House of Representatives

File No. 666

General Assembly

February Session, 2022 ***(Reprint of File No. 114)***

House Bill No. 5045
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
April 27, 2022

AN ACT REDUCING LEAD POISONING.

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

Section 1. Section 19a-110 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2023*):

(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**]** three and one-half 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**]** three and one-half 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**]** such 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**]** such 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**]** such 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**]** such 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**]** ensure that reports are made. The referring laboratory shall **[**insure**]**

ensure 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**]** three and one-half 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**]** 17a-248i, 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 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**]**

(e) Prior to January 1, 2024, 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**]** ten micrograms per deciliter but less than **[**twenty**]** fifteen micrograms per deciliter in two tests taken at least three months apart and order remediation of such **[**sources**]** source 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.**]** From January 1, 2024, to December 31, 2024, inclusive, 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 five micrograms per deciliter but less than ten micrograms per deciliter in two tests taken at least three months apart and order remediation of such source by the appropriate persons responsible for the conditions at such source.

Sec. 2. Section 19a-111 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2023*):

Upon receipt of each report of confirmed venous blood lead level equal to or greater than **[**twenty**]** fifteen micrograms per deciliter of blood from January 1, 2023, to December 31, 2023, inclusive, ten micrograms per deciliter of blood from January 1, 2024, to December 31, 2024, inclusive, and five micrograms per deciliter of blood on and after January 1, 2025, 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, using a web-based surveillance system as prescribed by the commissioner, 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 or to prohibit a local director of health from making or causing to be made an epidemiological investigation upon receipt of a report of a confirmed venous blood lead level that is less than the minimum venous blood level specified in this section.

Sec. 3. Subsection (a) of section 19a-111g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2023*):

(a) Each primary care provider giving pediatric care in this state, excluding a hospital emergency department and its staff: (1) Shall conduct lead testing at least annually for each child nine to thirty-five months of age, inclusive, in accordance with the Advisory Committee on Childhood Lead Poisoning Prevention **[**Screening Advisory Committee**]** recommendations for childhood lead screening in Connecticut; (2) shall conduct lead testing at least annually for any child thirty-six to seventy-two months of age, inclusive, determined by the Department of Public Health to be at an elevated risk of lead exposure based on his or her enrollment in a medical assistance program pursuant to chapter 319v or his or her residence in a municipality that presents an elevated risk of lead exposure based on factors, including, but not limited to, the prevalence of housing built prior to January 1, 1960, and

the prevalence of children's blood lead levels greater than five micrograms per deciliter; (3) shall conduct lead testing for any child thirty-six to seventy-two months of age, inclusive, who has not been previously tested or for any child under seventy-two months of age, if clinically indicated as determined by the primary care provider in accordance with the Childhood Lead Poisoning Prevention Screening Advisory Committee recommendations for childhood lead screening in Connecticut; **[**(3)**]** (4) shall provide, before such lead testing occurs, educational materials or anticipatory guidance information concerning lead poisoning prevention to such child's parent or guardian in accordance with the Childhood Lead Poisoning Prevention Screening Advisory Committee recommendations for childhood lead screening in Connecticut; **[**(4)**]** (5) shall conduct a medical risk assessment at least annually for each child thirty-six to seventy-two months of age, inclusive, in accordance with the Childhood Lead Poisoning Prevention Screening Advisory Committee recommendations for childhood lead screening in Connecticut; and **[**(5)**]** (6) may conduct a medical risk assessment at any time for any child thirty-six months of age or younger who is determined by the primary care provider to be in need of such risk assessment in accordance with the Childhood Lead Poisoning Prevention Screening Advisory Committee recommendations for childhood lead screening in Connecticut.

Sec. 4. (NEW) (*Effective January 1, 2023*) To the extent permissible under federal law and within available appropriations, the Commissioner of Social Services shall seek federal authority to amend the Medicaid state plan to add services the commissioner determines are necessary and appropriate to address the health impacts of high childhood blood lead levels in children eligible for Medicaid. Such newly added services may include, but need not be limited to, (1) case management, (2) lead remediation, (3) follow-up screening, (4) referral to other available services, and (5) such other services covered under Medicaid the commissioner determines are necessary. In making the determination as to which services to add to the Medicaid program under this section, the commissioner shall coordinate such services with

services already covered under the Medicaid program.

Sec. 5. (*Effective from passage*) (a) The Commissioner of Public Health shall convene a working group to recommend any necessary legislative changes concerning (1) lead screening for pregnant persons or persons who are planning pregnancy, (2) lead in schools and child care centers, (3) reporting the results of lead tests or lead screening assessments to schools and child care centers in health assessments for new students, (4) reporting additional data from blood lead test laboratories and providers to the Department of Public Health, and (5) any other matters regarding lead poisoning prevention and treatment.

