



General Assembly

January Session, 2007

Raised Bill No. 1340

LCO No. 4108

* SB01340PH 032607 *

Referred to Committee on Public Health

Introduced by:
(PH)

***AN ACT CONCERNING A COMPREHENSIVE PLAN TO ERADICATE
CHILDHOOD LEAD POISONING.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-111a of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective October 1, 2007*):

3 (a) The [Commissioner] Department of Public Health shall be the
4 lead state agency for lead poisoning prevention in this state. The
5 Commissioner of Public Health shall (1) identify the state and local
6 agencies in this state with responsibilities related to lead poisoning
7 prevention, and (2) schedule a meeting of such state agencies and
8 representative local agencies at least once annually in order to
9 coordinate lead poisoning prevention efforts in this state.

10 (b) The commissioner shall establish a lead poisoning prevention
11 program [Such program shall] to provide screening, diagnosis,
12 consultation, inspection and treatment services, including, but not
13 limited to, the prevention and elimination of lead poisoning through
14 research, abatement, education and epidemiological and clinical
15 activities. Such program shall include, but need not be limited to, the

16 screening services provided pursuant to section 2 of this act.

17 [(b)] (c) Within available appropriations, the [Commissioner of
18 Public Health] commissioner may contract with individuals, groups or
19 agencies for the provision of necessary services and enter into
20 assistance agreements with municipalities, cities, boroughs or district
21 departments of health or special service districts for the development
22 and implementation of comprehensive lead poisoning prevention
23 programs consistent with the provisions of sections 19a-110 to 19a-
24 111c, inclusive.

25 Sec. 2. (NEW) (*Effective October 1, 2007*) (a) Each primary care
26 provider giving pediatric care in this state to a child under two years of
27 age shall take or cause to be taken a blood sample from each such child
28 for the purpose of conducting blood lead screening in accordance with
29 this section. Each primary care provider shall also arrange for lead risk
30 assessments in accordance with subsection (b) of this section. The
31 requirements of this section shall not apply to any child whose parent
32 or guardian objects to a blood test as being in conflict with the parent
33 or guardian's religious tenets and practices.

34 (b) (1) Lead screening shall be conducted at least annually for each
35 child between six and thirty six months of age. Additional screening
36 shall be conducted as clinically indicated as determined by the primary
37 care provider. For purposes of this section, clinically indicated
38 screening shall include, but not be limited to, screening for a child
39 who:

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

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

46 (C) Has a chronological age of two years or older but is

47 developmentally delayed and is found to be at risk for lead poisoning
48 pursuant to subdivision (2) of this subsection; or

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

50 (2) In addition to such screening, a risk assessment shall be
51 conducted at least annually for each child between thirty-seven and
52 seventy-two months of age and may be conducted for any child under
53 such age who is determined by a primary care provider to be in need
54 of such risk assessment. Such risk assessment shall comply with
55 standards established by the Commissioner of Public Health, and shall
56 include, but need not be limited to, questions to determine whether the
57 child:

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

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

61 (C) Resides in a residence constructed before 1978 that has
62 undergone major renovations that may increase the risk of lead
63 exposure.

64 Sec. 3. Section 19a-110 of the general statutes is repealed and the
65 following is substituted in lieu thereof (*Effective October 1, 2007*):

66 (a) [Each institution licensed under the provisions of sections 19a-
67 490 to 19a-503, inclusive, and each private clinical laboratory licensed
68 under section 19a-30 shall, within] Not later than forty-eight hours [of
69 receipt of knowledge thereof,] after receiving or completing a report of
70 a person found to have a level of lead in the blood equal to or greater
71 than ten micrograms per deciliter of blood or any other abnormal body
72 burden of lead, each institution licensed under sections 19a-490 to 19a-
73 503, inclusive, as amended, and each clinical laboratory licensed under
74 section 19a-30 shall report to (1) the Commissioner of Public Health,
75 and to the director of health of the town, city or borough in which the
76 person resides: [(1)] (A) The name, full residence address, date of birth,

