



# Senate

General Assembly

**File No. 69**

February Session, 2012

Substitute Senate Bill No. 188

*Senate, March 21, 2012*

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

## ***AN ACT CONCERNING FINANCIAL ASSISTANCE TO LOCAL HEALTH DEPARTMENTS FOR LEAD POISONING PREVENTION.***

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

1 Section 1. Section 19a-111j of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2012*):

3 (a) The Department of Public Health shall, within available  
4 appropriations, establish and administer a program of financial  
5 assistance to local health departments for expenses incurred in  
6 complying with this section and the applicable provisions of sections  
7 19a-110, 19a-111a, 19a-206, 47a-52 and 47a-54f. [The Commissioner of  
8 Public Health may adopt, in accordance with chapter 54, such  
9 regulations as the commissioner deems necessary to carry out the  
10 purposes of this section.] Local health departments shall use the funds  
11 disbursed through the program for lead poisoning prevention and  
12 control services as described in subsection (b) of this section and other  
13 lead poisoning prevention and control purposes approved by the  
14 Department of Public Health.

15     (b) To be eligible to receive program funding from the Department  
16 of Public Health, a local health department shall administer a local  
17 lead poisoning prevention and control program approved by the  
18 department. Such program shall include, but need not be limited to: (1)  
19 Case management services; (2) lead poisoning educational services; (3)  
20 environmental health services; (4) health education services, including,  
21 but not limited to, education concerning proper nutrition for good  
22 health and the prevention of lead poisoning; and (5) participation in  
23 the Department of Public Health's system for the collection, tabulation,  
24 analysis and reporting of lead poisoning prevention and control  
25 statistics.

26     (c) A local health department may directly provide lead poisoning  
27 prevention and control services within its geographic coverage area or  
28 may contract for the provision of such services. A local health  
29 department's case management services shall include medical,  
30 behavioral, epidemiological and environmental intervention strategies  
31 for each child having one confirmed blood lead level that is equal to, or  
32 greater than, twenty micrograms of lead per deciliter of blood or two  
33 confirmed blood lead levels, collected from samples taken not less than  
34 three months apart, that are equal to, or greater than, fifteen  
35 micrograms of lead per deciliter of blood but less than twenty  
36 micrograms of lead per deciliter of blood. A local health department  
37 shall initiate case management services for such child not later than  
38 five business days after the local health department receives the results  
39 of a test confirming that the child has a blood lead level as described in  
40 this subsection.

41     (d) A local health department's educational services shall include  
42 the distribution of educational materials concerning lead poisoning  
43 prevention to the parent, legal guardian and the appropriate health  
44 care provider for each child with a confirmed blood lead level equal to,  
45 or greater than, ten micrograms of lead per deciliter of blood.

46     (e) The Department of Public Health shall disburse program funds  
47 to the local health department on an annual basis. After approving a

48 local health department's application for program funding, the  
 49 funding period shall begin on July first each year. The amount of such  
 50 funding shall be determined by the Department of Public Health based  
 51 on the number of confirmed childhood lead poisoning cases reported  
 52 in the local health department's geographic coverage area during the  
 53 previous calendar year. The director of any local health department  
 54 that applies for program funding shall submit, not later than  
 55 September thirtieth, annually, to the Department of Public Health a  
 56 report concerning the local health department's lead poisoning and  
 57 prevention control program. Such report shall contain: (1) A proposed  
 58 budget for the expenditure of program funds for the new fiscal year;  
 59 (2) a summary of planned program activities for the new fiscal year;  
 60 and (3) a summary of program expenditures, services provided and  
 61 operational activities during the previous fiscal year. The Department  
 62 of Public Health shall approve a local health department's proposed  
 63 budget prior to disbursing program funds to the local health  
 64 department.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2012	19a-111j

**PH**      *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

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**OFA Fiscal Note**

**State Impact:** None

**Municipal Impact:** None

**Explanation**

This bill does not result in a fiscal impact to the Department of Public Health (DPH). It establishes eligibility criteria for local health departments seeking child lead poisoning prevention and control funding from DPH<sup>1</sup> among other related provisions.

**The Out Years**

**State Impact:** None

**Municipal Impact:** None

Sources: OFA Budget Book

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<sup>1</sup> Approximately \$1.0 million in funding for child lead poisoning prevention and control is provided in the FY 12 - FY 13 Biennial Budget within DPH's Children's Health Initiatives account. With this funding, DPH contracts with the Connecticut Association of Directors of Health, Inc. to support local health departments across the state in the provision of child lead poisoning investigation, case management, community prevention outreach, professional education, and associated services for children under 16 years of age.

