



General Assembly

Amendment

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Offered by:

SEN. MEYER, 12th Dist.

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To: Subst. House Bill No. 5251

File No. 460

Cal. No. 479

**"AN ACT CONCERNING RECOMMENDATIONS OF THE CHILD
POVERTY COUNCIL RELATED TO JOB TRAINING AND CHILD
WELLNESS."**

1 After the last section, add the following and renumber sections and
2 internal references accordingly:

3 "Sec. 501. (NEW) (*Effective October 1, 2006*) The Commissioners of
4 Public Health and Social Services shall jointly establish a program to
5 inform applicants for coverage under the HUSKY Plan, Part A or Part
6 B, and the Healthy Start program about the harmful effects of exposure
7 to lead paint and the availability of, and potential eligibility for,
8 services provided by the lead poisoning prevention program
9 established by the Department of Public Health pursuant to section
10 19a-111a of the general statutes, as amended by this act.

11 Sec. 502. Section 19a-111a of the general statutes is repealed and the
12 following is substituted in lieu thereof (*Effective April 1, 2007*):

13 (a) The [Commissioner] Department of Public Health shall be the
14 lead state agency for lead poisoning prevention in this state. The
15 Commissioner of Public Health shall (1) identify the state and local
16 agencies in this state with responsibilities related to lead poisoning
17 prevention, and (2) schedule a meeting of such state agencies and
18 representative local agencies at least once annually in order to
19 coordinate lead poisoning prevention efforts in this state.

20 (b) The commissioner shall establish a lead poisoning prevention
21 program [. Such program shall] to provide screening, diagnosis,
22 consultation, inspection and treatment services, including, but not
23 limited to, the prevention and elimination of lead poisoning through
24 research, abatement, education and epidemiological and clinical
25 activities. Such program shall include, but need not be limited to, the
26 screening services provided pursuant to section 503 of this act.

27 [(b)] (c) Within available appropriations, the [Commissioner of
28 Public Health] commissioner may contract with individuals, groups or
29 agencies for the provision of necessary services and enter into
30 assistance agreements with municipalities, cities, boroughs or district
31 departments of health or special service districts for the development
32 and implementation of comprehensive lead poisoning prevention
33 programs consistent with the provisions of sections 19a-110 to 19a-
34 111c, inclusive.

35 Sec. 503. (NEW) (*Effective April 1, 2007*) (a) Each primary care
36 provider giving pediatric care in this state to a child under six years of
37 age shall take or cause to be taken a blood sample from each such child
38 for the purpose of conducting blood lead screening in accordance with
39 this section. Each primary care provider shall also arrange for lead risk
40 assessments in accordance with subsection (b) of this section. The
41 requirements of this section shall not apply to any child whose parent
42 or guardian objects to a blood test as being in conflict with the parent
43 or guardian's religious tenets and practices.

44 (b) (1) Lead screening shall be conducted at least annually for each

45 child between six and thirty six months of age. Additional screening
46 shall be conducted as clinically indicated as determined by the primary
47 care provider. For purposes of this section, clinically indicated
48 screening shall include, but not be limited to, screening for a child
49 who:

50 (A) Has never been screened for blood lead, in which case the child
51 shall be immediately screened regardless of other risk factors;

52 (B) Has a clinical record or exhibits symptoms indicative of elevated
53 blood lead levels, which symptoms may include, but need not be
54 limited to, neurological symptoms, hyperactivity, behavioral
55 disorders, abdominal pain or developmental delays;

56 (C) Has a chronological age of six years or older but is
57 developmentally delayed and is found to be at risk for lead poisoning
58 pursuant to subdivision (2) of this subsection; or

59 (D) Has a loss of cognitive skill for no identified reason.

60 (2) In addition to such screening, a risk assessment shall be
61 conducted at least annually for each child between thirty-seven and
62 seventy-two months of age. Such risk assessment shall comply with
63 standards established by the Commissioner of Public Health, and shall
64 include, but need not be limited to, questions to determine whether the
65 child:

66 (A) Is exhibiting a habit of eating nonfood substances;

67 (B) Has a prior confirmed venous blood lead level equal to or
68 greater than fifteen micrograms per deciliter; or

69 (C) Resides in a residence constructed before 1978 that has
70 undergone major renovations that may increase the risk of lead
71 exposure.

