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## **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 µg/dL) or
2. two confirmed levels, taken at least three months apart, of at least 15 but less than 20 µg/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 µg/dL.

## **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)