

# Clearinghouse Rule 99-055

## CERTIFICATE

STATE OF WISCONSIN )  
 ) SS  
DEPARTMENT OF HEALTH AND FAMILY SERVICES )

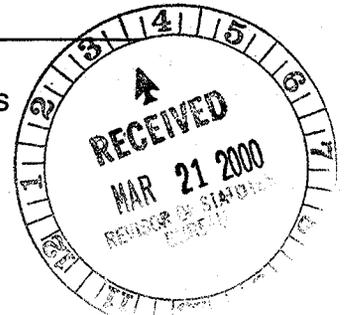
I, Joseph Leean, Secretary of the Department of Health and Family Services and custodian of the official records of the Department, do hereby certify that the annexed rules relating to reporting of blood lead test results were duly adopted by this Department on March 21, 2000.

I further certify that this copy has been compared by me with the original on file in the Department and that this copy is a true copy of the original, and of the whole of the original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department at the State Office Building, 1 W. Wilson Street, in the city of Madison, this 21st day of March, 2000.

SEAL:

  
\_\_\_\_\_  
Joseph Leean, Secretary  
Department of Health and Family Services



99-055

6-1-00

**ORDER OF THE  
DEPARTMENT OF HEALTH AND FAMILY SERVICES  
CREATING RULES**



To create chapter HFS 181, relating to reporting of blood lead test results.

**Analysis Prepared by the Department of Health and Family Services**

These rules specify time periods and forms for reporting to the Department or a local health officer the results of tests made on human blood samples to determine the amount of lead in the blood.

Requirements to report cases of lead poisoning or lead exposure and the results of screening children under the age of 6 for lead poisoning or lead exposure are found in s. 254.13, Stats. Every physician who diagnoses lead poisoning or lead exposure, every person who screens a child under six years of age for lead poisoning or lead exposure, and any nurse, hospital administrator, director of a clinical laboratory or local health officer who has verified information of any person found to have or suspected of having lead poisoning or lead exposure is expected to report this information.

The reporting of all blood lead tests, as required by the rules, will serve the purposes stated in s. 254.13, Stats., and the broader purposes served by establishment of an adequate surveillance system authorized under s. 250.04 (3), Stats.

The rules require that the results of all blood lead tests performed on blood samples taken from Wisconsin residents be reported to the Department, except that, at the request of a local health department and with agreement of the Department, the results may be reported to that local health department which then must forward the results to the Department. The way this will work is that whoever submits the sample of a person's blood to a laboratory for analysis to determine the amount of lead in the person's blood must send along with the sample specified information about the patient and how the sample was collected. That information will form part of the report to the Department or local health officer. Except in the case of an out-of-state laboratory or when a laboratory and health care provider agree in writing that the health care provider, after obtaining the test results from the laboratory, will report them to the Department, the laboratory is responsible for submitting the required report to the Department. The report will consist of the information submitted by the health care provider to the laboratory with the blood sample and information supplied by the laboratory that identifies the laboratory and states when the analysis was completed and the results of the blood lead test.

The Department's authority to create these rules is found in ss. 250.04 (7) and 254.13 (2), Stats. The rules interpret ss. 250.04 (3) and 254.13, Stats.

SECTION 1. Chapter HFS 181 is created to read:

## Chapter HFS 181

### REPORTING OF BLOOD LEAD TEST RESULTS

- HFS 181.01 Authority and purpose
- HFS 181.02 Applicability
- HFS 181.03 Definitions
- HFS 181.04 Reporting responsibility
- HFS 181.05 Timetable for reporting
- HFS 181.06 Contents of report
- HFS 181.07 Form of report submitted to department
- HFS 181.08 Enforcement, penalties and immunity from liability

**HFS 181.01 Authority and purpose.** This chapter is promulgated under the authority of ss. 250.04 (7) and 254.13 Stats., to ensure timely reporting to the department of the results of all tests made to determine the concentration of lead in a person's blood. The chapter establishes a foundation for a surveillance system that will identify, evaluate and provide a basis for controlling the prevalence of lead poisoning or lead exposure. When blood lead test results are properly reported, the department and local health departments are able to carry out their public health responsibilities to identify individuals with lead poisoning, identify and evaluate trends, patterns and risk factors for lead poisoning, identify sources of lead in the environment, educate the public and prevent exposure to lead.