72 Sec. 504. Section 19a-110 of the general statutes is repealed and the
73 following is substituted in lieu thereof (*Effective April 1, 2007*):

74 (a) [Each institution licensed under the provisions of sections 19a-
75 490 to 19a-503, inclusive, and each private clinical laboratory licensed
76 under section 19a-30 shall, within] Not later than forty-eight hours [of
77 receipt of knowledge thereof,] after receiving or completing a report of
78 a person found to have a level of lead in the blood equal to or greater
79 than ten micrograms per deciliter of blood or any other abnormal body
80 burden of lead, each institution licensed under sections 19a-490 to 19a-
81 503, inclusive, as amended, and each clinical laboratory licensed under
82 section 19a-30 shall report to (1) the Commissioner of Public Health,
83 and to the director of health of the town, city or borough in which the
84 person resides: [(1)] (A) The name, full residence address, date of birth,
85 gender, race and ethnicity of each person found to have a level of lead
86 in the blood equal to or greater than ten micrograms per deciliter of
87 blood or any other abnormal body burden of lead; [(2)] (B) the name,
88 address and telephone number of the health care provider who
89 ordered the test; [(3)] (C) the sample collection date, analysis date, type
90 and blood lead analysis result; and [(4)] (D) such other information as
91 the commissioner may require, and (2) the health care provider who
92 ordered the test, the results of the test. With respect to a child under six
93 years of age, not later than seventy-two hours after the provider
94 receives such results, the provider shall make reasonable efforts to
95 notify the parent or guardian of the child of the blood lead analysis
96 results. Any institution or laboratory making an accurate report in
97 good faith shall not be liable for the act of disclosing said report to the
98 commissioner or to the director of health. The commissioner, after
99 consultation with the Chief Information Officer of the Department of
100 Information Technology, shall determine the method and format of
101 transmission of data contained in said report.

102 (b) Each institution or laboratory that conducts lead testing
103 pursuant to subsection (a) of this section shall, at least monthly, submit
104 to the Commissioner of Public Health a comprehensive report that
105 includes: (1) The name, full residence address, date of birth, gender,
106 race and ethnicity of each person tested pursuant to subsection (a) of
107 this section regardless of the level of lead in the blood; (2) the name,

108 address and telephone number of the health care provider who
109 ordered the test; (3) the sample collection date, analysis date, type and
110 blood lead analysis result; (4) laboratory identifiers; and (5) such other
111 information as the commissioner may require. Any institution or
112 laboratory making an accurate report in good faith shall not be liable
113 for the act of disclosing said report to the commissioner. The
114 commissioner, after consultation with the Chief Information Officer,
115 shall determine the method and format of transmission of data
116 contained in said report.

117 (c) Whenever an institutional laboratory or private clinical
118 laboratory conducting blood lead tests pursuant to this section refers a
119 blood lead sample to another laboratory for analysis, the laboratories
120 may agree on which laboratory will report in compliance with
121 subsections (a) and (b) of this section, but both laboratories shall be
122 accountable to insure that reports are made. The referring laboratory
123 shall insure that the requisition slip includes all of the information that
124 is required in subsections (a) and (b) of this section and that this
125 information is transmitted with the blood specimen to the laboratory
126 performing the analysis.

127 (d) The director of health of the town, city or borough shall provide
128 or cause to be provided, to the parent or guardian of a child reported,
129 pursuant to subsection (a) of this section, with information describing
130 the dangers of lead poisoning, precautions to reduce the risk of lead
131 poisoning, information about potential eligibility for services for
132 children from birth to three years of age pursuant to sections 17a-248
133 to 17a-248g, inclusive, and laws and regulations concerning lead
134 abatement. Said information shall be developed by the Department of
135 Public Health and provided to each local and district director of health.
136 With respect to the child reported, the director shall conduct an on-site
137 inspection to identify the source of the lead causing a confirmed
138 venous blood lead level equal to or greater than fifteen micrograms per
139 deciliter but less than twenty micrograms per deciliter in two tests
140 taken at least three months apart and order remediation of such
141 sources by the appropriate persons responsible for the conditions at

142 such source. On and after January 1, 2010, if one per cent or more of
143 children in this state under the age of six report blood lead levels equal
144 to or greater than ten micrograms per deciliter, the director shall
145 conduct such on-site inspection and order such remediation for any
146 child having a confirmed venous blood lead level equal to or greater
147 than ten micrograms per deciliter in two tests taken at least three
148 months apart.

