AN ACT CONCERNING BLOOD LEAD LEVEL REQUIREMENTS.

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

Section 1. Section 19a-111 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2019):

Upon receipt of each report of confirmed venous blood lead level equal to or greater than [twenty] five micrograms per deciliter of blood, the local director of health shall make or cause to be made an epidemiological investigation of the source of the lead causing the increased lead level or abnormal body burden and shall order action to be taken by the appropriate person responsible for the condition that brought about such lead poisoning as may be necessary to prevent further exposure of persons to such poisoning. In the case of any residential unit where such action will not result in removal of the hazard within a reasonable time, the local director of health shall utilize such community resources as are available to effect relocation of any family occupying such unit. The local director of health may permit occupancy in said residential unit during abatement if, in such director's judgment, occupancy would not threaten the health and
well-being of the occupants. The local director of health shall, not later than thirty days after the conclusion of such director's investigation, report to the Commissioner of Public Health the result of such investigation and the action taken to ensure against further lead poisoning from the same source, including any measures taken to effect relocation of families. Such report shall include information relevant to the identification and location of the source of lead poisoning and such other information as the commissioner may require pursuant to regulations adopted in accordance with the provisions of chapter 54. The commissioner shall maintain comprehensive records of all reports submitted pursuant to this section and section 19a-110, as amended by this act. Such records shall be geographically indexed in order to determine the location of areas of relatively high incidence of lead poisoning. The commissioner shall establish, in conjunction with recognized professional medical groups, guidelines consistent with the National Centers for Disease Control and Prevention for assessment of the risk of lead poisoning, screening for lead poisoning and treatment and follow-up care of individuals including children with lead poisoning, women who are pregnant and women who are planning pregnancy. Nothing in this section shall be construed to prohibit a local building official from requiring abatement of sources of lead.

Sec. 2. Subsection (a) of section 17b-808 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2019):

(a) The Commissioner of Social Services shall provide a special needs benefit for emergency housing to any recipient of payments under the temporary family assistance program and the optional state supplementation program who cannot remain in permanent housing because (1) a judgment has been entered against the recipient in a summary process action instituted pursuant to chapter 832, provided the action was not based on criminal activity, or a judgment has been entered against the recipient in a foreclosure action pursuant to chapter 846; (2) the recipient has left to escape domestic violence; (3) a
catastrophic event, such as a fire or flood, has made the permanent housing uninhabitable or the recipient has been ordered to vacate the housing by a local code enforcement official; (4) the recipient shares an apartment with a primary tenant who is being evicted or is engaged in criminal activity; (5) the recipient was illegally locked out by a landlord and has filed a police complaint concerning such lockout; (6) the recipient has been living with a tenant who received a preliminary notice under section 47a-15 or a notice to quit because of termination of a rental agreement for lapse of time; or (7) the family has relocated because a child in the family has been found to have a level of lead in the blood equal to or greater than twenty-five micrograms per deciliter of blood or any other abnormal body burden of lead and the local director of health has determined, after an epidemiological investigation pursuant to section 19a-111, as amended by this act, that the source of the lead poisoning was the residential unit in which the family resided. A person shall be eligible for the benefit under this section provided application is made to the commissioner within forty-five days of the loss of permanent housing by the recipient. On and after September 4, 1991, the benefit shall be limited to not more than one occurrence per calendar year and not more than sixty days per occurrence, except that any family receiving the benefit under this section pursuant to subdivision (7) with a child undergoing chelation treatment may receive the benefit for more than one occurrence provided the total number of days the benefit is received by the family for all occurrences is not more than eighty days in any calendar year. Any person receiving a benefit under this section shall agree to reside in any housing which was constructed, renovated or rehabilitated with state or federal financial assistance. Notwithstanding the provisions of this section, any family receiving the benefit under this section pursuant to subdivision (7) shall not be required to reside in any housing in which the paint contains a toxic level of lead as defined by the Commissioner of Public Health in regulations adopted pursuant to section 19a-111, as amended by this act. Under the temporary family assistance program, any person not eligible for the benefit under this section shall be referred to the Department of Social Services' program
Sec. 3. Section 19a-110 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2019):

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

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

(c) Whenever an institutional laboratory or private clinical laboratory conducting blood lead tests pursuant to this section refers a blood lead sample to another laboratory for analysis, the laboratories may agree on which laboratory will report in compliance with subsections (a) and (b) of this section, but both laboratories shall be accountable to insure that reports are made. The referring laboratory shall insure that the requisition slip includes all of the information that is required in subsections (a) and (b) of this section and that this information is transmitted with the blood specimen to the laboratory performing the analysis.

(d) The director of health of the town, city, borough or district shall provide or cause to be provided, to the parent or guardian of a child 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. 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

LCO No. 4179 5 of 7
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] 2020, 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] five
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] five
micrograms per deciliter in two tests taken at least three months apart.

Sec. 4. Subsections (c) and (d) of section 19a-111j of the general
statutes are repealed and the following is substituted in lieu thereof
(Effective October 1, 2019):

(c) A local health department may directly provide lead poisoning
prevention and control services within its geographic coverage area or
may contract for the provision of such services. A local health
department's case management services shall include medical,
behavioral, epidemiological and environmental intervention strategies
for each child having one confirmed blood lead level that is equal to, or
greater than, [twenty] five micrograms of lead per deciliter of blood or
two confirmed blood lead levels, collected from samples taken not less
than three months apart, that are equal to, or greater than, [fifteen]
three micrograms of lead per deciliter of blood but less than [twenty]
five micrograms of lead per deciliter of blood. A local health
department shall initiate case management services for such child not
later than five business days after the local health department receives
the results of a test confirming that the child has a blood lead level as
described in this subsection.
(d) A local health department's educational services shall include the distribution of educational materials concerning lead poisoning prevention to the parent, legal guardian and the appropriate health care provider for each child with a confirmed blood lead level equal to, or greater than, [ten] five micrograms of lead per deciliter of blood.

This act shall take effect as follows and shall amend the following sections:

<table>
<thead>
<tr>
<th>Section</th>
<th>Effective Date</th>
<th>Sections amended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1</td>
<td>October 1, 2019</td>
<td>19a-111</td>
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<tr>
<td>Sec. 2</td>
<td>October 1, 2019</td>
<td>17b-808(a)</td>
</tr>
<tr>
<td>Sec. 3</td>
<td>October 1, 2019</td>
<td>19a-110</td>
</tr>
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<td>Sec. 4</td>
<td>October 1, 2019</td>
<td>19a-111j(c) and (d)</td>
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</tbody>
</table>

**Statement of Purpose:**
To require epidemiological investigations upon receipt of certain confirmed venous blood lead levels.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]