House of Representatives

General Assembly

File No. 454

January Session, 2023

Substitute House Bill No. 6727

House of Representatives, April 5, 2023

The Committee on Public Health reported through REP. MCCARTHY VAHEY of the 133rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS FOR IMPLEMENTING THE RECOMMENDATIONS OF THE LEAD POISONING PREVENTION WORKING GROUP.

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

Section 1. Section 19a-109aa of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(a) For purposes of this section:

(1) "Commissioner" means the Commissioner of Public Health;

(2) "Eligible families" means any household which (A) is eligible for the federal Medicaid program, (B) includes a child who is six years of age or younger**,** **[**as of July 1, 2000,**]** and (C) is residing in a building built prior to 1978; and

(3) "The program" or "this program" means the program established

by this section.

(b) The Commissioner of Public Health may establish a program to promote environmentally safe housing for children and families through education, medical screening and appropriate and cost-effective repairs. Such program may (A) identify eligible families and, through voluntary home visits, provide education about the problems caused by exposure to lead and how to avoid or lessen the effects of such exposure, (B) provide blood lead screening for children who are six years of age or younger, (C) identify measures to be taken to lessen the effects from the presence of lead, including window repair or replacement, and (D) apply to federal programs and to other funding sources which will pay for some of the costs of this program. **[**, and (E) continue to evaluate the program's progress in order to plan for a phase-out in three to five years.**]** The commissioner may contract with a nonprofit entity to operate the program.

(c) Eligible costs by a nonprofit entity operating this program shall include costs and expenses incurred in providing lead-safety education, interim measures and window repair or replacement or other remediation for dwelling units, administrative and management expenses, planning and start-up costs, and any other costs and expenses found by the commissioner to be necessary and reasonable and in accordance with existing state regulations.

Sec. 2. Section 19a-110 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(a) As used in this section, and sections 19a-110a to 19a-111k, inclusive, as amended by this act:

(1) "Abatement" means any set of measures designed to reduce or eliminate lead hazards, including, but not limited to, the encapsulation, replacement, removal, enclosure or covering of paint, plaster, soil or other material containing toxic levels of lead and all preparation, clean-up, disposal and reoccupancy clearance testing;

(2) "Epidemiological investigation" means an examination and evaluation by a lead inspector certified under chapter 400c to determine the cause of elevated blood levels, detect lead-based paint and report findings and (A) includes (i) an on-site inspection and, if applicable, an inspection of other dwellings or areas frequented by a person with elevated blood lead levels that may be the source of a lead hazard, and (ii) an evaluation of other potential sources of lead hazards, including, but not limited to, drinking water, soil, dust, pottery, gasoline, toys or occupational exposure, and (B) may include isotopic analysis of lead-containing items;

(3) "Lead screening" means a blood lead test from a finger-prick or venous blood draw;

(4) "On-site inspection" means an examination of a residential dwelling to identify lead hazards, including, but not limited to, an examination of the dwelling for deteriorating paint, lead dust, bare soil near the perimeter of the dwelling, household items that may present a potential lead risk, such as toys, cookware, food products and cosmetics, and an inquiry into the water system serving the dwelling;

(5) "Remediation" means the process of remedying a lead hazard condition, including, but not limited to, investigation, abatement and, if appropriate, ongoing management measures; and

(6) "Risk assessment" means the collection of information about a person's potential lead exposures and a determination of whether such person has an increased likelihood of an elevated blood lead level.

[(a)**]** (b) 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 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-565 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 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, in a form and manner as prescribed by the commissioner, 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] twenty-four 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 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] form and manner of transmission of data contained in such report.

[(b)] (c) Each institution or laboratory that [conducts] reports 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)] (b) 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 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] form and manner of transmission of data contained in such report.

[(c)**]** (d) Whenever an institutional laboratory or private clinical laboratory **[**conducting**]** reporting 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) and (c) of this section, but both laboratories shall be accountable to ensure that reports are made. The referring laboratory shall ensure that the requisition slip includes all of the information that is required in subsections **[**(a) and**]** (b) and (c) 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 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-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.

(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 ten micrograms per deciliter but less than fifteen 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. 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. 3. Section 19a-110a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(a) The Commissioner of Public Health may, within available appropriations, establish two regional lead poisoning treatment centers in different areas of the state by providing grants-in-aid to two participating hospitals, each with a demonstrated expertise in lead poisoning prevention and treatment as determined by the commissioner. Each center shall serve a designated area of the state, as determined by the commissioner, to provide services including, but not limited to, consultation services for **[**physicians**]** pediatricians and other primary care practitioners regarding proper treatment of lead poisoning **[**. No grant may be provided pursuant to this section until the task force report required under section 4 of public act 92-192 has been submitted**]** in children.

