assuming that we will be submitting one after our Advisory Panel meeting).” Terri Sparks, RNC
<b>CONCLUSION</b>	No conclusion; moved on to TOPIC/ITEM 3 below.
<b>TOPIC/ITEM 3</b>	<p><b>Review revisions made to the Pb-109 during the January 30, 2013 meeting</b></p> <p><b>Expected revisions</b> (see page 5):</p> <ul style="list-style-type: none"> <li>• Change Table 1 to match the format for the “next category” and to read:             <ul style="list-style-type: none"> <li>○ 5-9 mcg/dL [diagnose in] 12 weeks</li> </ul> </li> <li>• Change Table 2 follow-up testing schedule to include a row for BLLs 5-9 mcg/dL             <ul style="list-style-type: none"> <li>○ 5-9 mcg/dL [follow-up every] 6 months</li> </ul> </li> <li>• Change Table 3 to add a column for BLLs 5-9 mcg/dL             <ul style="list-style-type: none"> <li>○ Specifies “Lead Education” &amp; “Follow-up BLL monitoring”</li> </ul> </li> </ul>
<b>DISCUSSION</b>	• The SPC wanted to make additional changes to Table 1 and Table 2 on the Pb-109.
<b>CONCLUSION</b>	See Conclusion for TOPIC/ITEM 4
<b>TOPIC/ITEM 4</b>	<b>Do SPC members have any updates regarding their constituencies’ responses to proposed recommendations?</b>
<b>DISCUSSION</b>	• The THSteps Advisory Panel met and approved the January 30, 2013 revisions to the Pb-109, so if the SPC wants to make additional changes it would have to go before the

# Strategic Planning Committee to Eliminate Childhood Lead Poisoning

	<p>Panel. THSteps cannot submit changes to their policy until they have the SPC revisions so this would postpone moving forward causing a delay. THSteps meet quarterly, but sometimes in the summer they do not meet. It may be possible for the Panel to vote via email on the additional revisions.</p> <ul style="list-style-type: none"> <li>• TXCLPPP reiterated that Medicaid had already approved the revisions and are proceeding with the policy changes. If we make additional revisions it will now delay that process; Medicaid is going to stop the policy process and take the new revisions to their Panel again. The SPC would need to make sure we vote before the Panels meeting, which is quarterly, or we might have to wait another 6 months.</li> <li>• TXCLPPP asked the SPC to consider the following:             <ul style="list-style-type: none"> <li>○ Does the SPC want to go ahead and move forward on what we voted on in January and consider making changes in the future, or</li> <li>○ Does the SPC feel strongly enough to stop the Medicaid process?</li> </ul> </li> <li>• SPC members voted to stop the process and make additional changes because if the Pb-109 is approved with the January 2013 revisions and gets sent out to providers, changing it again it will only confuse them; it is already confusing with the new changes.</li> <li>• SPC agreed to vote via email on the three draft versions of the Pb109.</li> </ul>
<b>CONCLUSION</b>	TXCLPPP will create 3 draft versions of the Pb-109 and email the SPC so they can vote via email (see pages 6-8).

## NEW BUSINESS

### REVIEW OF TEXAS ADMINISTRATIVE CODE RULE REVISION PROCESS by Cristina Baker

<b>TOPIC/ITEM 1</b>	<b>Introduction to the “Rules Process”</b> (see pages 11-16)
<b>DISCUSSION</b>	<p>TXCLPPP</p> <ul style="list-style-type: none"> <li>• Outlined timeline involved in the DSHS Rule Change Process</li> <li>• Outlined Program &amp; SPC duties &amp; expectations</li> <li>• Asked SPC to identify additional stakeholders who should participate in rule change process</li> </ul> <p>SPC did not recommend any additional stakeholders to participate in the rule change process</p>
<b>CONCLUSION</b>	No conclusion; moved on to TOPIC/ITEM 2 below.
<b>TOPIC/ITEM 2</b>	<b>Review of proposed rule changes to the Texas Health and Safety Code, Chapter 88; Texas Administrative Code Chapter 37 (TAC 37)</b> (see pages 17-34)
<b>DISCUSSION</b>	<p>TXCLPPP</p> <ul style="list-style-type: none"> <li>• TAC 37, Rule §37.334 (see pages 20-21)</li> <li>• TAC 37, Rule §37.335 (see pages 22-23)</li> <li>• TAC 37, Rule §37.336 (see page 24)</li> <li>• TAC 37, Rule §37.337 (see page 25)</li> <li>• TAC 37, Rule §37.338 (see pages 26-28,34)</li> <li>• TAC 37, Rule §37.339 (see pages 29-33)</li> </ul> <p><b>SPC’s Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Emails should be added as an option for submitting forms.</li> <li>• Revise line 61 of the TAC 37, Rule §37.337 to read the following:             <ul style="list-style-type: none"> <li>○ (1) obtaining a diagnostic venous blood lead test result; and</li> </ul> </li> <li>• Local health departments should be able to request an Environmental Lead Investigation (ELI)</li> <li>• Revise line 17 of the TAC 37, Rule §37.335 to read “facility” instead of “facilities”.</li> </ul>

