# House of Representatives

General Assembly

**File No. 651**

***January Session, 2015***

Substitute House Bill No. 6884

*House of Representatives, April 15, 2015*

The Committee on Public Health reported through REP. RITTER of the 1st Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

***AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING CHILDHOOD LEAD POISONING PREVENTION AND CONTROL.***

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

Section 1. Subsection (d) of section 19a-110 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(d) The director of health of the town, city, **[**or**]** borough or district shall provide or cause to be provided, to the parent or guardian of a child **[**reported**]** who is (1) known to have a confirmed venous blood lead level of five micrograms per deciliter of blood or more, or (2) the subject of a report by an institution or clinical laboratory, pursuant to subsection (a) of this section, with information describing the dangers of lead poisoning, precautions to reduce the risk of lead poisoning, information about potential eligibility for services for children from birth to three years of age pursuant to sections 17a-248 to 17a-248g, inclusive, and laws and regulations concerning lead abatement. **[**Said**]**

The director of health need only provide, or cause to be provided, such information to such parent or guardian on one occasion after receipt of an initial report of an abnormal blood lead level as described in subdivisions (1) and (2) of this subsection. Such information shall be developed by the Department of Public Health and provided to each local and district director of health. With respect to the child reported, the director shall conduct an on-site inspection to identify the source of the lead causing a confirmed venous blood lead level equal to or greater than fifteen micrograms per deciliter but less than twenty micrograms per deciliter in two tests taken at least three months apart and order remediation of such sources by the appropriate persons responsible for the conditions at such source. On and after January 1, 2012, if one per cent or more of children in this state under the age of six report blood lead levels equal to or greater than ten micrograms per deciliter, the director shall conduct such on-site inspection and order such remediation for any child having a confirmed venous blood lead level equal to or greater than ten micrograms per deciliter in two tests taken at least three months apart.

Sec. 2. Subsection (a) of section 19a-110 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) Not later than forty-eight hours after receiving or completing a report of a person found to have a level of lead in the blood equal to or greater than ten micrograms per deciliter of blood or any other abnormal body burden of lead, each institution licensed under sections 19a-490 to 19a-503, inclusive, and each clinical laboratory licensed under section 19a-30 shall report to (1) the Commissioner of Public Health, and to the director of health of the town, city, **[**or**]** borough or district in which the person resides: (A) The name, full residence address, date of birth, gender, race and ethnicity of each person found to have a level of lead in the blood equal to or greater than ten micrograms per deciliter of blood or any other abnormal body burden of lead; (B) the name, address and telephone number of the health care provider who ordered the test; (C) the sample collection date, analysis

48 date, type and blood lead analysis result; and (D) such other
49 information as the commissioner may require, and (2) the health care
50 provider who ordered the test, the results of the test. With respect to a
51 child under three years of age, not later than seventy-two hours after
52 the provider receives such results, the provider shall make reasonable
53 efforts to notify the parent or guardian of the child of the blood lead
54 analysis results. Any institution or laboratory making an accurate
55 report in good faith shall not be liable for the act of disclosing said
56 report to the Commissioner of Public Health or to the director of
57 health. The commissioner, after consultation with the Commissioner of
58 Administrative Services, shall determine the method and format of
59 transmission of data contained in said report.

| This act shall take effect as follows and shall amend the following sections: | | |
|---|---|---|
| Section 1 | *October 1, 2015* | 19a-110(d) |
| Sec. 2 | *October 1, 2015* | 19a-110(a) |

***Statement of Legislative Commissioners:***
Section 2 was added and, in said section, "or district" was inserted in subsection (a)(1) to make a conforming change.

***PH*** *Joint Favorable Subst. -LCO*

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.

## OFA Fiscal Note

### State Impact:

| Agency Affected | Fund-Effect | FY 16 $ | FY 17 $ |
|---|---|---|---|
| Developmental Services, Dept.[1] | GF - Potential Cost | See Below | See Below |

Note: GF=General Fund

### Municipal Impact:

| Municipalities | Effect | FY 16 $ | FY 17 $ |
|---|---|---|---|
| Local and Regional Health Districts | Cost | Minimal | Minimal |

### Explanation

The bill lowers the blood lead level at which local health directors must inform parents about a child's eligibility for the state's Birth to Three program and provide information on the dangers of lead poisoning and ways to reduce risks.

To the extent that expanding those informed about Birth to Three eligibility results in increased enrollment, there may be a potential cost to the Birth to Three program. The net average cost per child for the general program was $8,695 in FY 14.

The bill may result in costs to local health districts from providing additional parents with required information that are anticipated to be minimal.

### The Out Years

The annualized ongoing fiscal impact identified above would

[1] The Birth to Three program is currently in the Department of Developmental Services, the Governor's Recommended Budget for FY 16 and FY 17 transfers the program to the Office of Early Childhood

continue into the future subject to inflation.

*Sources: www.birth23.org*

## OLR Bill Analysis
## sHB 6884

***AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING CHILDHOOD LEAD POISONING PREVENTION AND CONTROL.***

### SUMMARY:

This bill lowers the blood lead level threshold at which local health directors must inform parents or guardians about (1) the child's potential eligibility for the state's Birth-to-Three program and (2) lead poisoning dangers, ways to reduce risks, and lead abatement laws.

Currently, they must provide this information after receiving a report from a clinical laboratory or health care institution that a child has been tested with a blood lead level of at least 10 micrograms of lead per deciliter of blood (10 µg/dL) or other abnormal body lead level. The bill also requires them to provide this information when a child is known to have a confirmed venous blood lead level of at least five µg/dL. (But the bill does not specifically require laboratories or health care institutions to report this blood lead level.)

The bill specifies that the local health director must provide the information to parents or guardians only once, after the director receives the initial report.

The bill also makes technical changes.

EFFECTIVE DATE: October 1, 2015

### BACKGROUND

#### *Centers for Disease Control and Prevention (CDC) Recommendation*

In 2012, the CDC updated its recommendations on children's blood lead levels, defining five µg/dL as an elevated blood lead level.

Previously, the CDC used the term "level of concern," and defined that as 10 µg/dL.

### *Birth-to-Three*

The Birth-to-Three program provides services to families with infants and toddlers who have developmental delays or disabilities.

## COMMITTEE ACTION

Public Health Committee

Joint Favorable
Yea 27 Nay 0 (03/27/2015)