Bill No.: HB-7133
Title: AN ACT CONCERNING BLOOD LEAD LEVEL REQUIREMENTS.
Vote Date: 3/1/2019
Vote Action: Joint Favorable Substitute
PH Date: 2/25/2019

Disclaimer: The following JOINT FAVORABLE Report is prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose.

REASONS FOR BILL:

To lower the current thresholds for blood lead levels in children and require the Department of Public Health (DPH) in collaboration with local health departments to undertake investigative actions. The bill lowers the allowable lead levels from 20 to 5 micrograms per deciliter of blood (ug/dl). At 5 micrograms, local health departments would be required to conduct an epidemiological investigation to determine the source of the lead poisoning. Additionally, the Department of Social Services (DSS) would be required to provide a special needs benefit for emergency housing to families receiving certain state assistance whose permanent housing was the source of the child’s lead poisoning.

HB 7133 lowers the threshold required to report lead poisoning cases to DPH and local health departments from 10 to 5 ug/dl. The legislation also lowers the requirement for health directors to conduct on-site inspections and provide remediation for children with lead poisoning from 10 to 5 ug/dl if more than one percent of children under age six have reported levels of 5 ug/dl or more.

RESPONSE FROM ADMINISTRATION/AGENCY:

Raul Pino, Commissioner, Connecticut Department of Public Health:

The Department of Public Health expresses reservation with HB 7133. The implementation of the bill would result in significant financial increases to local health departments. While DPH supports the intent of the bill, the financial obstacles would be difficult to overcome. Currently, 120 epidemiological investigations are required annually. Should a child’s venous blood levels be equal to or greater than 20 micrograms, a comprehensive lead inspection is performed, a process that is time consuming and requires local health department resources.

The implementation of HB 7133 would require an additional 1,200 comprehensive lead inspections and epidemiological investigations annually, 75% of which would fall under four local health departments with the highest percentage of lead poisoning in children. While
DPH does not support the bill, it remains committed to reducing the risk and long term effects of lead poisoning. DPH would like a meeting with committee members to develop a comprehensive plan to reduce and eliminate lead poisoning.

NATURE AND SOURCES OF SUPPORT:

Sandra Carbonari, Medical Director, American Academy of Pediatrics, Connecticut Chapter:

Ms. Carbonari and the Academy support the bill. Lead exposure in children results in a decrease in cognition even for children with lead levels as low as 5 micrograms. The cognitive impairments include developmental and behavioral problems. Each individual is affected differently depending on their psychosocial environment and educational experiences. The Academy fully supports the bill as it recognizes that there is no safe level of lead for children.

Healthy Homes Program and Hartford Regional Lead Treatment Center, Connecticut Children’s Medical Center (CCMC):

CCMC supports the bill because the sooner lead is discovered the quicker the process of remediation can begin. Lead poisoning is a condition that causes lifelong consequences. In addition to individual cognitive impairments, it becomes a societal cost as children who are poisoned have an increased rate of incarceration and behavioral health issues. Individual impairments also result in increased costs to society as children impacted require ongoing healthcare, education and social service programs. HB 7133 would elevate Connecticut to standards set by the Center for Disease Control and Prevention (CDC), which identifies 5 micrograms of lead poisoning as a cause for an investigation.

Kayla Goldfarb, Director of Outreach, Connecticut Early Childhood Alliance; Policy Analyst, Connecticut Association for Human Services (CAHS):

The Alliance, CAHS and Ms. Goldfarb support HB 7133. Ms. Goldfarb refers to the DPH Annual Lead Surveillance report from 2015 which states that 2,156 children were poisoned that year. Of those poisoned, 58% had 5 micrograms or lower of lead levels in their blood. As a result, these children would not receive treatment despite there being no level of poisoning that is acceptable. Even with lower levels, exposure can cause irreversible cognitive impairments impacting the child for a lifetime. Implementation of this bill would expand the number of children tested for lead poisoning and given treatment rather than only those testing at high levels. Additionally, it would level Connecticut to standards set by CDC.