(b) Such working group shall consist of the following members: (1) The Commissioners of Public Health and Social Services and the Secretary of the Office of Policy and Management, or their designees; (2) at least four persons who are (A) medical professionals who provide pediatric health care, (B) active in the field of public health and lead prevention, or (C) from a community that has been disproportionately impacted by lead, who shall be appointed by the Commissioner of Public Health; (3) two representatives of an association of directors of health in the state, who shall be appointed by said commissioner; (4) a representative of a conference of municipalities in the state, who shall be appointed by said commissioner; and (5) a representative of a council of small towns in the state, who shall be appointed by said commissioner. In making appointments under this subsection, the Commissioner of Public Health shall use best efforts to select members who reflect the racial, gender and geographic diversity of the population of the state. All appointments shall be made not later than thirty days after the effective date of this section.

(c) Not later than December 1, 2022, the Commissioner of Public Health shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to public health, education and appropriations and the budgets of state agencies regarding the recommendations of the working group. The working

group shall terminate upon the submission of the report.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*January 1, 2023*	19a-110
Sec. 2	*January 1, 2023*	19a-111
Sec. 3	*January 1, 2023*	19a-111g(a)
Sec. 4	*January 1, 2023*	New section
Sec. 5	*from passage*	New section

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 23 $	FY 24 $
Social Services, Dept.	GF - Potential Cost	Indeterminate	Indeterminate

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 23 $	FY 24 $
Various Municipalities	STATE MANDATE[1] - Cost	up to $5.5 million	up to $20 million

Explanation

The bill results in a cost to local health departments of up to $5.5 million in FY 23 and $20 million in FY 24 associated with increased operational costs and abatement activities due to lowering the blood lead level threshold. Estimates reflect operational costs of approximately $1.5 million in FY 23 and abatement costs of up to $4 million to the extent towns are required to cover the full cost of abatement. Similarly, FY 24 estimates assume operational costs of $5 million and abatement costs of up to $15 million. Estimates are based on 2019 case data when 1,188 children in Connecticut had a blood lead level (BLL) over 5 micrograms per deciliter. The cost to towns increases from FY 23 to FY 24 as the threshold for investigation and abatement activities

[1] State mandate is defined in Sec. 2-32b(2) of the Connecticut General Statutes, "state mandate" means any state initiated constitutional, statutory or executive action that requires a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

decreases over time, as specified in the bill.

The bill could also result in a cost to the Department of Social Services (DSS) associated with Medicaid coverage for services that address the health impacts of high childhood blood lead levels in Medicaid eligible children. The extent of the cost is dependent on any additional services considered to be appropriate by DSS and federally approved, as well as the associated cost and utilization of such services.

House "A" requires the Department of Public Health to convene a working group to recommend legislative changes related to lead screening and reporting requirements by December 2022 and has no fiscal impact.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis

HB 5045 (as amended by House "A")*

AN ACT REDUCING LEAD POISONING.

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:

1. lowers, from 10 to 3.5 micrograms per deciliter (µg/dL), the threshold at which licensed health care institutions and clinical laboratories must report lead poisoning cases to DPH and local health departments;

2. lowers, from 5 to 3.5 µg/dL, the threshold at which local health directors must inform parents or guardians about (a) a child's potential eligibility for the state's Birth-to-Three program and (b) lead poisoning dangers, ways to reduce risk, and lead abatement laws;

3. incrementally lowers, from 20 to 5 µg/dL, the threshold for local health departments to conduct epidemiological investigations of the source of a person's lead poisoning; and

4. incrementally lowers, from 20 to 5 µg/dL, the threshold at which local health directors must conduct on-site inspections and remediation for children with lead poisoning until December 31, 2024.

Additionally, the bill requires primary care providers to conduct annual lead testing for children ages 36 to 72 months whom DPH determines to be at higher risk of lead exposure based on certain factors.

It also requires the Department of Social Services (DSS) commissioner

to seek federal approval to amend the state Medicaid plan to add services she deems necessary to address the health impacts of high childhood blood lead levels in Medicaid-eligible children.

Lastly, the bill requires the DPH commissioner to convene a working group to recommend necessary legislative changes on various lead poisoning prevention and treatment issues. The commissioner must report the working group's recommendations to the Appropriations, Education, and Public Health committees by December 1, 2022.

The bill also makes technical and conforming changes.

*House Amendment "A" adds the provision requiring the DPH commissioner to convene a working group on lead poisoning prevention and treatment.

EFFECTIVE DATE: January 1, 2023, except the lead poisoning prevention and treatment working group provision is effective upon passage.

LEAD POISONING PREVENTION AND ABATEMENT

Reporting Blood Lead Levels (§ 1)

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 3.5 µg/dL.