**HFS 181.02 Applicability.** This chapter applies to any physician, nurse, hospital administrator, director of a blood drawing site or local health officer who obtains a person's blood sample or orders that a blood sample be taken from a Wisconsin resident for the purpose of measuring the concentration of lead in the blood and to directors of clinical laboratories that analyze human blood samples to determine the concentration of lead in blood.

**HFS 181.03 Definitions.** In this chapter:

(1) "Blood lead test" means the determination by a clinical laboratory of the amount of lead in a blood sample.

(2) "Blood sample" means any human blood sample, venous or capillary, drawn for analysis of the concentration of lead in the blood.

(3) "Clinical laboratory" means a laboratory which analyzes human blood samples to determine the concentration of lead in blood and which meets the standards of the clinical laboratory improvement amendments.

(4) "Clinical laboratory improvement amendments" means the federal clinical laboratory improvement amendments of 1988, as amended, 42 USC 263a and 42 CFR Part 493.

(5) "Department" means the Wisconsin department of health and family services.

(6) "Director of a blood drawing site" means a person responsible for a location where blood samples are obtained or drawn to determine the concentration of lead in the blood.

(7) "Health care provider" means a physician, nurse, hospital administrator, local health officer or director of a blood drawing site.

(8) "Local health department" has the meaning specified under s. 250.01 (4), Stats.

(9) "Local health officer" means the person in charge of a local health department.

(10) "Lead poisoning or lead exposure" means a concentration of lead in the blood of 10 micrograms or more of lead per 100 milliliters of human blood.

(11) "Medical assistance" means the assistance program under ss. 49.43 to 49.497, Stats., and chs. HFS 101 to 108.

(12) "Screens" means taking a sample of blood from a person and sending the blood sample to a clinical laboratory for determination of the concentration of lead in the person's blood.

(13) "Person who screens for lead poisoning or lead exposure" means a physician, nurse, hospital administrator, local health officer, director of a clinical laboratory or director of a blood drawing site who screens blood samples for determination of the concentration in the blood.

**HFS 181.04 Reporting responsibility.** (1) The results of all blood lead tests performed on blood samples taken from Wisconsin residents shall be reported to the department.

(2) When a health care provider sends a blood sample to a clinical laboratory for determination of the concentration of lead in the blood, the health care provider shall include with the blood sample all the information required under s. HFS 181.06 (1).

(3) (a) Except as provided in par. (b), directors of clinical laboratories shall report to the department the results of all blood lead tests and the other information as described in s. HFS 181.06 for each blood lead test regardless of the concentration of lead in the blood.

(b) If there is a written agreement between the health care provider and the clinical laboratory, the health care provider may report the blood lead test results and the other information described in s. HFS 181.06 to the department.

(c) If the health care provider sends blood samples to a clinical laboratory outside of Wisconsin, the health care provider shall report the blood lead test results and other information described in s. HFS 181.06 to the department.

(4) A health care provider shall be considered to have met the requirement under s. 254.13 (1), Stats., to report results to the department if the health care provider submits the information required under s. HFS 181.06 (1) in writing with the blood sample when sending the blood sample to a clinical laboratory for determination of the concentration of lead in blood except as indicated in sub. (3) (c).

(5) The department shall transmit results of the test on a person's blood sample to the local health department in the area in which the person tested resides if the results indicate lead poisoning or lead exposure.

(6) At the direction of the department and at the request of the local health department, a laboratory director or a health care provider under sub. (3) (b) shall report results of blood lead tests directly to the local health department in the area in which the person tested resides. The local health department shall transmit results of blood lead tests and the other information required by s. HFS 181.06 at least quarterly to the department in a format acceptable to the department.

(7) Failure to report blood lead results is a violation of this chapter and therefore the person responsible is subject to prosecution under s. HFS 181.08.

**Note:** To obtain information about reporting or to send blood test results and other patient information, write or call the Lead Poisoning Prevention Program, Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659, telephone (608) 266-5817.

**HFS 181.05 Timetable for reporting.** (1) (a) Blood lead concentrations of 45 micrograms or more of lead per 100 milliliters of blood shall be reported to the department within 24 hours from the time the analysis is completed.