(b) Each regional lead poisoning treatment center shall report to the commissioner on a quarterly basis, in a form and manner prescribed by the commissioner, regarding the number of persons treated for lead poisoning, the residential town and race and ethnicity data for each such person and any other information that the commissioner may require.

Sec. 4. Section 19a-111 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(a) The Commissioner of Public Health shall develop informational materials describing the dangers of lead poisoning, precautions to reduce the risk of lead poisoning, potential eligibility for services for children from birth to three years of age pursuant to sections 17a-248 to 17a-248i, inclusive, laws and regulations concerning lead abatement and any other information as prescribed by the commissioner. The director

of health of the town, city, borough or district shall provide, or cause to be provided, such informational materials to the parent or guardian of a child who is (1) known to have a blood lead level of 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 section 19a-110, as amended by this act. 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 section 19a-110, as amended by this act.

(b) Upon receipt of each report of a child with a blood lead level (1) equal to or greater than ten micrograms per deciliter but less than fifteen micrograms per deciliter on or before January 1, 2024, and (2) equal to or greater than five micrograms per deciliter but less than ten micrograms per deciliter from January 1, 2024, to December 31, 2024, inclusive, the director shall conduct an on-site inspection to identify the source of the lead causing such blood lead level and order remediation of such source by the appropriate persons responsible for the conditions at such source.

(c) Upon receipt of each report of **[**confirmed venous**]** a blood lead level equal to or greater than 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.

(d) The local director of health shall, not later than thirty days after the conclusion of such director's epidemiological investigation, report to the **[**Commissioner of Public Health**]** commissioner, 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. 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. 5. Section 19a-111a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(a) The Department of Public Health shall be the lead state agency for lead poisoning prevention and control in this state. The Commissioner of Public Health shall (1) identify the state and local agencies in this state

with responsibilities related to lead poisoning prevention, and (2) schedule a meeting of such state agencies and representative local agencies at least once annually in order to coordinate lead poisoning prevention efforts in this state.

(b) The commissioner shall establish, in consultation with recognized professional medical groups, guidelines consistent with the National Centers for Disease Control and Prevention's guidelines 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 and persons who are pregnant or are planning to become pregnant.

[(b)**]** (c) The commissioner shall establish a lead poisoning prevention program to provide screening, diagnosis, consultation, inspection and treatment services, including, but not limited to, the prevention and elimination of lead poisoning through research, abatement, education and epidemiological and clinical activities. Such program shall include, but need not be limited to, the screening services provided pursuant to section 19a-111g, as amended by this act.

[(c)**]** (d) Within available appropriations, the commissioner may contract with individuals, groups or agencies for the provision of necessary services and enter into assistance agreements with municipalities, cities, boroughs or district departments of health or special service districts for the development and implementation of comprehensive lead poisoning prevention programs consistent with the provisions of sections 19a-110 to 19a-111c, inclusive, as amended by this act.

(e) The commissioner shall maintain comprehensive records of all reports submitted pursuant to sections 19a-110, as amended by this act, and 19a-111, as amended by this act. Such records shall be geographically indexed for the purpose of determining the location of areas of relatively high incidences of lead poisoning.

Sec. 6. Section 19a-111b of the general statutes is repealed and the

following is substituted in lieu thereof (*Effective October 1, 2023*):

Within the lead poisoning prevention program established pursuant to section 19a-111a, as amended by this act:

(1) The commissioner shall institute an educational and publicity program in order to inform the general public, teachers, social workers and other human services personnel; **[**owners of**]** residential property owners, and in particular, those that own buildings constructed prior to **[**1950**]** 1978; and health **[**services personnel**]** care providers of the danger, frequency and sources of lead poisoning and methods of preventing such poisoning;

(2) The commissioner shall establish an early diagnosis program to detect cases of lead poisoning. Such program shall include, but not be limited to, the routine examination of children under the age of six in accordance with protocols promulgated by the National Centers for Disease Control. Results equal to or greater than the levels specified in section 19a-110, as amended by this act, from any examination pursuant to sections 19a-110 to 19a-111c, inclusive, as amended by this act, shall be provided to the child's parent or legal guardian, the local director of health and the commissioner; and

(3) The commissioner shall establish a program for the detection of sources of lead poisoning. Within available appropriations, such program shall include the identification of dwellings in which paint, plaster or other accessible substances contain toxic levels of lead and the inspection of areas surrounding such dwellings for lead-containing materials. Any person who detects a toxic level of lead, as defined by the commissioner, shall report such findings to the commissioner. The commissioner shall inform all interested parties, including but not limited to, the owner of the building, the occupants of the building, enforcement officials and other necessary parties.