# Strategic Planning Committee to Eliminate Childhood Lead Poisoning

<b>CONCLUSION</b>	<ul style="list-style-type: none"> <li>• TXCLPPP informed the SPC that Texas Health and Human Services Commission's and Texas Department of State Health Services' policy does not consider an encrypted email secure.</li> <li>• TXCLPPP will implement the SPC's suggestion to revise line 61 of the TAC 37, Rule §37.337 to read the following:             <ul style="list-style-type: none"> <li>○ (1) obtaining a diagnostic venous blood lead test result; and</li> </ul> </li> <li>• TXCLPPP informed the SPC that they can contact THSteps and voice their concern that local health departments should be able to request an ELI.</li> <li>• TXCLPPP will implement the SPC's suggestion to revise line 17 of the TAC 37, Rule §37.335 to read "facility" instead of "facilities".</li> </ul>
<b>TOPIC/ITEM 3</b>	<b>Approval of proposed changes</b>
<b>DISCUSSION</b>	The SPC voted to approve the changes to the TAC 37
<b>CONCLUSION</b>	The SPC voted "Yes" to approve the changes to the TAC 37



# Strategic Planning Committee to Eliminate Childhood Lead Poisoning

## Meeting Roll Call - by Alphabetical Order

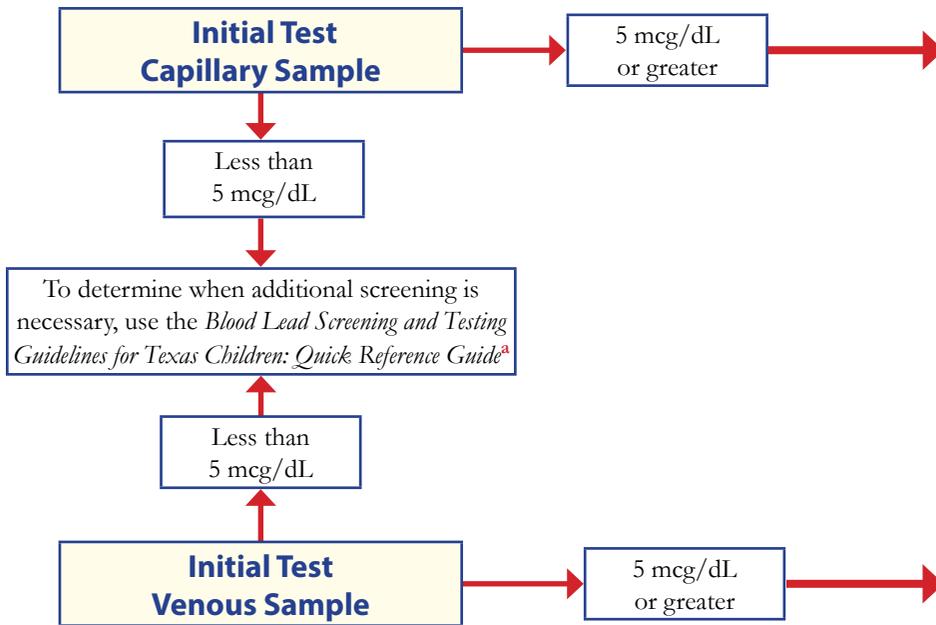
<b>First Name</b>	<b>Company</b>
<b>Anabel Granado</b>	<b>Clinical Chemistry Laboratory</b>
<b>Brenda Reyes</b>	<b>Healthy Homes and Lead Poisoning Prevention Program - Houston</b>
Cristina Baker	Texas Childhood Lead Poisoning Prevention Program
<b>Dan Rosenbaum</b>	<b>Tamarac Medical, Inc.</b>
<b>Dhwani Kothari</b>	<b>University of Texas Health Science Center - San Antonio</b>
Jyothi R Domakonda	Healthy Homes and Lead Poisoning Prevention Program - Houston
Kendra Mueller	Texas Department of State Health Services
<b>Kiley Allred</b>	<b>Galveston County Health District</b>
<b>Linda Kaufman</b>	<b>Healthy Homes and Lead Poisoning Prevention Program - San Antonio</b>
LJ Smith	Texas Childhood Lead Poisoning Prevention Program
<b>Marcus Hanfling</b>	<b>Texas Pediatric Society</b>
<b>Nancy M. Crider</b>	<b>University of Texas School of Public Health</b>
Patrick Bloomingdale	Texas Childhood Lead Poisoning Prevention Program
Randy Valcin	Galveston County Health District
<b>Teresa Willis</b>	<b>Blood Lead Surveillance Group</b>
<b>Terri Sparks</b>	<b>Texas Health Steps</b>
Veronica Cuellar	Texas Childhood Lead Poisoning Prevention Program
<b>Dorothy Calhoun</b>	<b>Texas Head Start</b>