77 gender, race and ethnicity of each person found to have a level of lead
78 in the blood equal to or greater than ten micrograms per deciliter of
79 blood or any other abnormal body burden of lead; [(2)] (B) the name,
80 address and telephone number of the health care provider who
81 ordered the test; [(3)] (C) the sample collection date, analysis date, type
82 and blood lead analysis result; and [(4)] (D) such other information as
83 the commissioner may require, and (2) the health care provider who
84 ordered the test, the results of the test. With respect to a child under
85 two years of age, not later than seventy-two hours after the provider
86 receives such results, the provider shall make reasonable efforts to
87 notify the parent or guardian of the child of the blood lead analysis
88 results. Any institution or laboratory making an accurate report in
89 good faith shall not be liable for the act of disclosing said report to the
90 commissioner or to the director of health. The commissioner, after
91 consultation with the Chief Information Officer of the Department of
92 Information Technology, shall determine the method and format of
93 transmission of data contained in said report.

94 (b) Each institution or laboratory that conducts lead testing
95 pursuant to subsection (a) of this section shall, at least monthly, submit
96 to the Commissioner of Public Health a comprehensive report that
97 includes: (1) The name, full residence address, date of birth, gender,
98 race and ethnicity of each person tested pursuant to subsection (a) of
99 this section regardless of the level of lead in the blood; (2) the name,
100 address and telephone number of the health care provider who
101 ordered the test; (3) the sample collection date, analysis date, type and
102 blood lead analysis result; (4) laboratory identifiers; and (5) such other
103 information as the commissioner may require. Any institution or
104 laboratory making an accurate report in good faith shall not be liable
105 for the act of disclosing said report to the commissioner. The
106 commissioner, after consultation with the Chief Information Officer,
107 shall determine the method and format of transmission of data
108 contained in said report.

109 (c) Whenever an institutional laboratory or private clinical

110 laboratory conducting blood lead tests pursuant to this section refers a
111 blood lead sample to another laboratory for analysis, the laboratories
112 may agree on which laboratory will report in compliance with
113 subsections (a) and (b) of this section, but both laboratories shall be
114 accountable to insure that reports are made. The referring laboratory
115 shall insure that the requisition slip includes all of the information that
116 is required in subsections (a) and (b) of this section and that this
117 information is transmitted with the blood specimen to the laboratory
118 performing the analysis.

119 (d) The director of health of the town, city or borough shall provide
120 or cause to be provided, to the parent or guardian of a child reported,
121 pursuant to subsection (a) of this section, with information describing
122 the dangers of lead poisoning, precautions to reduce the risk of lead
123 poisoning, information about potential eligibility for services for
124 children from birth to three years of age pursuant to sections 17a-248
125 to 17a-248g, inclusive, and laws and regulations concerning lead
126 abatement. Said information shall be developed by the Department of
127 Public Health and provided to each local and district director of health.
128 With respect to the child reported, the director shall conduct an on-site
129 inspection to identify the source of the lead causing a confirmed
130 venous blood lead level equal to or greater than fifteen micrograms per
131 deciliter but less than twenty micrograms per deciliter in two tests
132 taken at least three months apart and order remediation of such
133 sources by the appropriate persons responsible for the conditions at
134 such source. On and after January 1, 2011, if one per cent or more of
135 children in this state under the age of two report blood lead levels
136 equal to or greater than ten micrograms per deciliter, the director shall
137 conduct such on-site inspection and order such remediation for any
138 child having a confirmed venous blood lead level equal to or greater
139 than ten micrograms per deciliter in two tests taken at least three
140 months apart.