149 Sec. 505. Section 19a-111 of the general statutes is repealed and the
150 following is substituted in lieu thereof (*Effective April 1, 2007*):

151 Upon receipt of each report of confirmed venous blood lead level
152 equal to or greater than twenty micrograms per deciliter of blood, the
153 local director of health shall make or cause to be made an
154 epidemiological investigation of the source of the lead causing the
155 increased lead level or abnormal body burden and shall order action to
156 be taken by the appropriate person or persons responsible for the
157 condition or conditions which brought about such lead poisoning as
158 may be necessary to prevent further exposure of persons to such
159 poisoning. In the case of any residential unit where such action will not
160 result in removal of the hazard within a reasonable time, the local
161 director of health shall utilize such community resources as are
162 available to effect relocation of any family occupying such unit. The
163 local director of health may permit occupancy in said residential unit
164 during abatement if, in his judgment, occupancy would not threaten
165 the health and well-being of the occupants. The local director of health
166 shall, within thirty days of the conclusion of his investigation, report to
167 the Commissioner of Public Health the result of such investigation and
168 the action taken to insure against further lead poisoning from the same
169 source, including any measures taken to effect relocation of families.
170 Such report shall include information relevant to the identification and
171 location of the source of lead poisoning and such other information as
172 the commissioner may require pursuant to regulations adopted in
173 accordance with [the provisions of] chapter 54. The commissioner shall
174 maintain comprehensive records of all reports submitted pursuant to
175 this section and section 19a-110, as amended by this act. Such records

176 shall be geographically indexed in order to determine the location of
177 areas of relatively high incidence of lead poisoning. The commissioner
178 shall prepare a quarterly summary of such records which he shall keep
179 on file and release upon request. The commissioner shall establish, in
180 conjunction with recognized professional medical groups, guidelines
181 consistent with the National Centers for Disease Control for
182 assessment of the risk of lead poisoning, screening for lead poisoning
183 and treatment and follow-up care of individuals including children
184 with lead poisoning, women who are pregnant and women who are
185 planning pregnancy. Nothing in this section shall be construed to
186 prohibit a local building official from requiring abatement of sources of
187 lead.

188 Sec. 506. Subsection (b) of section 10-206 of the 2006 supplement to
189 the general statutes is repealed and the following is substituted in lieu
190 thereof (*Effective April 1, 2007*):

191 (b) Each local or regional board of education shall require each child
192 to have a health assessment prior to public school enrollment. The
193 assessment shall include: (1) A physical examination which shall
194 include hematocrit or hemoglobin tests, height, weight, blood
195 pressure, and, beginning with the 2003-2004 school year, a chronic
196 disease assessment which shall include, but not be limited to, asthma
197 as defined by the Commissioner of Public Health pursuant to
198 subsection (c) of section 19a-62a. The assessment form shall include (A)
199 a check box for the provider conducting the assessment, as provided in
200 subsection (a) of this section, to indicate an asthma diagnosis, (B)
201 screening questions relating to appropriate public health concerns to
202 be answered by the parent or guardian, and (C) screening questions to
203 be answered by such provider; (2) an updating of immunizations as
204 required under section 10-204a, provided a registered nurse may only
205 update said immunizations pursuant to a written order by a physician
206 or physician assistant, licensed pursuant to chapter 370, or an
207 advanced practice registered nurse, licensed pursuant to chapter 378;
208 (3) vision, hearing, speech and gross dental screenings; (4) beginning
209 with the 2009-2010 school year, the results of blood lead screening

210 pursuant to section 503 of this act that indicates whether the child has a
211 confirmed venous blood lead level greater than ten micrograms per
212 deciliter; and [(4)] (5) such other information, including health and
213 developmental history, as the physician feels is necessary and
214 appropriate. The assessment shall also include tests for tuberculosis []
215 and sickle cell anemia or Cooley's anemia [and tests for lead levels in
216 the blood] where the local or regional board of education determines
217 after consultation with the school medical advisor and the local health
218 department, or in the case of a regional board of education, each local
219 health department, that such tests are necessary, provided a registered
220 nurse may only perform said tests pursuant to the written order of a
221 physician or physician assistant, licensed pursuant to chapter 370, or
222 an advanced practice registered nurse, licensed pursuant to chapter
223 378.