Karen Siegel, Connecticut Voices for Children:

Connecticut Voices for Children supports HB 7133. Lead paint was outlawed in 1978, although 71% of homes in Connecticut were built before 1980. Lead poisoning disproportionately affects some populations more than others. Black children are twice more likely to be affected by lead poisoning than white children, and Hispanic children are 1.5 times more likely to be affected than non-Hispanic children. This disparity exists because of structural racism and housing discrimination. Families of color are more likely to be
segregated into urban areas where homes and apartments tend to be older and deteriorating. This bill will ensure that all families, in urban or suburban areas, have access to support if their children are exposed to lead poisoning.

**Orlando Rodriguez, Research and Policy Development Specialist, Connecticut Education Association:**

The Connecticut Education Association (CEA) supports the bill. While the CDC has lowered the allowable lead exposure to 5 micrograms per deciliter of blood since 2012, Connecticut has yet to catch up. The highest areas affected by lead poisoning are urban areas which are more commonly populated by Black and Hispanic children. Lead poisoning affects cognitive abilities resulting in a large educational gap between White children when compared with Black and Hispanic children. CEA urges that Connecticut improve the health of its residents by remediating lead from older housing in urban areas.

**Additional sources of support include:**

Emily Benfer, Director, Health Justice Advocacy Clinic, Columbia Law School
Joelen Gates, Attorney, Connecticut Legal Services
Amy Marx, Attorney, New Haven Legal Assistance Association, Inc.
Bill Powers, Windham Taskforce for the Prevention of Child Abuse and Neglect
J.L. Pottenger, Jr., The Jerome N. Frank Legal Services Organization

**NATURE AND SOURCES OF OPPOSITION:**

**Connecticut Conference of Municipalities (CCM):**

CCM expresses concern with HB 7133. The lowering of the allowable blood lead level from 20 to 5 ug/dl will impose large unfunded mandates on towns and cities. Local health departments would be responsible for comprehensive investigations, and the towns and cities would be responsible for the relocation of families of children with elevated lead levels. This would result in an enormous financial burden on towns and cities to handle such cases. CCM supports the promotion of healthier lifestyles and is willing to collaborate with state and local health officials to determine alternative means to address lead blood levels.

**Lea Crown, Director of Health and Human Services, City of Meriden, Connecticut:**

Ms. Crown and the City of Meriden oppose HB 7133. Lead levels between 5 and 19 ug/dl in children can simply be reduced by cleaning the home, and stabilizing sources of lead generally is achieved by painting the home. Conducting a comprehensive investigation for levels below 20 ug/dl would be costly. If this bill were implemented in 2015, Meriden would have had 81 cases for abatement rather than the 10 it needed to address. Additionally, if the homeowner fails to abate the sources of lead, their case would need to be referred to housing court where it can get tied up for years. While recognizing that lead poisoning in children is a public health issue, there are currently other ways to address the problem. The bill provides little public health benefit and a lot of costs to homeowners and local public health departments.
Betsy Gara, Executive Director, Connecticut Council of Small Towns (COST):

COST does not support HB 7133 because it results in unfunded mandates for the towns and cities of Connecticut. It also incurs significant costs to local health departments whose budgets are already strained. COST urges lawmakers to explore alternative means to address lead poisoning.

Brian Falkner, Chair, Lead and Housing Committee, Connecticut Environmental Health Association:

Mr. Falkner states that HB 7133 has progressive expectations. Current regulations in Connecticut already provide the necessary services to protect children as local health departments provide case management to children who are found to have 5 micrograms or more of lead per deciliter of blood. Case management includes lead education, site visits, and dust wipe sampling. Implementation of this bill has significant costs attached to it as it would require additional staff members and equipment.

Charles Brown Jr., District Director and Treasurer, Central Connecticut Health District:

The Central Connecticut Health District (CCHD) believes that HB 7133 is not necessary in order to protect children’s health related to lead poisoning because local health departments already protect them. An initial lead screening is a finger stick that can easily be contaminated during the process. That is the reason such tests are then verified by physicians by drawing blood from a child’s vein. If a child is found to have 5 micrograms or more of lead per deciliter of blood, the child is provided with case management. A comprehensive investigation is not necessary for such cases. Additionally, the bill also creates a significant unfunded mandate for towns, cities and local health departments.

Reported by:  Valentina Mehmeti

Date: 3/6/19