Sec. 7. Section 19a-111c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(a) The owner of any dwelling in which the paint, plaster or other material is found to contain toxic levels of lead and in which children under the age of six reside, shall **[**abate, remediate or manage such dangerous**]** remediate such toxic levels of lead through testing, abatement or management of such materials consistent with regulations adopted pursuant to this section. The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, to establish requirements and procedures for testing, **[**remediation,**]** abatement and management of materials containing toxic levels of lead. **[**For the purposes of this section, "remediation" means the use of interim controls, including, but not limited to, paint stabilization, spot point repair, dust control, specialized cleaning and covering of soil with mulch.**]**

(b) The commissioner shall authorize the use of any liquid, cementitious or flexible lead encapsulant product which complies with an appropriate standard for such products developed by the American Society for Testing and Materials or similar testing organization acceptable to the commissioner for the abatement and remediation of lead hazards. The commissioner shall maintain a list of all such approved lead encapsulant products that may be used in this state for the **[**abatement and**]** remediation of lead hazards.

(c) (1) The Commissioner of Public Health may adopt regulations, in accordance with chapter 54, to regulate paint removal from the exterior of any building or structure where the paint removal project may present a health hazard related to lead exposure to neighboring premises. The regulations may establish: (A) Definitions, (B) applicability and exemption criteria, (C) procedures for submission of notifications, (D) appropriate work practices, and (E) penalties for noncompliance.

(2) The Commissioner of Public Health may adopt regulations, in accordance with chapter 54, to regulate the standards and procedures for **[**testing, remediation, as defined in this section**]** remediation of lead hazards, including testing, abatement and management of materials

containing toxic levels of lead in any premises.

Sec. 8. Section 19a-111g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2024*):

(a) (1) 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 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; (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; (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 (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.**]** shall conduct lead risk assessment and lead testing that includes, but need not be limited to:

(A) A complete medical risk assessment based on guidelines prescribed by the commissioner for each child from birth to six years of age, conducted at least annually;

(B) An annual lead screening test for each child who has an elevated risk of lead exposure based on findings of the medical risk assessment conducted pursuant to subparagraph (A) of this subdivision;

(C) A lead screening test for each child at twelve months of age and twenty-four months of age; and

(D) Follow-up testing, in accordance with a schedule established by the commissioner, for each child with a confirmed blood lead level equal to or greater than three and one-half micrograms per deciliter.

(2) Each primary care provider giving pediatric care in this state, excluding a hospital emergency department and its staff, shall provide educational materials and guidance information concerning lead poisoning prevention to each child's parent or guardian in accordance with the commissioner's recommendations for childhood lead screening.

[(b)**]** (3) The requirements of this **[**section do**]** subsection shall not apply to any child whose parents or guardians object to blood testing as being in conflict with their religious tenets and practice.

(b) Each prenatal health care provider shall (1) provide each pregnant person anticipatory guidance on lead poisoning prevention during pregnancy, (2) assess each pregnant person at the initial prenatal visit for lead exposure using a risk assessment tool recommended by the commissioner, (3) screen or refer for blood lead screening each pregnant person found to be at risk for lead exposure, (4) notify the local health

director serving the jurisdiction in which the pregnant person resides if such person has a blood lead level equal to or greater than three and one-half micrograms per deciliter, and (5) provide anticipatory guidance regarding the prevention of childhood lead poisoning to each patient at such patient's postpartum visit.

(c) Upon the receipt of any notice provided pursuant to subdivision (4) of subsection (b) of this section, a local health director shall conduct the epidemiological investigation and take such other actions as described in section 19a-111, as amended by this act.