141 Sec. 4. Subsection (b) of section 10-206 of the general statutes is
142 repealed and the following is substituted in lieu thereof (*Effective*

143 *October 1, 2007):*

144 (b) Each local or regional board of education shall require each child
145 to have a health assessment prior to public school enrollment. The
146 assessment shall include: (1) A physical examination which shall
147 include hematocrit or hemoglobin tests, height, weight, blood
148 pressure, and, beginning with the 2003-2004 school year, a chronic
149 disease assessment which shall include, but not be limited to, asthma
150 as defined by the Commissioner of Public Health pursuant to
151 subsection (c) of section 19a-62a, and, for the school year commencing
152 July 1, 2010, and for each school year thereafter, blood lead screening
153 pursuant to section 2 of this act that indicates whether the child has a
154 confirmed venous blood lead level greater than ten micrograms per
155 deciliter. The assessment form shall include (A) a check box for the
156 provider conducting the assessment, as provided in subsection (a) of
157 this section, to indicate an asthma diagnosis, (B) screening questions
158 relating to appropriate public health concerns to be answered by the
159 parent or guardian, and (C) screening questions to be answered by
160 such provider; (2) an updating of immunizations as required under
161 section 10-204a, provided a registered nurse may only update said
162 immunizations pursuant to a written order by a physician or physician
163 assistant, licensed pursuant to chapter 370, or an advanced practice
164 registered nurse, licensed pursuant to chapter 378; (3) vision, hearing,
165 speech and gross dental screenings; and (4) such other information,
166 including health and developmental history, as the physician feels is
167 necessary and appropriate. The assessment shall also include tests for
168 tuberculosis, sickle cell anemia or Cooley's anemia and tests for lead
169 levels in the blood where the local or regional board of education
170 determines after consultation with the school medical advisor and the
171 local health department, or in the case of a regional board of education,
172 each local health department, that such tests are necessary, provided a
173 registered nurse may only perform said tests pursuant to the written
174 order of a physician or physician assistant, licensed pursuant to
175 chapter 370, or an advanced practice registered nurse, licensed
176 pursuant to chapter 378.

177 Sec. 5. (NEW) (*Effective October 1, 2007*) Each individual health
178 insurance policy providing coverage of the type specified in
179 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general
180 statutes delivered, issued for delivery, amended, renewed or
181 continued in this state on or after October 1, 2007, shall provide
182 coverage for blood lead screening and risk assessments ordered by a
183 primary care provider pursuant to section 2 of this act.

184 Sec. 6. Subsection (b) of section 38a-535 of the general statutes is
185 repealed and the following is substituted in lieu thereof (*Effective*
186 *October 1, 2007*):

187 (b) [Every] Each group health insurance policy providing coverage
188 of the type specified in subdivisions (1), (2), (4), (6), (11) and (12) of
189 section 38a-469 delivered, issued for delivery or renewed on or after
190 October 1, 1989, or continued as defined in section 38a-531, on or after
191 October 1, 1990, shall provide benefits for preventive pediatric care for
192 any child covered by the policy or contract at approximately the
193 following age intervals: Every two months from birth to six months of
194 age, every three months from nine to eighteen months of age and
195 annually from two through six years of age. Any such policy may
196 provide that services rendered during a periodic review shall be
197 covered to the extent that such services are provided by or under the
198 supervision of a single physician during the course of one visit. Each
199 such policy shall also provide coverage for blood lead screening and
200 risk assessments ordered by a primary care provider pursuant to
201 section 2 of this act. Such benefits shall be subject to any policy
202 provisions which apply to other services covered by such policy.

203 Sec. 7. (NEW) (*Effective July 1, 2007*) (a) There is established a lead
204 safe account, which shall be a separate, nonlapsing account within the
205 General Fund. The account may contain any moneys required by law
206 to be deposited in the account. The account shall be used by the
207 Department of Social Services for the purpose of providing financial
208 assistance and loans for the remediation or removal of lead from
209 residential real property.

210 (b) The Department of Social Services shall establish and administer
211 a program of financial assistance and loans to property owners for the
212 remediation or removal of lead from residential real property.