**Note:** Bolded members denotes voting privileges

Date: 02/27/2013

**Healthcare Provider:**

- Immediately retest the child if the blood lead test result is invalid due to "Clotted" or "Insufficient Quantity."
- Follow the flowchart below to determine if or when follow-up testing and medical case management is necessary.



**Table 1: Schedule for Obtaining a Diagnostic Venous Sample**

Capillary Screening Test Result (mcg/dL)	Perform Venous Diagnostic Test Within
5 - 9	12 weeks <sup>b</sup>
10 - 44	1 week - 4 weeks
45 - 59	48 hours
60 - 69	24 hours
70 and up	Immediately as an emergency lab test

**Table 2: Schedule for Follow-Up Venous Blood Lead Testing**

Venous Blood Lead Level (mcg/dL)	Early Follow-up (first 2-4 tests after identification)	Late Follow-up (after BLL begins to decline)
5 - 9	6 months	6 months
10 - 14	3 months	6-9 months
15 - 19	1-3 months	3-6 months
20 - 24	1-3 months	1-3 month
25 - 44	2 weeks - 1 month	1 month
45 and up	As soon as possible	Chelation with subsequent follow-up <sup>c</sup>

**Table 3: Medical Case Management for Children with a Diagnostic Elevated Blood Lead Levels**

5 - 9 mcg/dL	10 - 14 mcg/dL	15 - 19 mcg/dL	20 - 44 mcg/dL	45 - 69 mcg/dL	70 or higher mcg/dL
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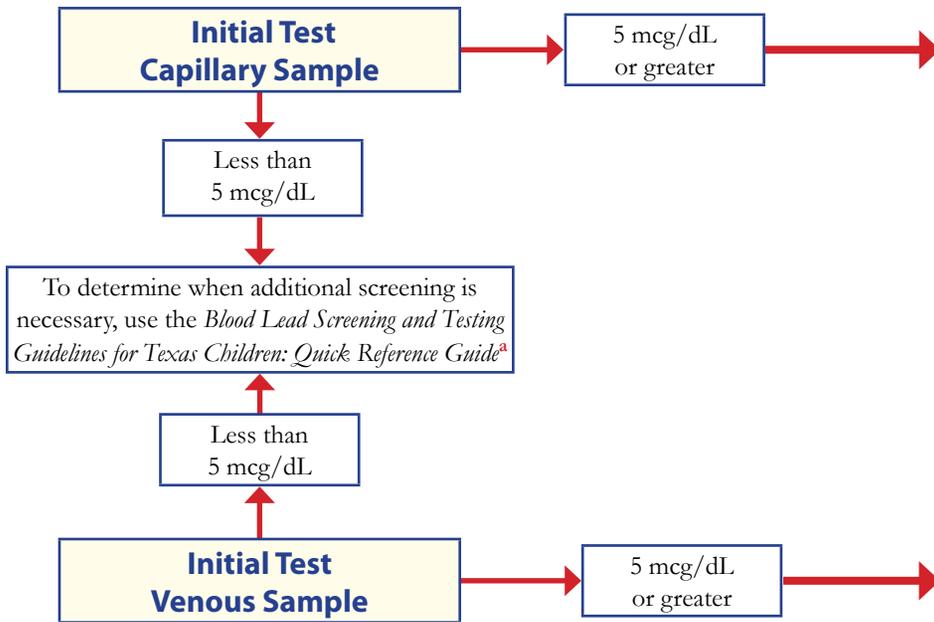
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Tables adapted from Managing Elevated Blood Lead Levels Among Young Children: CDC, March 2002; and the Strategic Planning Committee to Eliminate Childhood Lead Poisoning in Texas