**Note:** For patients with blood lead results of 45 micrograms lead per 100 milliliters of blood or more, report to the Department blood lead test results and other patient information by telephoning or faxing: Lead Poisoning Prevention Program, Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659; telephone (608) 266-5817; fax (608) 267-0402.

(b) Blood lead concentrations of 10 micrograms or more of lead but less than 45 micrograms of lead per 100 milliliters of blood shall be reported to the department within 48 hours from the time the analysis is completed.

(c) Blood lead concentrations of less than 10 micrograms of lead per 100 milliliters of blood shall be reported to the department within 30 days from the time the analysis is completed.

(2) Failure to report blood lead test results in the timeframe identified in this section is a violation of this chapter and therefore the person responsible is subject to prosecution under s. HFS 181.08.

**HFS 181.06 Contents of report.** (1) INFORMATION TO ACCOMPANY BLOOD SAMPLE FOR LABORATORY ANALYSIS. Any health care provider who submits a human blood sample to a clinical laboratory for a determination of the lead concentration in the blood shall include all of the following information with the blood sample:

(a) The patient's first name, middle initial and last name.

(b) The patient's month, day and year of birth.

(c) The patient's gender, male or female.

(d) The patient's race: Z=Unknown, W=White, B=Black, A=Asian, N=Native American, O=Other.

(e) The patient's ethnicity: Z=unknown, H=Hispanic, N=Non-Hispanic.

(f) The patient's street address, apartment number, city or town, county and zip code.

**Note:** A street address must be provided if available. A post office box is not an acceptable alternative.

(g) For a patient under 18 year's of age, a parent's or guardian's first name, middle initial and last name.

(h) For a patient under 18 years of age, a parent's or guardian's area code and phone number.

(i) For a patient 16 years of age or older, and if the patient is employed, the employer's name, street address, city or town, state and zip code.

(j) For a patient 16 years of age or older, the patient's occupation, if employed.

(k) The patient's medical assistance number, if applicable.

(L) The month, date and year the blood sample was collected.

(m) The method of blood sample collection, venous or capillary.

(n) The name of the health care provider submitting the blood sample, the name of that person's facility or practice, street address, city or town, state, zip code, area code and phone number.

(o) The name and address of the patient's physician, if other than the health care provider.

(2) **ADDITIONAL INFORMATION TO BE PROVIDED BY LABORATORY.** A clinical laboratory that determines the lead concentration in a sample of blood submitted to it for a blood lead test shall submit to the department a report on the results of the blood lead test in accordance with ss. HFS 181.05 and 181.07. That report shall include all the information in sub. (1) and, in addition, all of the following information:

(a) The name of the clinical laboratory performing the analysis, and the laboratory's street address, city or town, state, zip code, area code and phone number and clinical laboratory improvement amendments number.

(b) The month, date and year the laboratory analysis was completed.

(c) Results of the blood lead test in micrograms of lead per 100 milliliters of blood.

(3) **FAILURE TO INCLUDE INFORMATION.** Failure to include in the report on blood lead results all of the information required under subs. (1) and (2) is a violation of this chapter and therefore the person responsible is subject to prosecution under s. HFS 181.08.

**HFS 181.07 Form of report submitted to the department.** Reporting to the department shall be by electronic means in a format acceptable to the department unless the laboratory or other person who screens for lead poisoning or lead exposure does not have suitable electronic data transport capability, in which case, reports may be paper reports in a format acceptable to the department.

**Note:** See Appendix A to this chapter for an acceptable format for either electronic or paper reporting of blood lead test results. To obtain more information about acceptable formats, write or call the Lead Poisoning Prevention Program, Division of Public Health, P.O. Box 2659, Madison, WI 53701-2659; telephone (608) 266-5817.

**HFS 181.08 Enforcement, penalties and immunity from liability. (1)**  
**ENFORCEMENT.** Pursuant to s. 254.30 (1) (b), Stats., the department may report violations of this chapter to the district attorney of the county in which the violation occurred for enforcement action.

(2) **PENALTIES.** (a) *Civil.* Pursuant to 254.30 (2) (a), Stats., any physician, nurse, hospital administrator, local health officer, director of a clinical laboratory or director of a blood drawing site who violates any provision of this chapter may be required to forfeit not less than \$100 nor more than \$1,000. Each day of continued violation constitutes a separate offense.