213 Sec. 8. (NEW) (*Effective October 1, 2007*) Not later than January 1,
214 2008, the Commissioner of Public Health shall review the data
215 collected by the Department of Public Health regarding lead poisoning
216 to determine if the data is recorded in a format that is compatible with
217 the information reported by institutions and laboratories pursuant to
218 section 19a-110 of the general statutes, as amended by this act. If the
219 commissioner finds that such data should be reported in a different
220 manner, the commissioner shall adopt regulations, in accordance with
221 chapter 54 of the general statutes, to establish the manner for reporting
222 such data.

223 Sec. 9. Section 19a-111c of the general statutes is repealed and the
224 following is substituted in lieu thereof (*Effective October 1, 2007*):

225 (a) The owner of any dwelling in which the paint, plaster or other
226 [materials] material is found to contain toxic levels of lead and in
227 which children under the age of six reside, shall abate, remediate or
228 manage such dangerous materials consistent with regulations adopted
229 pursuant to this section. The Commissioner of Public Health shall
230 adopt regulations, in accordance with [the provisions of] chapter 54,
231 [establishing removal and] to establish requirements and procedures
232 for testing, remediation, abatement [requirements and procedures for]
233 and management of materials containing toxic levels of lead. For the
234 purposes of this section, "remediation" means the use of interim
235 controls, including, but not limited to, paint stabilization, spot point
236 repair, dust control, specialized cleaning and covering of soil with
237 mulch.

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

242 acceptable to the commissioner for the abatement [of toxic levels of
243 lead, unless the commissioner disapproves the use of any such
244 product] and remediation of lead hazards. The commissioner shall
245 maintain a list of all such approved lead encapsulant products that
246 may be used in this state for the abatement [of toxic levels of lead] and
247 remediation of lead hazards.

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

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

260 Sec. 10. Section 19a-206 of the general statutes is repealed and the
261 following is substituted in lieu thereof (*Effective October 1, 2007*):

262 (a) Town, city and borough directors of health or their authorized
263 agents shall, within their respective jurisdictions, examine all
264 nuisances and sources of filth injurious to the public health, cause such
265 nuisances to be abated or remediated and cause to be removed all filth
266 which in their judgment may endanger the health of the inhabitants.
267 Any owner or occupant of any property who maintains such property,
268 whether real or personal, or any part thereof, in a manner which
269 violates the provisions of the Public Health Code enacted pursuant to
270 the authority of sections 19a-36 and 19a-37 shall be deemed to be
271 maintaining a nuisance or source of filth injurious to the public health.
272 Any local director of health or his authorized agent or a sanitarian
273 authorized by such director may enter all places within his jurisdiction

274 where there is just cause to suspect any nuisance or source of filth
275 exists, and abate or remediate or cause to be abated or remediated such
276 nuisance and remove or cause to be removed such filth.

277 (b) When any such nuisance or source of filth is found on private
278 property, such director of health shall order the owner or occupant of
279 such property, or both, to remove, [or] abate or remediate the same
280 within such time as the director directs. If such order is not complied
281 with [,] within the time fixed by such director: (1) Such director, or any
282 official of such town, city or borough authorized to institute actions on
283 behalf of such town, city or borough, may institute and maintain a civil
284 action for injunctive relief in any court of competent jurisdiction to
285 require the abatement or remediation of such nuisance, the removal of
286 such filth and the restraining and prohibiting of acts which caused
287 such nuisance or filth, and such court shall have power to grant such
288 injunctive relief upon notice and hearing; (2) (A) the owner or
289 occupant of such property, or both, shall be subject to a civil penalty of
290 two hundred fifty dollars per day for each day such nuisance is
291 maintained or such filth is allowed to remain after the time fixed by
292 the director in his order has expired, except that the owner or occupant
293 of such property or any part thereof on which a public eating place is
294 conducted shall not be subject to the provisions of this subdivision, but
295 shall be subject to the provisions of subdivision (3) [. Such] of this
296 subsection, and (B) such civil penalty may be collected in a civil
297 proceeding by the director of health or any official of such town, city or
298 borough authorized to institute civil actions and shall be payable to the
299 treasurer of such city, town or borough; [,] and (3) the owner or
300 occupant of such property, or both, shall be subject to the provisions of
301 sections 19a-36, 19a-220 and 19a-230.

