AN ACT CONCERNING BLOOD LEAD LEVEL REQUIREMENTS.

SUMMARY

This bill generally lowers the threshold for blood lead levels in individuals at which the Department of Public Health (DPH) and local health departments must take certain actions. Principally, it lowers, from 20 to 5 micrograms per deciliter (µg/dL), the threshold for local health departments to (1) conduct an epidemiological investigation of the source of a child’s lead poisoning and (2) provide case management services for children with lead poisoning.

The bill also lowers, from 10 to 5 µg/dL, the threshold at which:

1. licensed health care institutions and clinical laboratories must report lead poisoning cases to DPH and local health departments;

2. local health directors must conduct on-site inspections and remediation for children with lead poisoning, under certain conditions; and

3. local health departments must distribute educational materials on lead poisoning prevention to parents, legal guardians, and appropriate health care providers.

The bill also makes technical and conforming changes.

EFFECTIVE DATE: October 1, 2019

LEAD POISONING PREVENTION AND ABATEMENT

Reporting Blood Lead Levels (§ 3)

By law, licensed health care institutions and clinical laboratories must report to DPH and local health departments within 48 hours after
receiving or completing a report of a person with blood lead levels that meet a specified threshold. The bill lowers the threshold amount from 10 to 5 µg/dL.

**On-Site Inspections and Remediation (§ 3)**

Current law requires municipal and district health directors to conduct on-site inspections and remediation for children with lead poisoning if:

1. one percent or more of Connecticut children under age six have reported blood levels of at least 10 µg/dL and
2. the child has a confirmed venous blood level of 10 µg/dL or greater in two tests taken at least three months apart.

The bill lowers the threshold for such inspections and remediation from 10 to 5 µg/dL. By law, the director must conduct an inspection of the child’s home to identify the source of lead causing the elevation and order whoever is responsible for the condition to remediate it.

**Epidemiological Investigations (§§ 1 & 2)**

The bill requires a local health director to conduct an epidemiological investigation of a person with a confirmed venous blood level of 5 µg/dL, instead of 20 µg/dL, as under current law. (An epidemiological investigation is an examination and evaluation to determine the cause of elevated blood lead levels.)

Existing law, unchanged by the bill, requires the director to then take action necessary to prevent further lead poisoning, including ordering abatement and trying to find temporary housing for residents when the lead hazard cannot be removed from their dwelling within a reasonable time.

The bill also makes a conforming change regarding Department of Social Services special needs emergency housing benefits for recipients of Temporary Family Assistance or State Supplement benefits whose permanent housing is the source of a child’s lead poisoning.
Local Lead Poisoning Prevention and Control Services (§ 4)

The bill requires local health departments seeking state funding for their lead poisoning and control program to provide case management services, including medical, behavioral, epidemiological, and environmental intervention, for children who meet either of the following blood lead level criteria:

1. one confirmed level of at least 5 µg/dL, instead of 20 µg/dL, as under current law or

2. two confirmed levels, taken at least three months apart, of at least 3 but less than 5 µg/dL, instead of 15 but less than 20 µg/dL, as under current law.

Under the bill, 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 confirmed blood lead levels of at least 5 µg/dL, instead of 10 µg/dL, as under current law.

BACKGROUND

Centers for Disease Control and Prevention (CDC) Recommendation

In 2012, the CDC updated its recommendations on children's blood lead levels, defining 5 µg/dL as an elevated blood lead level. Previously, the CDC used the term “level of concern,” and defined that as 10 µg/dL.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 24  Nay 0  (03/01/2019)