**Reference for Follow-up Blood Lead Testing and Medical Case Management**

Revisions are highlighted in yellow

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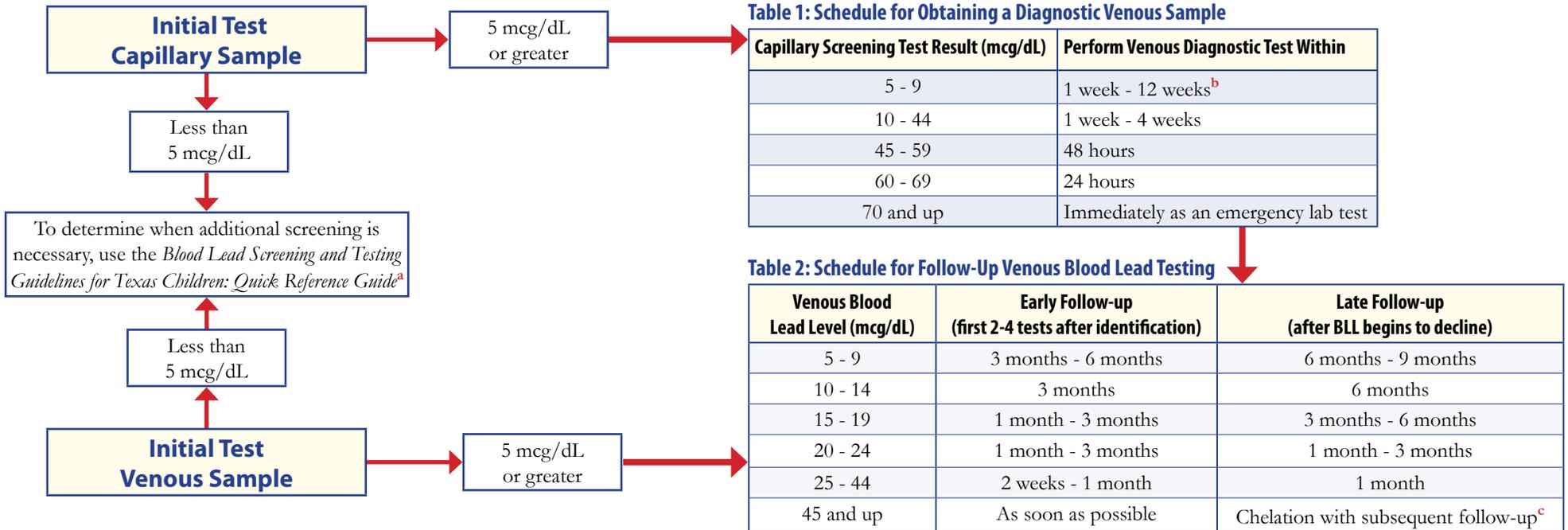
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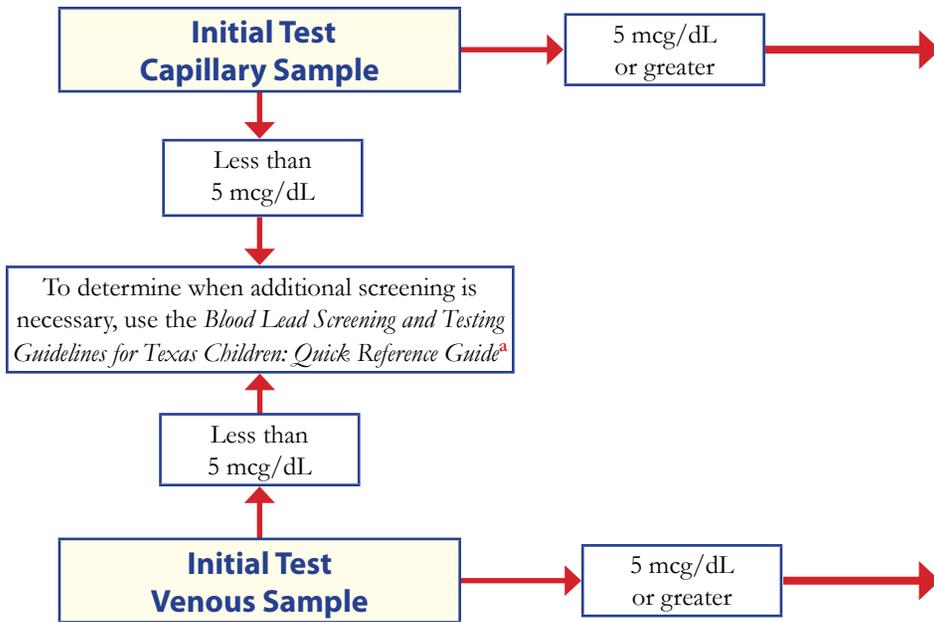
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# Review of Texas Administrative Code Rule Revision Process

