
THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 522 Session of
2021

INTRODUCED BY BAKER, YUDICHAK, FONTANA, KANE, YAW, HUGHES,
SANTARSIERO, SCAVELLO, TARTAGLIONE, SCHWANK, COSTA, HAYWOOD
AND COMMITTA, APRIL 9, 2021

AS RE-REPORTED FROM COMMITTEE ON APPROPRIATIONS, HOUSE OF
REPRESENTATIVES, AS AMENDED, OCTOBER 26, 2022

AN ACT

1 Providing for blood lead assessment and testing of certain
2 children and pregnant women by health care providers;
3 imposing duties on the Department of Health; and requiring
4 certain health insurance policies to cover blood lead tests.

5 The General Assembly of the Commonwealth of Pennsylvania
6 hereby enacts as follows:

7 Section 1. Short title.

8 This act shall be known and may be cited as the Childhood
9 Blood Lead Test Act.

10 Section 2. Legislative findings.

11 The General Assembly finds that:

12 (1) Lead is a naturally occurring element that is toxic
13 to humans when ingested or inhaled.

14 (2) Severe lead poisoning causes convulsions,
15 intellectual disabilities, seizures and sometimes death.

16 (3) Low-level exposure to lead reduces intelligence,
17 delays cognitive growth and impairs physical development.

1 (4) Children who are in utero or less than seven years
2 of age are most sensitive to lead poisoning because their
3 brains and nervous systems are still developing.

4 (5) The only way to diagnose a child with an elevated
5 blood lead level is through a blood test.

6 (6) The health and development of children is endangered
7 by chipping or peeling lead-based paint or lead-contaminated
8 dust or soil in homes and neighborhoods throughout this
9 Commonwealth.

10 (7) Other sources of lead exposure can be through lead
11 service lines for drinking water and lead solder used in
12 drinking water lines, and lead in consumer products such as
13 toys, foods, cosmetics and ceramics are also of concern.

14 Section 3. Legislative purpose.

15 The purposes of this act are:

16 (1) To substantially reduce, and eventually eliminate,
17 the incidence of childhood lead poisoning in this
18 Commonwealth.

19 (2) To improve public awareness of lead safety issues in
20 housing and educate both property owners and tenants about
21 practices that can reduce the ~~incidence~~ INCIDENCES of lead <--
22 poisoning.

23 (3) To ~~require~~ ENCOURAGE the testing of all children in <--
24 this Commonwealth by two years of age so that prompt
25 diagnosis and treatment, as well as the prevention of harm,
26 are possible.

27 Section 4. Definitions.

28 The following words and phrases when used in this act shall
29 have the meanings given to them in this section unless the
30 context clearly indicates otherwise:

1 "Blood lead test." A blood lead draw, whether by capillary,
2 venous or unknown sample type, ~~on a child~~ that produces a <--
3 quantifiable result and is analyzed by a Clinical-Laboratory-
4 Improvement-Amendments-certified facility or an approved
5 portable device.

6 "Department." The Department of Health of the Commonwealth.

7 "Elevated blood lead level." A single blood lead test,
8 whether capillary or venous, at or above the Centers for Disease
9 Control and Prevention's reference range value, ~~currently~~ <--
10 ~~established at three and one half micrograms per deciliter.~~

11 "GOVERNMENT PROGRAM." ANY OF THE FOLLOWING: <--

12 (1) THE COMMONWEALTH'S MEDICAL ASSISTANCE PROGRAM
13 ESTABLISHED UNDER THE ACT OF JUNE 13, 1967 (P.L.31, NO.21),
14 KNOWN AS THE HUMAN SERVICES CODE.

15 (2) THE CHILDREN'S HEALTH INSURANCE PROGRAM UNDER
16 ARTICLE XXIII-A OF THE ACT OF MAY, 17 1921 (P.L.682, NO.284),
17 KNOWN AS THE INSURANCE COMPANY LAW OF 1921.

18 "HEALTH INSURANCE POLICY." A POLICY, SUBSCRIBER CONTRACT,
19 CERTIFICATE OR PLAN ISSUED BY AN INSURER THAT PROVIDES HOSPITAL
20 OR MEDICAL/SURGICAL HEALTH CARE COVERAGE. THE TERM DOES NOT
21 INCLUDE ANY OF THE FOLLOWING:

22 (1) AN ACCIDENT-ONLY POLICY.

23 (2) A CREDIT-ONLY POLICY.

24 (3) A LONG-TERM CARE OR DISABILITY INCOME POLICY.

25 (4) A SPECIFIED DISEASE POLICY.

26 (5) A MEDICARE SUPPLEMENT POLICY.