224 Sec. 507. Subsection (e) of section 10-206 of the 2006 supplement to
225 the general statutes is repealed and the following is substituted in lieu
226 thereof (*Effective April 1, 2007*):

227 (e) (1) Appropriate school health personnel shall review the results
228 of each assessment and screening as recorded pursuant to subsection
229 (d) of this section. When, in the judgment of such health personnel, a
230 pupil, as defined in section 10-206a, is in need of further testing or
231 treatment, the superintendent of schools shall give written notice to the
232 parent or guardian of such pupil and shall make reasonable efforts to
233 assure that such further testing or treatment is provided. Such
234 reasonable efforts shall include a determination of whether or not the
235 parent or guardian has obtained the necessary testing or treatment for
236 the pupil, and, if not, advising the parent or guardian on how such
237 testing or treatment may be obtained. The results of such further
238 testing or treatment shall be recorded pursuant to subsection (d) of this
239 section, and shall be reviewed by school health personnel pursuant to
240 this subsection.

241 (2) When the results of a health assessment required under
242 subsection (b) of this section, as amended by this act, indicate an

243 elevated blood lead level, the appropriate school health personnel shall
244 advise the director of pupil personnel services of the results.

245 Sec. 508. (NEW) (*Effective April 1, 2007*) Each individual health
246 insurance policy providing coverage of the type specified in
247 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general
248 statutes delivered, issued for delivery, amended, renewed or
249 continued in this state on or after April 1, 2007, shall provide coverage
250 for blood lead screening and risk assessments ordered by a primary
251 care provider pursuant to section 503 of this act.

252 Sec. 509. Subsection (b) of section 38a-535 of the general statutes is
253 repealed and the following is substituted in lieu thereof (*Effective April*
254 *1, 2007*):

255 (b) [Every] Each group health insurance policy providing coverage
256 of the type specified in subdivisions (1), (2), (4), (6), (11) and (12) of
257 section 38a-469 delivered, issued for delivery or renewed on or after
258 October 1, 1989, or continued as defined in section 38a-531, on or after
259 October 1, 1990, shall provide benefits for preventive pediatric care for
260 any child covered by the policy or contract at approximately the
261 following age intervals: Every two months from birth to six months of
262 age, every three months from nine to eighteen months of age and
263 annually from two through six years of age. Any such policy may
264 provide that services rendered during a periodic review shall be
265 covered to the extent that such services are provided by or under the
266 supervision of a single physician during the course of one visit. Each
267 such policy shall also provide coverage for blood lead screening and
268 risk assessments ordered by a primary care provider pursuant to
269 section 503 of this act. Such benefits shall be subject to any policy
270 provisions which apply to other services covered by such policy.

271 Sec. 510. (NEW) (*Effective July 1, 2006*) There is established a lead
272 safe account, which shall be a separate, nonlapsing account within the
273 General Fund. The account may contain any moneys required by law
274 to be deposited in the account. The account shall be used by the

275 Department of Economic and Community Development for the
276 purpose of providing financial assistance and loans for the
277 remediation or removal of lead from residential real property.

278 Sec. 511. (NEW) (*Effective April 1, 2007*) Not later than April 1, 2007,
279 the Commissioner of Public Health shall review the data collected by
280 the Department of Public Health regarding lead poisoning to
281 determine if the data is recorded in a format that is compatible with
282 the information reported by institutions and laboratories pursuant to
283 section 19a-110 of the general statutes, as amended by this act. If the
284 commissioner finds that such data should be reported in a different
285 manner, the commissioner shall adopt regulations, in accordance with
286 chapter 54 of the general statutes, to establish the manner for reporting
287 such data.

288 Sec. 512. Section 19a-111c of the general statutes is repealed and the
289 following is substituted in lieu thereof (*Effective October 1, 2006*):

290 (a) The owner of any dwelling in which the paint, plaster or other
291 [materials] material is found to contain toxic levels of lead and in
292 which children under the age of six reside, shall abate, remediate or
293 manage such dangerous materials consistent with regulations adopted
294 pursuant to this section. The Commissioner of Public Health shall
295 adopt regulations, in accordance with [the provisions of] chapter 54,
296 [establishing removal and] to establish requirements and procedures
297 for testing, remediation, abatement [requirements and procedures for]
298 and management of materials containing toxic levels of lead. For the
299 purposes of this section, "remediation" means the use of interim
300 controls, including, but not limited to, paint stabilization, spot point
301 repair, dust control, specialized cleaning and covering of soil with
302 mulch.