## Texas Childhood Lead Poisoning Prevention Program

**Presented by:**

**Cristina Baker, Program Coordinator**

# Agenda

## Introduction to the “Rules Process”

- Outline timeline involved in the DSHS Rule Change Process
- Outline Program & SPC duties & expectations
- Identify additional stakeholders who should participate in rule change process

## Review of proposed rule changes

- Title 25, Part 1, Chapter 37, Subchapter Q, Rules §37.334 –37.337
- Title 25, Part 1, Chapter 37, Subchapter Q, Rules §37.338-37.339

## Approval of proposed changes

- Vote to accept/reject proposed rule changes
- Discuss additional rule changes

# Introduction

- Definitions:
  - **HHSC** – Health & Human Services Commission
  - **CCEA** – Center for Consumer & External Affairs
  - **MCAC** – Medical Care Advisory Committee
  - **OGC** – Office of General Counsel
  - **RAA** – Rulemaking Authority Approval
  - **SHSC** – State Health Services Council
  - **RNF** – Rule Notification Form

# Introduction

- **Timeframe:**

[Rulemaking Process Time Frames](#)

- **Phases:**

[DSHS Rulemaking Process Flow Chart](#)

# Introduction – Recommendation Process



# Introduction – Recommendation Process



# Introduction -- Summary



**Are there other stakeholders we should invite to join the SPC?**

# Proposed Rule Changes – Laws & Rules

- **Child Blood Lead Levels:**
  - Law: Health & Safety Code Chapter 88
  - Rule: Texas Administrative Code Chapter 37
    - Includes rules for Follow-up Care; Coordination of Care
    - Includes rules for Environmental Lead Investigations

■ [http://info.sos.state.tx.us/pls/pub/readtac\\$ext.viewtac](http://info.sos.state.tx.us/pls/pub/readtac$ext.viewtac)

- Select “Title 25”
- Select “Part 1”
- Select “Chapter 37”
- Select “Subchapter Q”

**Rules with  
proposed change**

## Texas Administrative Code

TITLE 25 HEALTH SERVICES  
PART 1 DEPARTMENT OF STATE HEALTH SERVICES  
CHAPTER 37 MATERNAL AND INFANT HEALTH SERVICES  
SUBCHAPTER Q REPORTING, TREATMENT AND INVESTIGATION OF CHILD BLOOD LEAD LEVELS

## Rules

§37.331 Purpose  
§37.332 Definitions  
§37.333 Confidentiality of Information Provided to the Department  
§37.334 Reportable Health Condition  
§37.335 Persons Required to Report  
§37.336 Reporting Procedures  
§37.337 Department Rules for Follow-Up Care; Coordination of Care  
§37.338 Environmental Lead Investigations  
§37.339 Environmental Lead Investigations Procedures