27 (6) A FIXED INDEMNITY POLICY.

28 (7) A DENTAL-ONLY POLICY.

29 (8) A VISION-ONLY POLICY

30 (9) A WORKERS' COMPENSATION POLICY.

1 (10) AN AUTOMOBILE MEDICAL PAYMENT POLICY.

2 (11) A POLICY UNDER WHICH BENEFITS ARE PROVIDED BY THE
3 FEDERAL GOVERNMENT TO ACTIVE OR FORMER MILITARY PERSONNEL AND
4 THEIR DEPENDENTS.

5 (12) A HOSPITAL INDEMNITY POLICY.

6 (13) ANY OTHER SIMILAR POLICY PROVIDING FOR LIMITED
7 BENEFITS.

8 "INSURER." AN ENTITY THAT OFFERS, ISSUES OR RENEWS AN
9 INDIVIDUAL OR GROUP HEALTH, ACCIDENT OR SICKNESS INSURANCE
10 POLICY, CONTRACT OR PLAN AND THAT IS SUBJECT TO ANY OF THE
11 FOLLOWING:

12 (1) 40 PA.C.S. CH. 61 (RELATING TO HOSPITAL PLAN
13 CORPORATIONS) OR 63 (RELATING TO PROFESSIONAL HEALTH SERVICES
14 PLAN CORPORATIONS).

15 (2) THE INSURANCE COMPANY LAW OF 1921, INCLUDING SECTION
16 630 AND ARTICLE XXIV.

17 (3) THE ACT OF DECEMBER 29, 1972 (P.L.1701, NO.364),
18 KNOWN AS THE HEALTH MAINTENANCE ORGANIZATION ACT.

19 Section 5. Lead poisoning prevention, assessment and testing.

20 (a) Lead testing requirements for children.-- <--

21 ~~(1) A health care provider shall make reasonable efforts <--~~
22 ~~to ensure that a patient under the health care provider's~~
23 ~~care receives a AT LEAST ONE blood lead test by 24 months of <--~~
24 ~~age or the age of 24 through 72 months if they have THE <--~~
25 ~~PATIENT HAS never been tested in accordance with~~
26 ~~recommendations from the Centers for Disease Control and~~
27 ~~Prevention and the American Academy of Pediatrics.~~

28 (1) THE FOLLOWING: <--

29 (I) A HEALTH CARE PROVIDER SHALL CONSIDER POSSIBLE
30 LEAD EXPOSURE IN AN INDIVIDUAL PATIENT BY EVALUATING RISK

1 FACTORS FOR LEAD EXPOSURE AND PERFORM BLOOD LEAD TESTING
2 IN ACCORDANCE WITH RECOMMENDATIONS FROM THE CENTERS FOR
3 DISEASE CONTROL AND PREVENTION AND THE AMERICAN ACADEMY
4 OF PEDIATRICS BY 24 MONTHS OF AGE.

5 (II) IF A PATIENT HAS NEVER BEEN TESTED IN
6 ACCORDANCE WITH RECOMMENDATIONS FROM THE CENTERS FOR
7 DISEASE CONTROL AND PREVENTION AND THE AMERICAN ACADEMY
8 OF PEDIATRICS BY 24 MONTHS OF AGE, A HEALTH CARE PROVIDER
9 SHALL CONSIDER POSSIBLE LEAD EXPOSURE AND PERFORM BLOOD
10 LEAD TESTING IN AN INDIVIDUAL PATIENT BETWEEN 24 MONTHS
11 AND 72 MONTHS OF AGE.

12 (III) A HEALTH CARE PROVIDER SHALL MAKE REASONABLE
13 EFFORTS TO ENSURE THAT A PATIENT'S PARENT OR LEGAL
14 GUARDIAN UNDERSTANDS THE RISKS AND BENEFITS OF BLOOD LEAD
15 TESTING PRIOR TO OBTAINING CONSENT.

16 (2) If A PATIENT'S PARENT OR LEGAL GUARDIAN CONSENTS TO <--
17 BLOOD LEAD TESTING FOR THE PATIENT UNDER PARAGRAPH (1) AND
18 the results of a capillary blood lead test indicate an
19 elevated blood lead level, the health care provider shall
20 perform a confirmatory blood lead test by venipuncture within
21 12 weeks of the first blood lead test AFTER OBTAINING THE <--
22 CONSENT OF THE PATIENT'S PARENT OR LEGAL GUARDIAN.

23 (b) Lead exposure risk assessment and testing requirements
24 for pregnant women.--A health care provider shall consider
25 possible lead exposure in individual pregnant women by
26 evaluating risk factors for lead exposure and perform blood lead
27 testing if a single risk factor is identified in accordance with
28 recommendations from the Centers for Disease Control and
29 Prevention and the American College of Obstetricians and
30 Gynecologists.