Sec. 9. Section 19a-111i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) On or before October 1, **[**2017**]** 2023, and annually thereafter, the Commissioner of Public Health shall report, in accordance with section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to public health and human services on the status of lead poisoning prevention and control efforts in the state for the preceding calendar year. Such report shall include, but need not be limited to, (1) the number of lead screenings of children, **[**screened for lead poisoning during the preceding calendar year,**]** (2) the number of children diagnosed with elevated blood levels, **[**during the preceding calendar year,**]** and (3) the amount of testing, **[**remediation,**]** abatement and management of materials containing toxic levels of lead in all premises. **[**during the preceding calendar year.**]**

(b) On or before January 1, 2011, the Commissioner of Public Health shall (1) evaluate the lead screening and risk assessment conducted pursuant to sections 19a-110, as amended by this act, and 19a-111g, as amended by this act, and (2) report, in accordance with section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to public health and human services on the effectiveness of such screening and assessment, including a recommendation as to whether such screening and assessment should be continued as specified in **[**said**]** sections 19a-110, as amended by this act, and 19a-111g, as amended by this act.

Sec. 10. Section 19a-111j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(a) The Department of Public Health shall, within available appropriations, establish and administer a program of financial assistance to local health departments for expenses incurred in complying with this section and the applicable provisions of sections 19a-110, as amended by this act, 19a-111a, as amended by this act, 19a-206, 47a-52 and 47a-54f. Local health departments shall use the funds disbursed through the program for lead poisoning prevention and control services as described in subsection (b) of this section and other lead poisoning prevention and control purposes approved by the Department of Public Health.

(b) To be eligible to receive program funding from the Department of Public Health, a local health department shall administer a local lead poisoning prevention and control program approved by the department. Such program shall include, but need not be limited to: (1) Case management services; (2) lead poisoning educational services; (3) environmental health services; (4) health education services, including, but not limited to, education concerning proper nutrition for good health and the prevention of lead poisoning; and (5) participation in the Department of Public Health's system for the collection, tabulation, analysis and reporting of lead poisoning prevention and control statistics.

(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**]** a blood lead level that is equal to, or greater than, **[**twenty**]** three and one-half 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 micrograms of lead per deciliter of blood but less

than twenty 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**]** three and one-half micrograms of lead per deciliter of blood. Such educational materials shall be provided in English, Spanish and any other language common to the persons in the local health department's jurisdiction.

(e) The Department of Public Health shall disburse program funds to the local health department on an annual basis. After approving a local health department's application for program funding, the funding period shall begin on July first each year. The amount of such funding shall be determined by the Department of Public Health based on the number of confirmed childhood lead poisoning cases reported in the local health department's geographic coverage area during the previous calendar year. The director of any local health department that applies for program funding shall submit, not later than September thirtieth, annually, to the Department of Public Health a report concerning the local health department's lead poisoning and prevention control program. Such report shall contain: (1) A proposed budget for the expenditure of program funds for the new fiscal year; (2) a summary of planned program activities for the new fiscal year; and (3) a summary of program expenditures, services provided and operational activities during the previous fiscal year. The Department of Public Health shall approve a local health department's proposed budget prior to disbursing program funds to the local health department.

Sec. 11. Section 20-474 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

As used in sections 20-474 to 20-482, inclusive, as amended by this act, and subsections (e) and (f) of section 19a-88: **[**and section 19a-111:**]**

(1) "Abatement" means any set of measures designed to eliminate lead hazards in accordance with standards established pursuant to sections 20-474 to 20-482, inclusive, as amended by this act, and subsections (e) and (f) of section 19a-88 and regulations adopted thereunder, including, but not limited to, the encapsulation, replacement, removal, enclosure or covering of paint, plaster, soil or other material containing toxic levels of lead and all preparation, clean-up, disposal and reoccupancy clearance testing;

(2) "Certificate" means a document issued by the department indicating successful completion of an approved training course;

(3) "Code enforcement official" means the director of health or a person authorized by the director to act on the director's behalf, the local housing code official or a person authorized by the local housing code official to act on the local housing code official's behalf, or an agent of the commissioner;

(4) "Commissioner" means the Commissioner of Public Health, or the commissioner's designee;

(5) "Department" means the Department of Public Health;

(6) "Director of health" means a municipal health director or a district director of health as defined in chapters 368e and 368f;

(7) "Dwelling" means every building or shelter used or intended for human habitation, including exterior surfaces and all common areas thereof, and the exterior of any other structure located within the same lot, even if not used for human habitation;

(8) "Dwelling unit" means a room or group of rooms within a dwelling arranged for use as a single household by one or more individuals living together who share living and sleeping facilities;

(9) "Entity" means any person, partnership, firm, association, corporation, limited liability company, sole proprietorship or any other business concern, state or local government agency or political subdivision or authority thereof, or any religious, social or union organization, whether operated for profit or otherwise;

