

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Health
Department of Health Care Finance



**TO ALL PEDIATRICIANS, FAMILY PRACTITIONERS, HEALTH CLINICS, AND
MANAGED CARE PLANS SERVING DC MEDICAID BENEFICIARIES**

Re: Lead Screening and Reporting Requirements in the District of Columbia

Dear Health Care Provider:

For Children’s Health Month and National Lead Poisoning Prevention Week (October 19–25, 2025), the DC Department of Health (DC Health) and the Department of Health Care Finance (DHCF) are writing to remind you of your legal obligation to perform blood lead level (BLL) screening as part of a well-child visit for all children you serve in the District of Columbia, as outlined below. To review your full responsibilities under the lead screening and reporting law, please visit: <http://www.dcregs.dc.gov/Gateway/ChapterHome.aspx?ChapterNumber=22-B73>.

Screening Requirements

Missed opportunities to screen “every child, twice by two” for lead in blood as part of a well-child visit put children who live in the District at risk for serious and irreversible harm from lead exposure. District law requires a BLL screening test for all children between 6 months and 14 months of age and another BLL screening test between 22 months and 26 months of age, unless an identical test was performed in the previous 12 months. If a child over 26 months of age has not been tested for lead, the law mandates two BLL tests before the child turns six (6) years old.

District law also requires you to conduct a BLL screening test when a child is at risk for high-dose lead exposure. Risk indicators include living in or frequently visiting deteriorated or renovated housing built before 1978 (presumed by District law to include lead-based paint); having a household member who may be exposed to lead at work; exhibiting pica; or having neurological, behavioral, developmental, or other symptoms consistent with lead exposure.

Reporting Requirements

The Lead-Hazard Prevention and Elimination Act defines “elevated blood lead level” as the concentration of lead in a sample of whole blood equal to or greater than 10 micrograms of lead per deciliter ($\mu\text{g}/\text{dL}$) of blood, or such more stringent standard as may be established by the U.S. Centers for Disease Control and Prevention as the appropriate level of concern or adopted by Mayor Bowser by rule. DC Health offers case management and risk assessments for children at the 3.5 $\mu\text{g}/\text{dL}$ reference level.

For laboratories, including health care facilities using point-of-care blood lead testing devices, District law mandates reporting of all BLL test results (capillary or venous) to DC Health within one (1) week of receipt. District law also requires laboratories to immediately report children with an elevated BLL at or above 3.5 $\mu\text{g}/\text{dL}$ to DC Health. Timely reporting of elevated BLLs allows DC Health to promptly offer case management and risk mitigation assistance.

Pediatric providers and health care facilities that receive laboratory reports of a child with an elevated BLL are legally mandated to inform DC Health within 72 hours. DC Health also encourages laboratories, providers, and facilities to **report BLL results at or above 3.5 $\mu\text{g}/\text{dL}$ to**

DC Health immediately. Please fax the elevated BLL result to **DC Health's secure fax line at (202) 535-2607** or call **DC Health's Childhood Lead Poisoning Prevention Program at (202) 481-3837.**

Follow-up Testing and Care Management

When a child has an elevated BLL, you are legally obligated by the District to provide follow-up BLL testing, treatment, and care. You are also required to provide care management, such as family education, developmental screening, and referrals for social and environmental services.

DC Lead Registry

Since its launch on March 22, 2021, the DC Lead Registry within CRISP, the District's designated Health Information Exchange Entity (<https://crispdc.org>), has become an essential tool for healthcare providers. This system allows providers to quickly and efficiently check lead screening statuses for patients and receive real-time alerts about elevated BLLs.

Key Features:

- **Comprehensive Data Access:** Providers can view current and historical BLL test results through CRISP's Health Records and Patient Snapshot tabs. Elevated BLL results trigger a Care Alert in the Patient Snapshot, ensuring timely intervention.
- **Improved Clinical Decision-Making:** The information available helps guide clinical decisions related to anticipatory guidance, screening protocols, treatment options, and follow-up testing for lead exposure.
- **Support for Health Plans:** Health plan providers can leverage the registry to better meet their members' needs for lead testing, treatment, and ongoing care, fostering a proactive approach to health management.

As we continue to prioritize public health, the DC Lead Registry remains a critical resource in our efforts to combat lead exposure. For further information about the registry, please reach out to Emmanuel C. Ofoche at Emmanuel.Ofoche@dc.gov. For access to the DC Lead Registry through CRISP, contact Priya Byati at priya.byati@crisphealth.org.

Talking with Parents/Caregivers: Anticipatory Guidance

With no identified safe blood lead level in children, educating parents, caregivers, and persons who are pregnant or breastfeeding on preventing lead exposure is critical. Lead hazards include lead-contaminated dust and soil; deteriorated lead-based paint; lead in drinking water; and lead in consumer products, such as certain imported candy, spices, and folk remedies, jewelry, old toys, cosmetics, pottery, and ceramic cookware. For guidance, visit [Childhood Lead Poisoning and Prevention | doh](#).

School Health Reporting Requirements

The District of Columbia Universal Health Certificate (UHC) requires medical providers to document the performance and results of two BLL screening tests for children less than six years of age. The UHC must be submitted annually for all children enrolled in child development facilities; Head Start; and public, public charter, private, and parochial schools in the District of Columbia. The UHC is available at: <https://dcps.dc.gov/page/school-health-requirements>.

The Childhood Lead Poisoning Prevention Program Transitions to DC Health

The District of Columbia's Department of Energy and Environment (DOEE) has transferred its Healthy Housing Branch to the DC Department of Health's (DC Health) Environmental Health Administration. This transition aims to strengthen efforts to address environmental health hazards, including the Childhood Lead Poisoning Prevention Program. As a physician screening children for lead poisoning, you can expect continued collaboration with both DOEE and now DC Health, which will continue to provide essential support through home assessments, educational resources, and case management services to reduce lead exposure risks for the families you serve.

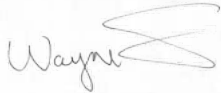
For questions about lead screening requirements, please contact Ms. Colleen Sonosky, Associate Director of DHCF's Division of Children's Health Services, at (202) 557-1625, or Mrs. Amanda Ri'Chard-Briggs, Associate Director of DC Health's Office of Environmental Protection at 202-308-0348.

Thank you for all that you continue to do to protect children's health in our nation's capital.

Sincerely,



Dr. Ayanna Bennett
Director
DC Department of Health



Wayne Turnage
Deputy Mayor of Health and Human Services and
Director, Department of Health Care Finance