1 (c) Reporting.--Health care providers and laboratories shall
2 comply with reporting regulations as specified in 28 Pa. Code §
3 27.34 (relating to reporting cases of lead poisoning).

4 ~~(d) Nonapplicability. The requirements under this section <--~~
5 ~~shall not apply if a child's parent or legal guardian or a~~
6 ~~patient under prenatal care objects in writing to the blood lead~~
7 ~~test on religious grounds or on the basis of a strong moral or~~
8 ~~ethical conviction similar to a religious belief.~~

9 Section 6. Duties of department.

10 (a) Comprehensive educational program.--The department shall
11 conduct a public information campaign to inform parents of young
12 children, physicians, nurses and other health care providers of
13 the lead assessment and testing requirements of this act.

14 (b) Distribution of literature about childhood lead
15 poisoning.--

16 (1) The department shall provide culturally and
17 linguistically appropriate educational materials regarding
18 childhood lead poisoning, the importance of assessments and
19 testing for elevated lead levels, prevention of childhood
20 lead poisoning, treatment of childhood lead poisoning,
21 remediation and, when appropriate, the requirements of this
22 act.

23 (2) Educational materials shall be available at no cost
24 and shall be developed for specific audiences, including
25 health care providers, homeowners, landlords and parents or
26 caregivers.

27 Section 7. Blood lead assessment and testing coverage.

28 (a) General rule.--A health insurance policy or government
29 program covered under this section shall provide to covered
30 individuals or recipients blood lead tests as follows:

1 (1) In the case of individuals or recipients who are
2 pregnant, one blood lead test per pregnancy if a single risk
3 factor is identified in accordance with recommendations from
4 the Centers for Disease Control and Prevention and the
5 American College of Obstetricians and Gynecologists.

6 (2) In the case of individuals or recipients who are
7 under two years of age, AT LEAST one blood lead test by 24 <--
8 months of age in accordance with recommendations from the
9 Centers for Disease Control and Prevention and the American
10 Academy of Pediatrics, and, if the result of the blood level
11 test indicates an elevated blood lead level, another blood
12 lead test by venipuncture within 12 weeks of the blood level
13 test in which the elevated blood lead level was indicated.

14 (b) Copayments, deductibles and coinsurance.--Coverage under
15 this section shall be subject to copayment, deductible and
16 coinsurance provisions and any other general exclusions or
17 limitations of a health insurance policy or government program
18 to the same extent as other medical services covered by the
19 policy or program are subject to these provisions.

20 (c) Construction.--This section shall not be construed as
21 limiting benefits which are otherwise available to an individual
22 under a health insurance policy or government program.

23 ~~(d) Applicability.~~ <--

24 ~~(1) This section shall apply to all group and individual~~
25 ~~major medical health insurance policies offered, issued or~~
26 ~~renewed in this Commonwealth in accordance with section 8.~~
27 ~~This section shall not include the following policies:~~

28 ~~(i) An accident only policy.~~

29 ~~(ii) A credit only policy.~~

30 ~~(iii) A long term care or disability income policy.~~

- 1 ~~(iv) A specified disease policy.~~
- 2 ~~(v) A Medicare supplement policy.~~
- 3 ~~(vi) A TRICARE policy, including a Civilian Health-~~
- 4 ~~and Medical Program of the Uniformed Services (CHAMPUS)-~~
- 5 ~~supplement policy.~~
- 6 ~~(vii) A fixed indemnity policy.~~
- 7 ~~(viii) A dental only policy.~~
- 8 ~~(ix) A vision only policy.~~
- 9 ~~(x) A workers' compensation policy.~~
- 10 ~~(xi) An automobile medical payment policy.~~
- 11 ~~(xii) Hospital indemnity policy.~~
- 12 ~~(xiii) Another similar policy providing for limited-~~
- 13 ~~benefits.~~
- 14 ~~(2) (Reserved).~~

15 Section 8. Implementation.

16 Section 7 shall apply as follows:

17 (1) For health insurance policies for which either rates
18 or forms are required to be filed with the Insurance
19 Department or the Federal Government, ~~this act~~ SECTION 7 <--
20 shall apply to any policy for which a form or rate is first
21 filed on or after the effective date of this section.

22 (2) For health insurance policies for which neither
23 rates nor forms are required to be filed with the Insurance
24 Department or the Federal Government, ~~this act~~ SECTION 7 <--
25 shall apply to any policy issued or renewed on or after 180
26 days after the effective date of this section.

27 Section 9. Effective date.

28 This act shall take effect in 60 days.