(10) "Lead abatement contractor" means any entity which contracts to perform lead hazard reduction by means of abatement including, but not limited to, the encapsulation, replacement, removal, enclosure or covering of paint, plaster, soil or other material containing toxic levels of lead;

(11) "Lead abatement supervisor" means an individual who oversees lead abatement activities;

(12) "Lead abatement worker" means an individual who performs lead abatement activities;

(13) "Lead consultant contractor" means any entity which contracts to perform lead hazard reduction consultation work utilizing a lead inspector, lead inspection risk assessor or lead planner-project designer;

(14) "Lead inspection" means an investigation to determine the presence of lead in paint, lead in other surface coverings, lead in dust, lead in soil or lead in drinking water, and the provision of a report explaining the results of the investigation;

(15) "Lead inspector" means an individual who performs inspections solely for the purpose of determining the presence of lead-based paint and surface coverings and lead in soil, dust and drinking water through the use of on-site testing including, but not limited to, x-ray fluorescence (XRF) analysis with portable analytical instruments, and the collection of samples for laboratory analysis and who collects information designed to assess the level of risk;

(16) "Lead inspector risk assessor" means an individual who (A) performs (i) lead inspection risk assessments for the purpose of determining the presence, type, severity and location of lead-based

paint hazards, including lead hazards in paint, dust, drinking water and soil, through the use of on-site testing, including, but not limited to, x-ray fluorescence (XRF) analysis with portable instruments, and (ii) the collection of samples for laboratory analysis, and (B) provides suggested ways to control any identified lead hazards;

(17) "Lead planner-project designer" means an individual who designs lead abatement and management activities;

(18) "Lead training provider" means an entity that offers an approved training course or refresher training course in lead abatement or lead consultant services;

(19) "License" means the whole or part of any department permit, approval or similar form of permission required by the general statutes and which further requires: (A) Practice of the profession by licensed persons or entities only; (B) that a person or entity demonstrate competence to practice through an examination or other means and meet certain minimum standards; and (C) enforcement of standards by the department;

(20) "Premises" means the area immediately surrounding a dwelling;

(21) "Refresher training course" means an annual, supplemental training course for personnel engaged in lead abatement or lead consultation services; and

(22) "Training course" means an approved training course offered by a training provider for persons seeking instruction in lead abatement or lead consultation services.

Sec. 12. Subsection (b) of section 10-206 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(b) Each local or regional board of education shall require each child to have a health assessment prior to public school enrollment. The assessment shall include: (1) A physical examination which shall

include hematocrit or hemoglobin tests, height, weight, blood pressure, a medical risk assessment for lead poisoning and, when indicated by such assessment, a test of the child's blood lead level, and, beginning with the 2003-2004 school year, a chronic disease assessment which shall include, but not be limited to, asthma. The assessment form shall include (A) a check box for the provider conducting the assessment, as provided in subsection (a) of this section, to indicate an asthma diagnosis, (B) screening questions relating to appropriate public health concerns to be answered by the parent or guardian, and (C) screening questions to be answered by such provider; (2) an updating of immunizations as required under section 10-204a, provided a registered nurse may only update said immunizations pursuant to a written order by a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378; (3) vision, hearing, speech and gross dental screenings; and (4) such other information, including health and developmental history, as the physician feels is necessary and appropriate. The assessment shall also include tests for tuberculosis, sickle cell anemia **[**or**]** and Cooley's anemia **[**and tests for lead levels in the blood**]** where the local or regional board of education determines after consultation with the school medical advisor and the local health department, or in the case of a regional board of education, each local health department, that such tests are necessary, provided a registered nurse may only perform said tests pursuant to the written order of a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378.

Sec. 13. Subdivision (1) of section 4d-30 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(1) "Contract" means a contract for state agency information system or telecommunication system facilities, equipment or services, which is awarded pursuant to this chapter or subsection (e) of section 1-205, subsection (c) of section 1-211, subsection (b) of section 1-212, section 4-5, subsection (a) of section 10a-151b, or subsection **[**(a)**]** (b) of section 19a-

110, as amended by this act.