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

307 stating the facts which show such immediate hazard, apply for an ex
308 parte injunction requiring the abatement or remediation of such
309 nuisance or the removal of such filth and restraining and prohibiting
310 the acts which caused such nuisance or filth to occur, and for a hearing
311 on an order to show cause why such ex parte injunction should not be
312 continued pending final determination on the merits of such action. If
313 the court finds that an immediate hazard to the health of persons other
314 than those persons maintaining such nuisance or source of filth exists,
315 such ex parte injunction shall be issued, provided a hearing on its
316 continuance pending final judgment is ordered held within seven days
317 thereafter and provided further that any persons so enjoined may
318 make a written request to the court or judge issuing such injunction for
319 a hearing to vacate such injunction, in which event such hearing shall
320 be held within three days after such request is filed.

321 (d) In each town, except in a town having a city or borough within
322 its limits, the town director of health shall have and exercise all the
323 power for preserving the public health and preventing the spread of
324 diseases; and, in any town within which there exists a city or borough,
325 the limits of which are not coterminous with the limits of such town,
326 such town director of health shall exercise the powers and duties of his
327 office only in such part of such town as is outside the limits of such city
328 or borough, except that when such city or borough has not appointed a
329 director of health, the town director of health shall, for the purposes of
330 this section, exercise the powers and duties of his office throughout the
331 town, including such city or borough, until such city or borough
332 appoints a director of health.

333 (e) When such nuisance is abated or remediated or the source of
334 filth is removed from private property, such abatement, [or]
335 remediation or removal shall be at the expense of the owner or, where
336 applicable, the occupant of such property, or both, and damages and
337 costs for such abatement, remediation or removal may be recovered
338 against [them] the owner or, where applicable, the occupant, or both,
339 by the town, city or borough in a civil action as provided in subsection

340 (b) of this section or in a separate civil action brought by the director of
341 health or any official of such city, town or borough authorized to
342 institute civil actions.

343 Sec. 11. Section 47a-52 of the general statutes is repealed and the
344 following is substituted in lieu thereof (*Effective October 1, 2007*):

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

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

355 (c) When any defect in the plumbing, sewerage, water supply,
356 drainage, lighting, ventilation, or sanitary condition of a rented
357 dwelling, or of the premises on which it is situated, in the opinion of
358 the department of health of the municipality [wherein] where such
359 dwelling is located, constitutes a danger to life or health, the
360 department may order the responsible party to correct the same in
361 such manner as it specifies. If the order is not complied with within the
362 time limit set by the department, the person in charge of the
363 department may institute a civil action for injunctive relief, in
364 accordance with chapter 916, to require the abatement of such danger.

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

Sec. 2	<i>October 1, 2007</i>	New section
Sec. 3	<i>October 1, 2007</i>	19a-110
Sec. 4	<i>October 1, 2007</i>	10-206(b)
Sec. 5	<i>October 1, 2007</i>	New section
Sec. 6	<i>October 1, 2007</i>	38a-535(b)
Sec. 7	<i>July 1, 2007</i>	New section
Sec. 8	<i>October 1, 2007</i>	New section
Sec. 9	<i>October 1, 2007</i>	19a-111c
Sec. 10	<i>October 1, 2007</i>	19a-206
Sec. 11	<i>October 1, 2007</i>	47a-52
Sec. 12	<i>October 1, 2007</i>	47a-54f

PH *Joint Favorable*