# Proposed Rule Changes – Summary

- **Texas Administrative Code Chapter 37 (TAC 37)**
  - **9 = Total Number of Rules**
  - **6 = Number of Rules with Proposed Changes**
  - **3 = Number of Rules with no Proposed Changes**

# Proposed Rule Changes – Summary

- **Revisions:**
  - **Removed the word “elevated”**
  - **Specified “confirmatory” with “venous”**
  - **Ensured environmental lead investigation (ELI) procedures agree with current Medicaid Benefit Policy**

# Proposed Rule Changes – Chapter 37, Rule §37.334

- 1 (a) All blood lead levels in children 14 years of age or younger shall be reportable to the  
2 Department of State Health Services (department). ~~Elevated blood~~ Blood lead levels for  
3 individuals over 14 years of age shall be reported in accordance with Chapter 99 of this  
4 title (relating to Occupational Condition Reporting).
- 5
- 6 (b) The department will maintain a registry of children's blood lead test results.
- 7
- 8 (c) Reports shall include all information as required on the Texas Child Blood Lead Level  
9 Report Form, Publication #F09-11709, which can be found at  
10 <http://www.dshs.state.tx.us/lead>, or by calling 1-800-588-1248.

# Proposed Rule Changes – Chapter 37, Rule §37.334

## Rationale: Texas Administrative Code Chapter 99, Rule §99.1

- Reporting requirements.
- (1) It is the duty of every physician or health professional holding a license to practice in the State of Texas to report promptly to the local health authority each patient she or he shall examine and **who has or is suspected of having any** reportable occupational condition. The local health authority may authorize a staff member to transmit reports.
- Reportable conditions and information to be reported.
- (1) The reportable occupational conditions are: asbestosis, silicosis, blood lead levels in persons 15 years of age or older, and acute pesticide poisoning.
- (2) Reports for asbestosis and silicosis shall include all information collected by the reporting person and required to complete the most recent version of the department's Asbestosis and Silicosis Case Report Form F09-11626.
- (3) **Reports for blood lead levels in persons 15 years of age** and older shall include all information collected by the reporting person and required to complete the most recent version of the department's Adult Blood Lead Report Form F09-11624.

# Proposed Rule Changes – Chapter 37, Rule §37.335

- 11 (a) The following persons are required to report all blood lead results:
- 12 (1) a physician after the first examination of a child;
- 13 (2) the person in charge of:
- 14 (A) an independent clinical laboratory;
- 15 (B) a hospital or clinic laboratory; or
- 16 (C) any facility in which a laboratory conducts blood lead testing;
- 17 (D) any facilities using a point of care testing.

# Proposed Rule Changes – Chapter 37, Rule §37.335

## ■ Rationale: Medicaid Bulletin, No. 239

“Blood lead testing (procedure code 83655) may be reimbursed to THSteps medical providers when it is performed in the provider’s office using **point-of-care testing**.

Blood lead testing is part of the encounter rates for FQHCs and RHCs and is not reimbursed separately.

Environmental lead risks may be addressed during other visits using the Risk Assessment for Lead Exposure Questionnaire, Form Pb-110. Use of the form, which is available in the forms section of the DSHS

website at [www.dshs.state.tx.us/thsteps/forms.shtm](http://www.dshs.state.tx.us/thsteps/forms.shtm), is optional. Providers may use an equivalent form of their choice.

The initial lead testing may be performed using a venous or capillary specimen, and the specimens must either be sent to the DSHS lab or the test must be performed in the provider’s office using **point-of-care testing**. If the client has a blood lead level of 10mcg/dL or greater, the provider must perform a confirmatory

test using a venous specimen. The confirmatory specimen may be sent to the DSHS lab, or the client or specimen may be sent to a lab of the provider’s choice.

Providers who perform **point of care lead testing** must be Clinical Laboratory Improvement Amendments

(CLIA)-certified. Procedure code 83655 is a CLIA-waived test and must be submitted with modifier QW.”

# Proposed Rule Changes – Chapter 37, Rule §37.336

- 47 (c) Blood lead levels of 40 micrograms per deciliter or greater shall be reported  
48 immediately by ~~fax or~~ telephone to the department at (800) 588-1248 or by fax to (512)  
49 458776-7699. Reports shall include all information as required on the Texas Child Blood  
50 Lead Level Report Form, Publication #F09-11709. The following information shall be  
51 reported:
- 52 (1) the child's name, address, date of birth or age, sex, race and ethnicity;
  - 53 (2) the child's blood lead level concentration, test date, and name and telephone number  
54 of the testing laboratory;
  - 55 (3) whether the sample is capillary or venous blood; and
  - 56 (4) the name and city of the attending physician.