Sec. 14. Section 4d-47 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

With respect to any state employee whose position is eliminated or who is laid off as a result of any contract or amendment to a contract which is subject to the provisions of this chapter and subsection (e) of section 1-205, subsection (c) of section 1-211, subsection (b) of section 1-212, section 4-5, 4a-50, 4a-51, subsection (b) of section 4a-57, subsection (a) of section 10a-151b, or subsection **[**(a)**]** (b) of section 19a-110, as amended by this act, or any subcontract for work under such contract or amendment, (1) the contractor shall hire the employee, upon application by the employee, unless the employee is hired by a subcontractor of the contractor, or (2) the employee may transfer to any vacant position in state service for which such employee is qualified, to the extent allowed under the provisions of existing collectively bargained agreements and the general statutes. If the contractor or any such subcontractor hires any such state employee and does not provide the employee with fringe benefits which are equivalent to, or greater than, the fringe benefits that the employee would have received in state service, the state shall, for two years after the employee terminates from state service, provide to the employee either (A) the same benefits that such employee received from the state, or (B) compensation in an amount which represents the difference in the value of the fringe benefits that such employee received when in state service and the fringe benefits that such employee receives from the contractor or subcontractor.

Sec. 15. Section 4d-48 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

No contract or subcontract for state agency information system or telecommunication system facilities, equipment or services may be awarded to any business entity or individual pursuant to this chapter or subsection (e) of section 1-205, subsection (c) of section 1-211, subsection (b) of section 1-212, section 4-5, subsection (a) of section 10a-151b, or

subsection [(a)] (b) of section 19a-110, as amended by this act, if such business entity or individual previously had a contract with the state or a state agency to provide information system or telecommunication system facilities, equipment or services and such prior contract was finally terminated by the state or a state agency within the previous five years for the reason that such business entity or individual failed to perform or otherwise breached a material obligation of the contract related to information system or telecommunication system facilities, equipment or services. If the termination of any such previous contract is contested in an arbitration or judicial proceeding, the termination shall not be final until the conclusion of such arbitration or judicial proceeding. If the fact-finder determines, or a settlement stipulates, that the contractor failed to perform or otherwise breached a material obligation of the contract related to information system or telecommunication system facilities, equipment or services, any award of a contract pursuant to said chapter or sections during the pendency of such arbitration or proceeding shall be rescinded and the bar provided in this section shall apply to such business entity or individual.

Sec. 16. Section 19a-111h of the general statutes is repealed. (*Effective October 1, 2023*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	*October 1, 2023*	19a-109aa
Sec. 2	*October 1, 2023*	19a-110
Sec. 3	*October 1, 2023*	19a-110a
Sec. 4	*October 1, 2023*	19a-111
Sec. 5	*October 1, 2023*	19a-111a
Sec. 6	*October 1, 2023*	19a-111b
Sec. 7	*October 1, 2023*	19a-111c
Sec. 8	*January 1, 2024*	19a-111g
Sec. 9	*from passage*	19a-111i
Sec. 10	*October 1, 2023*	19a-111j
Sec. 11	*October 1, 2023*	20-474
Sec. 12	*October 1, 2023*	10-206(b)
Sec. 13	*October 1, 2023*	4d-30(1)

Sec. 14	*October 1, 2023*	4d-47
Sec. 15	*October 1, 2023*	4d-48
Sec. 16	*October 1, 2023*	Repealer section

Statement of Legislative Commissioners:
In Section 2(a)(2)(A)(i), "an inspection" was added, for clarity; in Section 2(c), "subsection (a)" was changed to "subsection **[**(a)**]** (b)" for accuracy; and in Section 9(b), "said sections" was changed to "**[**said**]** sections" for consistency with standard drafting conventions and to eliminate redundant language.

PH *Joint Favorable Subst. -LCO*

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: None

Municipal Impact: None

Explanation

The bill, which makes various changes related to lead poisoning prevention and treatment, is not anticipated to result in a fiscal impact to the State or municipalities as the bill's provisions are not anticipated to require additional resources.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis

sHB 6727

AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS FOR IMPLEMENTING THE RECOMMENDATIONS OF THE LEAD POISONING PREVENTION WORKING GROUP.

SUMMARY

This bill makes various changes related to lead poisoning prevention and treatment. Principally, it:

1. reduces, from 72 to 24 hours, the timeframe within which a health care provider must notify the parent or guardian of a child under age three whose test results show a blood lead level of at least 3.5 micrograms per deciliter (µg/dL) (§ 2);

2. requires the state's two regional lead poisoning treatment centers to report quarterly to the Department of Public Health (DPH) on the number of people treated for lead poisoning and related demographic information (§ 3);

3. removes the requirement that children's blood lead levels that exceed specified thresholds must be confirmed in two tests taken at least three months apart before local health directors conduct on-site inspections and remediation (§ 4);