303 (b) The commissioner shall authorize the use of any liquid,
304 cementitious or flexible lead encapsulant product which complies with
305 an appropriate standard for such products developed by the American
306 Society for Testing and Materials or similar testing organization

307 acceptable to the commissioner for the abatement [of toxic levels of
308 lead, unless the commissioner disapproves the use of any such
309 product] and remediation of lead hazards. The commissioner shall
310 maintain a list of all such approved lead encapsulant products that
311 may be used in this state for the abatement [of toxic levels of lead] and
312 remediation of lead hazards.

313 (c) (1) The Commissioner of Public Health may adopt regulations, in
314 accordance with chapter 54, to regulate paint removal from the exterior
315 of any building or structure where the paint removal project may
316 present a health hazard to neighboring premises. The regulations may
317 establish: (1) Definitions, (2) applicability and exemption criteria, (3)
318 procedures for submission of notifications, (4) appropriate work
319 practices, and (5) penalties for noncompliance.

320 (2) The Commissioner of Public Health may adopt regulations, in
321 accordance with chapter 54, to regulate the standards and procedures
322 for testing, remediation, as defined in this section, abatement and
323 management of materials containing toxic levels of lead in any
324 premises.

325 Sec. 513. Section 19a-206 of the general statutes is repealed and the
326 following is substituted in lieu thereof (*Effective October 1, 2006*):

327 (a) Town, city and borough directors of health or their authorized
328 agents shall, within their respective jurisdictions, examine all
329 nuisances and sources of filth injurious to the public health, cause such
330 nuisances to be abated or remediated and cause to be removed all filth
331 which in their judgment may endanger the health of the inhabitants.
332 Any owner or occupant of any property who maintains such property,
333 whether real or personal, or any part thereof, in a manner which
334 violates the provisions of the Public Health Code enacted pursuant to
335 the authority of sections 19a-36, as amended, and 19a-37 shall be
336 deemed to be maintaining a nuisance or source of filth injurious to the
337 public health. Any local director of health or his authorized agent or a
338 sanitarian authorized by such director may enter all places within his

339 jurisdiction where there is just cause to suspect any nuisance or source
340 of filth exists, and abate or remediate or cause to be abated or
341 remediated such nuisance and remove or cause to be removed such
342 filth.

343 (b) When any such nuisance or source of filth is found on private
344 property, such director of health shall order the owner or occupant of
345 such property, or both, to remove, [or] abate or remediate the same
346 within such time as the director directs. If such order is not complied
347 with [,] within the time fixed by such director: (1) Such director, or any
348 official of such town, city or borough authorized to institute actions on
349 behalf of such town, city or borough, may institute and maintain a civil
350 action for injunctive relief in any court of competent jurisdiction to
351 require the abatement or remediation of such nuisance, the removal of
352 such filth and the restraining and prohibiting of acts which caused
353 such nuisance or filth, and such court shall have power to grant such
354 injunctive relief upon notice and hearing; (2) (A) the owner or
355 occupant of such property, or both, shall be subject to a civil penalty of
356 two hundred fifty dollars per day for each day such nuisance is
357 maintained or such filth is allowed to remain after the time fixed by
358 the director in his order has expired, except that the owner or occupant
359 of such property or any part thereof on which a public eating place is
360 conducted shall not be subject to the provisions of this subdivision, but
361 shall be subject to the provisions of subdivision (3) [. Such] of this
362 subsection, and (B) such civil penalty may be collected in a civil
363 proceeding by the director of health or any official of such town, city or
364 borough authorized to institute civil actions and shall be payable to the
365 treasurer of such city, town or borough; [,] and (3) the owner or
366 occupant of such property, or both, shall be subject to the provisions of
367 sections 19a-36, as amended, 19a-220 and 19a-230.

368 (c) If the director institutes an action for injunctive relief seeking the
369 abatement or remediation of a nuisance or the removal of filth, the
370 maintenance of which is of so serious a nature as to constitute an
371 immediate hazard to the health of persons other than the persons
372 maintaining such nuisance or filth, he may, upon a verified complaint

373 stating the facts which show such immediate hazard, apply for an ex
374 parte injunction requiring the abatement or remediation of such
375 nuisance or the removal of such filth and restraining and prohibiting
376 the acts which caused such nuisance or filth to occur, and for a hearing
377 on an order to show cause why such ex parte injunction should not be
378 continued pending final determination on the merits of such action. If
379 the court finds that an immediate hazard to the health of persons other
380 than those persons maintaining such nuisance or source of filth exists,
381 such ex parte injunction shall be issued, provided a hearing on its
382 continuance pending final judgment is ordered held within seven days
383 thereafter and provided further that any persons so enjoined may
384 make a written request to the court or judge issuing such injunction for
385 a hearing to vacate such injunction, in which event such hearing shall
386 be held within three days after such request is filed.