# Proposed Rule Changes – Chapter 37, Rule §37.337

57 Health care providers should follow the department's Form Pb-109, Physician Reference  
58 on Follow-up Testing and Coordination of Care, which may be obtained from the  
59 department's website <http://www.dshs.state.tx.us/lead> or by calling 1-800-588-1248, and  
60 meets the federal requirements for the recommended schedule for:

- 61 | (1) obtaining a ~~confirmatory~~diagnostic venous blood lead test~~sample~~; and  
62 | (2) providing early and late follow-up care and other activities.

63 (b) Environmental lead investigation, shall comply with the department's eligibility  
64 criteria for environmental lead investigation as prescribed in §37.339(a) of this title  
65 (relating to Environmental Lead Investigations Procedures).

66 (c) The investigator shall provide guidance to parents, guardians, and consulting  
67 physicians from lead-risk assessment reports on how to eliminate or control lead  
68 exposures that may be contributing to the child's blood lead level.

# Proposed Rule Changes – Chapter 37, Rule §37.338

1 To be eligible for an environmental lead investigation, the child's ~~elevated~~ blood lead  
2 level(s) must meet the most recent criteria for environmental investigation ~~issued by the~~  
3 ~~Centers for Disease Control and Prevention of the United States Public Health Service~~ as  
4 listed on the department's most current form, Pb-101, Environmental Lead Investigation  
5 Request.

6 (b) The request for an environmental lead investigation shall be on the department's most  
7 current form, Pb-101, ~~Request for Environmental Lead Investigation~~ Environmental Lead  
8 Investigation Request ~~or equivalent~~. A current version of form Pb-101 may be obtained  
9 from the department's website at <http://www.dshs.state.tx.us/lead>, or by calling 1-800-  
10 588-1248. The completed form should be sent by FAX, ATTENTION: Environmental  
11 Specialist, using the fax number on the form.

# Proposed Rule Changes – Chapter 37, Rule §37.338

12 | (c) On receiving a report of a child with a confirmed (venous) blood lead level warranting  
13 | an environmental lead investigation, the department or its authorized agent may conduct  
14 | an environmental lead investigation, using Form Pb-103 (Elevated Blood Lead Level  
15 | Investigation Questionnaire) of ~~or its equivalent, of~~:  
16 | (1) the home environment in which the child resides, or other premises frequented by a  
17 | child, if the department or the department's authorized agent obtains the written consent  
18 | of an adult occupant;

# Proposed Rule Changes – Chapter 37, Rule §37.338

35 | (g) Written consent is not required for an investigation for a child with a venous blood  
36 | lead level of at least 45 micrograms per deciliter if a good faith attempt to contact the  
37 | person authorized to provide written consent under subsection (e) of this section has been  
38 | unsuccessful.

# Proposed Rule Changes – Chapter 37, Rule §37.339

39 Eligibility Criteria for Environmental Lead Investigation.

40 (1) The eligibility criteria for an environmental lead investigation shall be as stated on

41 the department's Form Pb-101, Environmental Lead Investigation Request~~Request for~~

42 ~~Environmental Lead Investigation or equivalent.~~

43 (2) A city, health district, or local health department may conduct an environmental lead

44 investigation using lower ~~elevated~~ blood lead results than those in paragraph (1) of this

45 subsection.

46 (3) Before conducting the investigation, city, health district, or local health department

47 will:

48 (A) inform the health care provider of the intent to conduct the investigation; and

# Proposed Rule Changes – Chapter 37, Rule §37.339

55 (2) The following persons may request an environmental lead investigation for a child

56 meeting criteria in subsection (a) of this section:

57 (A) ~~the child's attending healthcare provider~~ a Physician (MD or DO);

58 (B) ~~a public health nurse~~ a Physician's Assistant; or

59 (C) ~~local health department staff~~ an Advanced Practicing Registered Nurse;

60 (D) ~~local Childhood Lead Poisoning Prevention Program staff; or~~

61 (E) ~~designated Texas Childhood Lead Poisoning Prevention Program staff.~~

62 (3) An environmental lead investigation request may be denied by the department if the

63 eligibility criteria ~~is~~ are not met.