**OLR Bill Analysis****sSB 188*****AN ACT CONCERNING FINANCIAL ASSISTANCE TO LOCAL HEALTH DEPARTMENTS FOR LEAD POISONING PREVENTION.*****SUMMARY:**

This bill establishes eligibility criteria for local health departments seeking funding from the Department of Public Health (DPH) to help finance lead poisoning prevention and remediation services. By law, DPH must provide such funding within available appropriations. The bill conditions a local department's funding eligibility on DPH approving its lead program, which must include case management, education, and environmental health components.

The bill requires local health departments to use any funding they receive through the program for the lead poisoning prevention and control services specified in the bill and other DPH-approved lead program purposes. It allows local health departments to provide these services directly or to contract for them.

The bill also (1) eliminates the DPH commissioner's authority to adopt implementing regulations for the lead poisoning prevention and control financial assistance program and (2) establishes reporting requirements for local health departments seeking such funding.

EFFECTIVE DATE: October 1, 2012

**LOCAL LEAD POISONING PREVENTION AND CONTROL PROGRAMS*****Components***

Under the bill, for a local health department's lead poisoning prevention and control program to be eligible for DPH funding, the program must:

1. be approved by DPH;
2. provide services in case management, environmental health, lead poisoning education, and health education (the bill provides specific requirements for case management and education services, explained below); and
3. participate in DPH's system for collecting, tabulating, analyzing, and reporting lead poisoning prevention and control statistics.

**Case Management Services.** The bill requires local health departments to provide case management services, including medical, behavioral, epidemiological, and environmental intervention, for children who meet either of the following criteria for blood lead level:

1. one confirmed level of at least 20 micrograms of lead per deciliter of blood (20  $\mu\text{g}/\text{dL}$ ) or
2. two confirmed levels, taken at least three months apart, of at least 15 but less than 20  $\mu\text{g}/\text{dL}$ .

The local department must begin case management services for a child within five business days after the department receives test results confirming a blood lead level meeting these parameters.

The law already requires local health departments to take specified actions when they receive a report of an abnormal blood lead level (see BACKGROUND).

**Education Services.** The bill requires a local health department seeking funding for its lead poisoning prevention and control program to provide lead poisoning education and health education services. The latter must include education on proper nutrition for good health and how to prevent lead poisoning. Local health departments must also distribute educational material on lead poisoning prevention to the parents, legal guardians, and appropriate health care providers for children with a confirmed blood lead level of at least 10  $\mu\text{g}/\text{dL}$ .

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**APPROVING AND DISBURSING FUNDS**

The bill requires DPH to (1) disburse the lead prevention and control funds annually for periods beginning each July 1 and (2) determine funding amounts based on the local department's confirmed childhood lead poisoning cases in the prior calendar year.

The bill requires local health department directors applying for lead program funds to report annually, by September 30, to DPH on their:

1. program's proposed budget for the new fiscal year;
2. planned program activities for the new fiscal year; and
3. program spending, services, and activities during the prior fiscal year.

DPH must approve the local department's proposed budget before disbursing funds to it.

**BACKGROUND*****Local Health Department Lead Control Requirements***

Among other lead control provisions in existing law, when a local health director receives a report that a child has been tested with a blood lead level of at least 10 µg/dL or other abnormal body lead level, the director must inform parents or guardians of the child's potential eligibility for the state's Birth to Three program, which provides services to families with children with disabilities or delays from birth to 36 months. After receiving such a report, health directors must also inform parents about lead poisoning dangers, ways to reduce risks, and lead abatement laws.

Whenever a local health director receives a report that two blood tests taken at least three months apart confirm a child's venous blood lead level is between 15 to 20 µg/dL, the director must conduct an on-site investigation to identify the source of lead causing the elevation and order whoever is responsible for the condition to remediate it. This threshold is lowered to 10 µg/dL if, beginning January 1, 2012, 1% or

more of Connecticut children under age six have been reported with blood levels of at least 10 µg/dL (CGS § 19a-110(d)).

The law also requires local health directors to conduct an epidemiological investigation for venous blood lead levels of at least 20 µg/dL. After the epidemiological investigation identifies the lead source, the local health director must take action needed to prevent further lead poisoning (CGS § 19a-111).

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 25 Nay 0 (03/09/2012)