387 (d) In each town, except in a town having a city or borough within
388 its limits, the town director of health shall have and exercise all the
389 power for preserving the public health and preventing the spread of
390 diseases; and, in any town within which there exists a city or borough,
391 the limits of which are not coterminous with the limits of such town,
392 such town director of health shall exercise the powers and duties of his
393 office only in such part of such town as is outside the limits of such city
394 or borough, except that when such city or borough has not appointed a
395 director of health, the town director of health shall, for the purposes of
396 this section, exercise the powers and duties of his office throughout the
397 town, including such city or borough, until such city or borough
398 appoints a director of health.

399 (e) When such nuisance is abated or remediated or the source of
400 filth is removed from private property, such abatement, [or]
401 remediation or removal shall be at the expense of the owner or, where
402 applicable, the occupant of such property, or both, and damages and
403 costs for such abatement, remediation or removal may be recovered
404 against [them] the owner or, where applicable, the occupant, or both,
405 by the town, city or borough in a civil action as provided in subsection
406 (b) of this section or in a separate civil action brought by the director of

407 health or any official of such city, town or borough authorized to
408 institute civil actions.

409 Sec. 514. Section 47a-52 of the general statutes is repealed and the
410 following is substituted in lieu thereof (*Effective October 1, 2006*):

411 (a) As used in this section, "rented dwelling" means any structure or
412 portion thereof which is rented, leased, or hired out to be occupied as
413 the home or residence of one or two families and any mobile
414 manufactured home in a mobile manufactured home park which,
415 although owned by its resident, sits upon a space or lot which is
416 rented, leased or hired out, but shall not include a tenement house as
417 defined in section 19a-355 or in section 47a-1.

418 (b) "Department of health" means the health authority of each city,
419 borough or town, by whatever name such health authority may be
420 known.

421 (c) When any defect in the plumbing, sewerage, water supply,
422 drainage, lighting, ventilation, or sanitary condition of a rented
423 dwelling, or of the premises on which it is situated, in the opinion of
424 the department of health of the municipality [wherein] where such
425 dwelling is located, constitutes a danger to life or health, the
426 department may order the responsible party to correct the same in
427 such manner as it specifies. If the order is not complied with within the
428 time limit set by the department, the person in charge of the
429 department may institute a civil action for injunctive relief, in
430 accordance with chapter 916, to require the abatement of such danger.

431 (d) Paint on the exposed surfaces of a rented dwelling shall not be
432 cracked, chipped, blistered, flaking, loose or peeling so as to constitute
433 a health hazard. Testing, remediation, abatement and management of
434 lead-based paint at a rented dwelling or its premises shall be as
435 defined in, and in accordance with, the regulations, if any, adopted
436 pursuant to section 19a-111c, as amended by this act.

437 ~~[(d)]~~ (e) When the department of health certifies that any such

438 rented dwelling or premises are unfit for human habitation, by reason
439 of defects which may cause sickness or endanger the health of the
440 occupants, the department may issue an order requiring the rented
441 dwelling, premises or any portion thereof to be vacated within not less
442 than twenty-four hours or more than ten days.

443 [(e)] (f) Any person who violates or assists in violating, or fails to
444 comply with, any provision of this section or any legal order of a
445 department of health made under any such provision shall be fined
446 not more than two hundred dollars or imprisoned not more than sixty
447 days or both.

448 [(f)] (g) Any person aggrieved by an order issued under this section
449 may appeal, pursuant to section 19a-229, to the Commissioner of
450 Public Health.

451 Sec. 515. Section 47a-54f of the general statutes is repealed and the
452 following is substituted in lieu thereof (*Effective October 1, 2006*):

453 (a) In each tenement, lodging or boarding house the walls of any
454 court, shaft, hall or room shall be whitewashed or painted a light color
455 whenever, in the opinion of the board of health or enforcing agency,
456 such whitewashing or painting is needed for the better lighting of any
457 room, hall or water closet compartment.

458 (b) Paint on the [accessible] exposed surfaces of a tenement house
459 shall not be cracked, chipped, blistered, flaking, loose, or peeling so as
460 to constitute a health hazard. Testing, remediation, abatement and
461 management of lead-based paint at a tenement house or its premises
462 shall be as defined in, and in accordance with, the regulations, if any,
463 adopted pursuant to section 19a-111c, as amended by this act."