4. requires DPH's lead poisoning educational and publicity program to direct information to owners of residential property constructed prior to 1978, instead of 1950, as under current law (§ 6);

5. specifies that owners of dwellings with toxic lead levels occupied by children under age six must remediate the lead through

testing, abating, or managing the dangerous materials (§ 7);

6. requires pediatric primary care providers to complete (a) an annual medical lead risk assessment for all children from birth to age six and annually screen those with elevated risk, (b) a lead screening test for all children at ages 12 months and 24 months, and (c) follow-up testing for children with a blood lead level of at least 3.5 µg/dL (§ 8);

7. requires prenatal health care providers to (a) provide pregnant patients guidance on lead poisoning prevention during pregnancy and postpartum, (b) assess patients using a risk assessment tool and screen those at high risk, and (c) notify the local health director of patients with a blood lead level of at least 3.5 µg/dL (§ 8);

8. modifies the blood lead level thresholds at which local health department lead poisoning prevention and control programs must provide children case management services and distribute educational materials to the children's parents or guardians (§ 10); and

9. requires children, before enrolling in public school, to have a lead poisoning medical risk assessment and, if the assessment indicates risk, a test of their blood lead levels (§ 12).

Lastly, the bill makes technical and conforming changes (§§ 1, 4, 5, 9, 11 & 13-16), including eliminating obsolete provisions on a (1) plan to phase out DPH's program on environmentally safe housing for children and families (§ 1) and (2) DPH review of lead poisoning data it collects (§ 16).

EFFECTIVE DATE: October 1, 2023, except that the provision on primary care provider testing and prenatal care (§ 8) takes effect January 1, 2024, and the technical changes to DPH's annual lead report (§ 9) take effect upon passage.

§ 2 — REPORTING BLOOD LEAD LEVELS

The bill reduces the timeframe, from 72 to 24 hours, within which a health care provider must make a reasonable effort to notify the parent or guardian of a child under age three whose test results indicate a blood lead level of at least 3.5 µg/dL.

By law, licensed health care institutions and clinical laboratories must report a person with blood lead levels of at least 3.5 µg/dL to DPH, local health departments, and the health care provider who ordered the testing. The report must include specified information on the person, the provider who ordered the testing, the sample collection and analysis, and any other information the DPH commissioner requires. For the latter, the bill specifies that the information must be reported in a manner the commissioner prescribes.

It also removes the requirement under current law that the DPH commissioner consult with the administrative services commissioner to determine how data in individual and monthly lead testing reports, which health care institutions and clinical laboratories submit to DPH, is transmitted.

§ 3 — REGIONAL LEAD POISONING TREATMENT CENTERS

The bill requires each lead poisoning treatment center to report to the DPH commissioner on the number of people treated for lead poisoning; each person's town of residence, race and ethnicity; and any other information the commissioner requires. The centers must report this information quarterly and as the commissioner prescribes.

Existing law allows the DPH commissioner, within available appropriations, to establish two regional lead poisoning treatment centers in different areas of the state by providing grants to two participating hospitals. The bill requires these two hospitals to have demonstrated expertise in lead poisoning treatment, in addition to prevention, as under current law.

The bill also specifies that the (1) DPH commissioner must determine the designated area of the state that each hospital serves and (2) centers must, at a minimum, provide consultation services to pediatricians and

other primary care practitioners, instead of all physicians, on proper lead poisoning treatment.

§ 4 — ON-SITE INSPECTIONS AND REMEDIATION

As under current law, the bill requires local health directors to conduct on-site inspections and order remediation for children with lead poisoning if a child has a confirmed blood lead level between (1) 10 and 15 µg/dL before January 1, 2024, and (2) 5 and 10 µg/dL from January 1, 2024, to December 31, 2024. However, the bill removes the requirement under current law that these blood lead levels must be confirmed in two tests taken at least three months apart.

§ 6 — EDUCATION AND PUBLICITY PROGRAM

By law, DPH's Lead Poisoning Prevention Program must include an education and publicity program that informs the general public and specified individuals of the danger, frequency, and sources of lead poisoning and ways to prevent it.

The bill requires the program to specifically direct the information to residential property owners who own housing constructed prior to 1978, instead of 1950, as under current law.

§§ 1 & 7 — LEAD REMEDIATION

Current law requires owners of dwellings with toxic lead levels occupied by children under age six to abate, remediate, or manage the dangerous materials and follow DPH regulations for doing so. The bill instead requires the owners to remediate the lead through testing, abatement, or management of the materials and correspondingly redefines these activities.

