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February 3, 2017

Joy L. Lindo, Director
Office of Legal and Regulatory Compliance
Office of the Commissioner
New Jersey Department of Health
PO Box 360, Trenton, NJ 08625-0360

Dear Ms. Lindo,

The New Jersey Association of Public Health Nurse Administrators Inc., hereto referred to as NJAPHNA, has reviewed the proposed amendments, repeals, and new rules governing Elevated Blood Lead Levels at N.J.A.C. 8:51.
NJAPHNA supports lowering the public health action level to 5 micrograms per deciliter of lead via blood specimen, which concurs with the reference level recommended by the CDC. However, NJAPHNA would like to provide comments on some of the proposed rule changes. Said rule changes are quoted below, followed by comments on observed issues with rationales, and NJAPHNA's suggestions to address the issues.

STATE OF NJ PROPOSED RULE CHANGES:

- *The Department proposes to add new N.J.A.C. 8:51-2.4(b) to establish minimum case management requirements for local health departments to follow whenever a child has a **capillary** blood lead level of five µg/dL to 9 µg/dL. These would include, but not limited to, general education to parents and guardians, recommending follow up venous blood screenings for other children/pregnant women living in the household, follow up with the child's health care provider, education on how to reduce blood lead levels and referrals to appropriate community resources to obtain assistance with health insurance, transportation services, and/or supplemental nutrition services.*
- *The department proposes to amend N.J.A.C. 8:51-2.5(a) particularly as it applies to the **Home Visit** session. The Department proposes to delete the requirement that case management is for confirmed blood lead levels by venous samples only in all cases. The Department proposes to add language that **capillary testing** resulting in blood lead levels from five to nine µg/dL shall trigger case management intervals within four weeks.*
- *N.J.A.C. 8:51 Defined Terms: Case Management - a public health nurse's coordination, oversight and/or provision of the services required to identify lead sources, eliminate a child's lead exposure and reduce the child's blood lead level below 5 µg/dL*

NJAPHNA COMMENTS:

We would like to comment on the above statements regarding capillary testing. According to the following Morbidity and Mortality Weekly Report (MMWR) by the CDC, "Interpreting and Managing Blood Lead Levels <10µg/dL in Children and Reducing Childhood Exposures to Lead", (available at https://www.cdc.gov/MMWR/preview/mmwrhtml/rr5608a1.htm)

> Blood lead test reliability also depends on adhering to blood collection techniques that reduce sample contamination. Collection of capillary blood from a fingerstick into a lead-free collection device is an accepted method for obtaining a screening test (*19--23*) and contamination by lead from the skin surface can be minimized if a protocol for proper capillary specimen collection is followed (*24*).[†] However, because lead levels from a capillary blood sample will vary from those of a simultaneously drawn venous sample, **elevated capillary results should be confirmed with blood drawn by venipuncture**. Multiple studies have reported on the uncertainty introduced by collecting capillary blood rather than venipuncture at thresholds of 10 µg/dL or 15 µg/dL (*19--23*), but **none has examined the sensitivity or specificity of capillary methods** at thresholds <10 µg/dL.

A capillary test is a screening test, not a confirmatory test. If a screening test sample is contaminated it can result in a false positive. The above quoted MMWR publication indicates that there is no documented sensitivity or specificity for capillary testing methods. We suggest that the proposed initial public health actions (providing education on lead level reduction, home visits, recommending follow-up venous blood screenings of other children and pregnant women living in the same household) should be deferred until a confirmed venous blood lead level test result has been obtained. Providing general lead education and recommending a venipuncture test or assisting parents who have no health insurance to obtain the venipuncture (confirmatory) test are more appropriate actions to take post a single capillary test.

It is premature to conduct a home visit and provide lead level reduction education when a child has received only one capillary test. This may cause unnecessary panic and emotional distress to parents and guardians. False alarms may impact the credibility of public health staff should the confirmatory test result report a low lead level.

NJAPHNA SUGGESTIONS:

1. *The Department proposes to add new N.J.A.C. 8:51-2.4(b) to establish minimum case management requirements for local health departments to follow whenever a child has a* ***capillary*** *blood lead level of five µg/dL to nine µg/dL. These would include, (*NJAPHNA suggests eliminating the following parts of the recommendation *"~~**education for parents and guardians, recommending follow up venous blood screenings of other children and pregnant women living in the household"),**~~ follow up with the child's health care provider, (~~**education on how to reduce blood lead levels**~~), and referrals to appropriate*

community resources to obtain assistance with health insurance, transportation services, and/or supplemental nutrition services.

2. *N.J.A.C. 8:51-2.5(a) in particular to the Home Visit session. It is proposed to add* "**confirmed blood lead levels by venous sample from five to nine µg/dL shall trigger case Home Visit within four weeks.**"

3. Appendix M: Summary of Public Health Actions for Elevated Blood Lead Levels – Category I (case management for a single capillary 5-9µg/dL) table
   Remove the following bullet points:
   - *Home visit*
   - *Provide education, both written and verbal, and counseling about the effects of elevated blood lead levels and its prevention (nutrition, personal hygiene and housekeeping) and other risk reduction measures.*
   - *Recommend blood lead screening of siblings, other children, and pregnant women living in the same household.*

   Suggested update to the following bulletin points:
   - Follow up with the child's parents or guardians.
   - Recommend venous blood lead retesting of the child.
   - Provide introductory lead education and mail out literature.
   - If the child is without a primary care provider, refer the child to appropriate community resources.

4. Appendix G -"CHILDHOOD LEAD EXPOSURE PREVENTION HOME VISIT" Page 6. Home Safety Checklist:
   "*The form is intended for use during nurse case manager home visits to document issues not captured through the Lead Hazard Assessment Questionnaire or Preliminary Evaluation*." The nurse case manager's expertise does not coincide with Appendix G and a competency level does not exist on safety concerns listed on checklist. Therein, assessing "structurally sound", "properly vented gas appliances", and "working carbon monoxide detectors" are just a few examples. This poses a liability risk to the case manager due to low competency levels. In addition safety list items listed are outside the nurse's scope of practice.

   NJAPHNA proposes to either
   a. Eliminate the Home Safety Checklist entire form or sections therein

or,

b. The Home Safety Checklist should be considered for re-assignment as a survey to the home owner, or the parents/guardians of child with elevated BLL.

5. Appendix Page 45, N.J.A.C. Defined Terms
We propose this change:
Case Management – a public health nurse will **coordinate with environmental specialists** to identify lead sources**, facilitate the efforts to** eliminate a child's lead exposure and coordinate other services toward the goal of reducing a child's lead levels to below 5 ug/dL.

New Jersey Association of Public Health Nurse Administrators Inc. (NJAPHNA), is collectively of the opinion, that after reviewing the above suggestions and rationale for changes to testing, the state of New Jersey will agree, a further need for updates and change exists. Should the need arise representatives of NJAPHNA are available to discuss these changes at your earliest convenience. NJAPHNA respectfully submits the above requested changes to the State of New Jersey for review.

Respectively submitted,

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New Jersey Association of Public Health Nurse Administrators Inc.
"Providing One Voice to Public Health Nursing Throughout New Jersey"