(b) *Criminal*. Pursuant to s. 254.30 (2) (b), Stats., any physician, nurse, hospital administrator, local health officer, director of a clinical laboratory or director of a blood drawing site who knowingly violates any provision of this chapter may be required to forfeit not less than \$100 nor more than \$5,000. The court may place the person on probation under s. 973.09, Stats., for a period not to exceed 2 years.

(3) IMMUNITY FROM LIABILITY. As provided in s. 254.13, Stats., a person making a report under this chapter in good faith is immune from civil or criminal liability that might otherwise be incurred from making the report.

## Appendix A

DEPARTMENT OF HEALTH AND FAMILY SERVICES  
 Division of Public Health  
 BEH 7142(3/00)

STATE OF WISCONSIN  
 Childhood Lead Poisoning Prevention Program

### BLOOD LEAD LAB REPORTING FORM

Information to be provided by the Health Care Provider

(Physician, Nurse, Hospital Administrator, Local Health Officer, Director of Blood Drawing Site)

Patient Name (Last)		(First)		(Middle Initial)	
Date of Birth (mm/dd/yy) / /		Medical Assistance Number (if applicable)		Gender (Circle One): Male / Female	
Race (Please check appropriate box)					
Native American <input type="checkbox"/>		Black <input type="checkbox"/>		Unknown <input type="checkbox"/>	
Asian/Pacific Islander <input type="checkbox"/>		White <input type="checkbox"/>		Other (Please Specify) _____	
Ethnicity (Please check appropriate box)					
Hispanic/Latin <input type="checkbox"/>		Non-Hispanic/Non-Latino <input type="checkbox"/>		Unknown <input type="checkbox"/>	
Patient Street Address				Apt	
City		County		State	Zip
Parent or Guardian (if patient is under 18 years of age)					
(Last)		(First)		(Middle Initial)	
Telephone Number (Or Parent or Guardian telephone number if patient is under 18 years of age)					
home ( )		-		work ( ) -	
Employer Name and Address (if patient is 16 years of age or older)				Occupation	
Name of Health Care Provider _____					
Address _____					
Phone ( ) - _____					
Patient's Physician (if other than Health Care Provider) _____					
Address _____					
Phone ( ) - _____					

### ADDITIONAL INFORMATION TO BE PROVIDED BY THE LABORATORY

Laboratory Name		Clinical laboratory improvement amendments number:			
Address:		_____			
		Phone: ( ) _____ - _____			
Blood Collection Type (check one)		Venous <input type="checkbox"/>		Capillary <input type="checkbox"/>	
		Date of Collection (mm/dd/yr) / /			
Date of Analysis (mm/dd/yr) / /		<b>Results</b> _____ <u>micrograms lead per 100 milliliters of blood</u>			

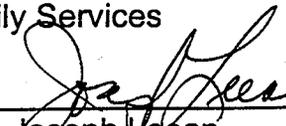
**If test results indicate 45 or more micrograms lead per 100 milliliters of blood, send this form immediately by fax to 608 267-0402. Return all forms to: Terri Dolphin, DHFS- Division of Public Health, P. O. BOX 2659, Madison, WI 53701-2659.**

The rules contained in this order shall take effect on the first day of the month following their publication in the Wisconsin Administrative Register as provided in s. 227.22 (2), Stats.

Wisconsin Department of Health and  
Family Services

Date: 3-21-00

By: \_\_\_\_\_

  
Joseph L. Lee  
Secretary

SEAL:



State of Wisconsin  
**Department of Health and Family Services**

---

Tommy G. Thompson, Governor  
Joe Lean, Secretary

March 21, 2000

Mr. Bruce E. Munson  
Revisor of Statutes  
131 W. Wilson St., Suite 800  
Madison, WI 53703

Dear Mr. Munson:

As provided in s. 227.20, Stats., there is hereby submitted a certified copy of ch. HFS 181, relating to reporting of blood lead test results.

These rules are also being submitted to the Secretary of State as required by s. 227.20, Stats.

Sincerely,

Joseph Llean  
Secretary

Enclosure