Under the bill, "remediation" means the process of remedying a lead hazard condition, including investigation, abatement and, if appropriate, ongoing management measures.

"Abatement" means any set of measures designed to reduce or eliminate lead hazards, including encapsulation, replacement, removal, enclosure, or covering of paint, plaster, soil, or other material containing

toxic lead levels and all preparation, clean-up, disposal, and reoccupancy clearance testing.

The bill makes related technical and conforming changes.

§ 8 — PRIMARY CARE PROVIDER TESTING

Pediatric Care Providers

Current law requires primary care providers who provide pediatric care, other than emergency departments, to conduct annual lead testing on children:

1. ages 36 to 72 months whom DPH determines to be at higher risk of lead exposure based on their enrollment in HUSKY or residence in a municipality with an elevated lead exposure risk;

2. all children ages nine to 35 months, in accordance with the Advisory Committee on Childhood Lead Poisoning Prevention recommendations;

3. all children ages 36 to 72 months who have never been screened; and

4. any child under 72 months if the provider determines it is clinically indicated under the advisory committee's recommendations

The bill instead requires providers to conduct lead risk assessments and testing that include the following:

1. a complete annual medical risk assessment based on guidelines the DPH commissioner prescribes for all children from birth to age six,

2. an annual lead screening test for all children with elevated risk of lead exposure based on the medical assessment findings,

3. a lead screening test for all children at ages 12 months and 24 months, and

4. follow-up testing according to schedule the DPH commissioner sets for all children with a confirmed blood lead level of at least 3.5 µg/dL.

Similar to current law, the bill also requires providers to provide educational materials and guidance information on lead poisoning prevention to each child's parent or guardian in keeping with the DPH commissioner's childhood lead screening recommendations.

Prenatal Care Providers

The bill requires prenatal health care providers to do the following:

1. provide each pregnant patient anticipatory guidance on lead poisoning prevention during pregnancy,

2. assess each pregnant patient at the initial prenatal visit for lead exposure using a risk assessment tool the DPH commissioner recommends,

3. screen or refer for blood lead screening each pregnant patient found to be at high risk for lead exposure,

4. notify the local health director in the jurisdiction where the pregnant patient lives if the patient has a blood lead level of at least 3.5 µg/dL, and

5. provide anticipatory guidance on preventing childhood lead poisoning to each patient at the patient's postpartum visit.

The bill also requires a local health director, when notified by a provider of a pregnant patient's elevated blood lead level, to conduct an epidemiological investigation and take other actions required under existing law (e.g., provide educational information and, in some cases, relocate the family).

§ 10 — LOCAL HEALTH DEPARTMENT LEAD PREVENTION AND CONTROL PROGRAMS

Existing law requires DPH, within available appropriations, to

establish a financial assistance program to help local health departments pay for their expenses related to lead prevention and control. In order for a local health department's lead poisoning prevention and control program to be eligible for DPH funding, the program must meet specific requirements for case management and education services.

Under current law, local health departments must provide case management services, including medical, behavioral, epidemiological, and environmental intervention, for children who meet either of the following criteria for blood lead levels:

1. one confirmed level of at least 20 µg/dL or

2. two confirmed levels, taken at least three months apart, of at least 15 µg/dL, but less than 20 µg/dL.

The bill eliminates these criteria and instead requires local health departments to provide case management services to children with a blood level of at least 3.5 µg/dL.

Additionally, the bill lowers, from 10 to 3.5 µg/dL, the threshold for blood lead levels in children at which local health departments must give educational materials on lead poisoning prevention to the children's parents, legal guardians, and appropriate health care providers.

The bill also requires these educational materials to be provided in English, Spanish, and any other language common to people in the local health department's jurisdiction.

§ 12 — SCHOOL HEALTH ASSESSMENTS

The bill requires all children, before enrolling in public school, to have a lead poisoning medical risk assessment and, if the assessment indicates risk, a test of their blood lead levels. The assessment must be conducted as part of the child's school health assessment required under existing law. By law, the school health assessment must be completed by a licensed physician, advanced practice registered nurse (APRN),

physician assistant (PA), or school medical advisor in the presence of the child's parent or guardian or a school employee.

Under current law, a child's blood lead levels must be tested as part of the school health assessment only if (1) the local or regional school board determines it is necessary, after consulting with the school medical advisor and the local health department and (2) a physician, PA, or APRN orders the test.

COMMITTEE ACTION

Public Health Committee

Joint Favorable
Yea 37 Nay 0 (03/20/2023)