

Universal Blood Lead Testing: Questions and Answers for Physicians

In October 2023, two laws were passed that require physicians to: (1) test, or order a test, for lead in blood of minors at selected ages and with certain risk factors, and (2) ensure that test results are available in minors' certificates of immunization. This age-based approach to blood lead testing requirements for all children is commonly called "universal testing".

MDHHS must establish administrative rules to implement the laws. Requirements do not go into effect until the rules are established, which is expected to take place in mid-to-late-2024. The following questions and answers provide information for physicians about the laws.

What do these laws require physicians to do?

- Test or order a blood lead test for all their patients who are residents of Michigan at ages 12 and 24 months.
- If a minor's record does not show that they were tested at these ages, then they must be tested at least once, between 24 or 72 months (i.e., age 6).
- Test, or order a test, at age 4 for pediatric patients who live in geographic areas identified by MDHHS as high risk for lead poisoning.
- Test, or order a test, if the physician determines that a minor is at high risk of lead poisoning.
 - Risk factors include living in a home built before 1978 or where other minors live who have been diagnosed with lead poisoning, and other factors identified by MDHHS in rules.
- Ensure that the minor's blood lead test is included in their certificate of immunization.

What other elements of the laws should physicians be aware of?

- The parent/guardian can opt out of testing.
- MDHHS must establish administrative rules to spell out specific requirements in the laws. The requirements will not be in effect until the rules are established.

What is the status of the rulemaking process?

- MDHHS is in the process of establishing administrative rules and will announce when the process is completed in 2024.
- The public will have opportunities to review and comment on the draft rules before they are established.

How do these testing mandates differ from blood lead testing requirements and guidelines that are in place now?

- A targeted testing approach has been in place for many years. This means that young children enrolled in Medicaid or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) are required to be tested, and other children should be tested if they are at risk of exposure. The risk is identified through a lead risk screening questionnaire, usually administered in a physician's office. The new testing mandates require blood lead testing for more Michigan children as described above.

What is the rationale for testing all children at 12 and 24 months, rather than just testing those determined to be at risk of lead exposure based on MDHHS's risk screening questionnaire?

- Blood lead levels in young children generally peak around age 2 when children become more mobile and explore their environments.
- Blood lead testing should happen at 12 months to capture early exposure. Repeat testing should happen at age 24 months when exposures peak for most children. This provides a baseline lead exposure screening that allows for early detection of lead exposure and corresponds with the ages when lead exposure is most likely to be detected on blood lead tests.
- This age-based testing schedule mirrors the current blood lead testing policy for children enrolled in Medicaid. This alignment avoids having different policies for different population groups based on insurance status, which can change over time and may not reflect a child's lead exposure risk.
- When used as the only screening tool, lead risk screening questionnaires do not accurately identify children with elevated blood lead levels.
- Testing **all** children at these ages avoids inconsistent and time-consuming office procedures.

- Representatives from medical professional organizations, including the Michigan chapter of the American Academy of Pediatrics and the Michigan Academy of Family Practice, agree that the targeted testing approach is confusing and burdensome.

How is MDHHS going to communicate with physicians regarding the requirement that children be tested at age 4 if they live in certain geographic areas?

- MDHHS is identifying communities at high risk using data from blood lead test results and population-based data on housing, poverty and other demographic factors known to be associated with increased lead exposure risks. The list will be included in the administrative rules required by this law and will be posted on the MDHHS website.
- MDHHS and local health departments will communicate with physicians in identified high-risk geographic areas via in-person detailing and/or written communications and professional organizations about this requirement for testing children at age 4 who live in those locations.

In addition to the age-based testing requirements, the new law requires physicians to test children who have been determined to be at high risk for lead poisoning. Will MDHHS provide training and information that physicians can use to identify other high-risk children?

- The rules under development at MDHHS will specify how often children should be screened for testing based on a list of high-risk factors also specified in the rules.
- MDHHS already has a free physician-oriented lead training video at [Login \(coursemill.com\)](https://www.coursemill.com) that includes modules on risk factors. Continuing Medical Education credits (CMEs) are available.
- MDHHS will provide written guidance for physicians when talking to their patients' families, to help them decide whether additional testing is needed.

Does the law have an opt-out provision if families choose not to have their children tested under the law's mandates?

- Yes. MDHHS hopes families have an informed discussion with the physician before making this decision.

The law states that the immunization certificate must have a space to indicate "whether the minor has been tested for lead poisoning" and "if the physician performs the test described in subdivision (a), [the physician shall] make an entry of the testing on the minor's immunization certificate." How are these requirements going to be met without burdening physicians and their office staff?

- The immunization certificate is available as a function in the state's electronic immunization information system. It can be viewed online in the physician's office and can be printed for

the family. It includes the results of the most recent blood lead test reported by the laboratory to the MDHHS.

- If the child's immunization certificate is obtained from the electronic medical record system in the physician's office rather than the state electronic immunization information system, it will not likely have blood lead test results. Therefore, it would be best if physicians give families the immunization certificate obtained from state electronic immunization information system.
- The lead test results are made available by a data linkage between the electronic immunization system and the MDHHS blood lead surveillance system, which is an electronic database of all blood lead test results reported by laboratories to MDHHS.
- Because it takes two to four weeks for a laboratory's report of a blood lead test to get uploaded into MDHHS's database, the physician's office may need to manually write the most recent test result — especially a test result performed on a LeadCare® II analyzer at the time of the child's office visit — if it does not appear on the certificate printed from the electronic immunization information system.

Will health insurers cover the costs of the blood lead tests under these new mandates?

- Blood lead testing is a preventive health service under the federal Affordable Care Act (ACA), meaning it must be covered without additional copayment or coinsurance charges. Most private insurers are covered by the ACA.
- A venous blood draw sample is the most accurate measure of a child's lead exposure.

How are blood lead testing results to be reported to the state?

- All clinical laboratories and users of portable blood lead analyzers (e.g., Leadcare® II) that analyze a blood lead sample for lead must report the results to MDHHS within five business days after the analysis is complete.
- More information on how to register as a certified blood lead laboratory can be found at on the [Certified Lead Testing Laboratories and Lab Resources](#) page.

What are the penalties for not complying with the universal blood lead testing requirements?

- Physicians are legally required to comply with the universal blood lead testing requirements under MCL 333.5474d and the forthcoming rules. MDHHS trusts and expects that all physicians will comply with this law and will work to educate physicians about these duties. Physicians who fail to carry out their testing duties may be subject to penalties, including fines of up to \$10,000, under [MCL 333.5476](#). MDHHS does not anticipate pursuing citations against physicians who make a good-faith effort to comply with these duties.

Where can physicians read the two laws related to universal blood lead testing of children?

- [Public Act 146 of 2023](#) amends Part 54A of the Public Health Code by adding a new subsection, [MCL 333.5474d](#), that requires a physician to test or order a blood lead test for a minor at age 12 and 24 months and under several other circumstances and to make an entry of the testing on the minor's certificate of immunization.
- [Public Act 145 of 2023](#) amends MCL 333.9206 by adding a requirement for the entry of the blood lead test on a minor's certificate of immunization in subsection [9206\(1\)](#).

For more information contact, the MDHHS Childhood Lead Poisoning Prevention Program at 517-335-8885 or MDHHS-CLPPP@michigan.gov.

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