# Proposed Rule Changes – Chapter 37, Rule §37.339

- 70 (3) The lead risk assessor shall provide a written report of each completed  
71 environmental lead investigation to the ~~provider~~requestor; parent or guardian; and  
72 homeowner or property owner.
- 73 (A) The written report shall contain at least the following from the investigation:
- 74 (i) date lead risk assessment was performed;
- 75 (ii) address where lead risk assessment was performed;
- 76 (iii) name and address of property owner;
- 77 (iv) date structure or unit was built;
- 78 (v) name, ~~and~~ signature of lead risk assessor, and certification number, ~~or business~~  
79 ~~affiliation of the person that conducted the investigation;~~

# Proposed Rule Changes – Chapter 37, Rule §37.339

- 80        (vi) testing methods used (e.g. X-ray fluorescence (XRF), what samples were  
81        collected, and name address, and telephone number of the accredited laboratory that  
82        analyzed samples);
- 83        (vii) a general statement of the results;
- 84        (viii) a description of recommended interim controls and/or abatement options for  
85        each identified lead-based paint hazard;
- 86        (ix) a suggested prioritization for taking each action based on the immediacy and  
87        severity of the hazard; and
- 88        (x) if the risk assessor is recommending use of an encapsulant or enclosure, the report  
89        shall include maintenance and monitoring schedule for the encapsulant or enclosure.

# Proposed Rule Changes – Chapter 37, Rule §37.339

- **Rationale: Centers for Disease Control Response to Advisory Committee on Childhood Lead Poisoning Prevention Recommendations in “*Low Level Lead Exposure Harms Children: A Renewed Call of Primary Prevention*” (p. 6)**

“a. CDC will emphasize that the best way to end childhood lead poisoning is to prevent, control or eliminate lead exposures. **Since no safe blood lead level** in children has been identified, a blood lead “level of concern” cannot be used to define individuals in need of intervention.

b. In FY2012, **CDC will discontinue using the term ‘level of concern’** in future publications and replace it with the reference value and the date of the NHANES that was used to calculate the reference value. CDC also will make this standard language available to operating divisions across CDC and use the cross-clearance procedure to ensure that authors adopt this language. “

# Proposed Rule Changes – Chapter 37, Rule §37.338

## ■ Rationale: Medicaid Bulletin, No. 231

“A **lead screening provider is a physician, NP, CNS, or PA** that conducts blood lead screens for a THSteps client. **Lead screening providers may submit a request** for an ELI after a blood lead screen has been conducted and there is evidence of persistent and confirmed elevated blood lead levels for the client.

An ELI may be **considered medically necessary if** documentation of the most recent blood lead levels, indicates one of the following:

A **venous** blood lead level result of 10-19 mcg/dL from two separate specimens conducted at least 12 weeks apart

A **venous** blood lead level result of 20 mcg/dL or greater from one specimen

- **Note:** *The ELI must be requested as soon as possible and no later than 30 days after the most recent blood lead level indicating medical necessity is obtained. The lead screening provider must maintain the ELI request and documentation of the blood lead levels that indicate medical necessity in the client’s medical record.*

The lead screening provider may **request an ELI by completing Form Pb-101 “Environmental Lead Investigation Request”** and submitting it to the Texas Childhood Lead Poisoning Prevention Program (TX CLPPP). TX CLPPP reviews the request and determines whether the criteria for an ELI are met. If an ELI request meets TX CLPPP criteria, TX CLPPP sends a referral for an ELI to a state or local health department enrolled as a THSteps provider for assignment to a certified lead risk assessor.”

# **SPC Voting & Recommendations**

**Does the SPC approve the  
proposed changes?**

**Does the SPC propose additional  
recommendations?**

# Questions & Answers

- **Webinar Participants** - Please use the Chat feature to submit questions.
- **Austin Participants** – Please use microphones at table.

TXCLPPP will read and address Webinar questions first. Then Austin participants may ask questions accordingly.

# Presenter

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# Meeting Dates

- **March 27, 2013**
- **April 24, 2013**