Providing Information to Affected Parents and Guardians (§ 1)

By law, local health directors must inform parents or guardians about (1) a 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. Under current law, directors must provide the information:

1. 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 µg/dL, or any other abnormal body lead level, or

2. when a child is known to have a confirmed venous blood lead level of at least 5 µg/dL.

The bill lowers these threshold amounts to 3.5 µg/dL.

Existing law, unchanged by the bill, requires the local health director to provide the information to the parent or guardian only once, after the director receives the initial report.

On-Site Inspections and Remediation (§ 1)

Current law requires local 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 (directors must take these actions for children who meet this threshold in two tests taken at least two months apart) or

2. a child has a confirmed venous blood level of 15 to 20 µg/dL in two tests taken at least three months apart.

The bill eliminates the first requirement and lowers the threshold for the second requirement to between (1) 10 and 15 ug/dL before January 1, 2024, and (2) 5 and 10 ug/dL from January 1, 2024, to December 31, 2024. (It appears that these inspections and remediation stop after this date, but the required epidemiological investigation and related actions continue; see below.)

Epidemiological Investigations (§ 2)

By law, if a local health director receives a report that a person's blood lead level exceeds a certain threshold, the director must conduct an epidemiological investigation of the lead source. The bill lowers the threshold amount as follows:

1. from 20 to 15 µg/dL from January 1, 2023, to December 31, 2023;

2. from 15 to 10 µg/dL from January 1, 2024, to December 31, 2024; and

3. from 10 to 5 µg/dL starting January 1, 2025.

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 specifies that the law does not prohibit a local health director from conducting an epidemiological investigation in cases of blood lead levels lower than the minimum amounts listed above.

Primary Care Provider Testing (§ 3)

The bill requires primary care providers who provide pediatric care, other than hospital emergency departments, to conduct annual lead testing for children ages 36 to 72 months whom DPH determines to be at an elevated risk of lead exposure based on their enrollment in HUSKY or residence in a municipality with an elevated risk of lead exposure. Under the bill, DPH makes this determination of higher-risk municipalities based on factors such as the prevalence of (1) housing built before January 1, 1960, or (2) children with blood lead levels greater than 5 ug/dL.

Existing law, unchanged by the bill, already requires primary care providers to perform lead testing on (1) all children ages 9 to 35 months, in accordance with the Advisory Committee on Childhood Lead Poisoning Prevention recommendations, (2) all children ages 36 to 72 months who have never been screened, and (3) any child under 72 months if the provider determines it is clinically indicated under the advisory committee's recommendations.

§ 4 — MEDICAID STATE PLAN AMENDMENT

The bill requires the DSS commissioner to seek federal authority to amend the state Medicaid plan to add services she determines are

necessary and appropriate to address the health impacts of high childhood blood lead levels in those eligible for Medicaid. She must do this within available appropriations and to the extent federal law allows.

Under the bill, these additional services may include case management, lead remediation, follow-up screenings, referrals to other available services, and other Medicaid-covered services the commissioner deems necessary.

In determining which services to add to the Medicaid program, the bill requires the commissioner to coordinate them with the services already covered under the program.

§ 5 — LEAD POISONING PREVENTION AND TREATMENT WORKING GROUP

The bill requires the DPH commissioner to convene a working group to recommend necessary legislative changes on the following:

1. lead screening for pregnant women or those planning pregnancy,
2. lead in schools and child care centers,
3. reporting lead test results or lead screening assessments to schools and child care centers in health assessments for new students,
4. reporting additional data from blood lead test laboratories and providers to DPH, and
5. any other lead poisoning prevention and treatment matters.

Members

Under the bill, the working group's members include the DPH and DSS commissioners and the Office of Policy and Management secretary, or their designees. It also includes the following members appointed by the DPH commissioner:

1. at least four individuals who are (a) medical professionals

providing pediatric health care, (b) active in the public health and lead prevention field, or (c) from a community disproportionately impacted by lead;

2. two representatives of an association of health directors in the state;
3. one representative of a conference of municipalities in the state; and
4. one representative of a council of small towns in the state.

The bill requires the DPH commissioner to make her appointments within 30 days of the bill's passage. When doing so, she must use her best efforts to select members who reflect the racial, gender, and geographic diversity of the state's population.

Report

The bill requires the DPH commissioner to report to the Appropriations, Education, and Public Health committees on the working group's recommendations by December 1, 2022. The working group terminates on the date the commissioner submits the report.

BACKGROUND

Federal Centers for Disease Control and Prevention (CDC) Recommendation

In October 2021, the CDC updated its recommendations on children's blood lead levels, defining 3.5 µg/dL, instead of 5 µg/dL, as an elevated blood lead level.

COMMITTEE ACTION

Public Health Committee

Joint Favorable
Yea 31 Nay 0 (03/11/2022)

Appropriations Committee

Joint Favorable
Yea 44 Nay 4 (04/18/2022)