



General Assembly

Substitute Bill No. 6884

January Session, 2015



**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:

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2 repealed and the following is substituted in lieu thereof (*Effective*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

4 (d) The director of health of the town, city, [or] borough or district
5 shall provide or cause to be provided, to the parent or guardian of a
6 child [reported] who is (1) known to have a confirmed venous blood
7 lead level of five micrograms per deciliter of blood or more, or (2) the
8 subject of a report by an institution or clinical laboratory, pursuant to
9 subsection (a) of this section, with information describing the dangers
10 of lead poisoning, precautions to reduce the risk of lead poisoning,
11 information about potential eligibility for services for children from
12 birth to three years of age pursuant to sections 17a-248 to 17a-248g,
13 inclusive, and laws and regulations concerning lead abatement. [Said]
14 The director of health need only provide, or cause to be provided, such
15 information to such parent or guardian on one occasion after receipt of
16 an initial report of an abnormal blood lead level as described in
17 subdivisions (1) and (2) of this subsection. Such information shall be
18 developed by the Department of Public Health and provided to each
19 local and district director of health. With respect to the child reported,
20 the director shall conduct an on-site inspection to identify the source of

21 the lead causing a confirmed venous blood lead level equal to or
22 greater than fifteen micrograms per deciliter but less than twenty
23 micrograms per deciliter in two tests taken at least three months apart
24 and order remediation of such sources by the appropriate persons
25 responsible for the conditions at such source. On and after January 1,
26 2012, if one per cent or more of children in this state under the age of
27 six report blood lead levels equal to or greater than ten micrograms per
28 deciliter, the director shall conduct such on-site inspection and order
29 such remediation for any child having a confirmed venous blood lead
30 level equal to or greater than ten micrograms per deciliter in two tests
31 taken at least three months apart.

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33 repealed and the following is substituted in lieu thereof (*Effective*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

35 (a) Not later than forty-eight hours after receiving or completing a
36 report of a person found to have a level of lead in the blood equal to or
37 greater than ten micrograms per deciliter of blood or any other
38 abnormal body burden of lead, each institution licensed under sections
39 19a-490 to 19a-503, inclusive, and each clinical laboratory licensed
40 under section 19a-30 shall report to (1) the Commissioner of Public
41 Health, and to the director of health of the town, city, [or] borough or
42 district in which the person resides: (A) The name, full residence
43 address, date of birth, gender, race and ethnicity of each person found
44 to have a level of lead in the blood equal to or greater than ten
45 micrograms per deciliter of blood or any other abnormal body burden
46 of lead; (B) the name, address and telephone number of the health care
47 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	<i>October 1, 2015</i>	19a-110(d)
Sec. 2	<i>October 1, 2015</i>	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*