



General Assembly

January Session, 2023

Substitute Bill No. 6727



**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:

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 Section 19a-109aa of the general statutes is repealed and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

3 (a) For purposes of this section:

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

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

9 (3) "The program" or "this program" means the program established
10 by this section.

11 (b) The Commissioner of Public Health may establish a program to
12 promote environmentally safe housing for children and families
13 through education, medical screening and appropriate and cost-
14 effective repairs. Such program may (A) identify eligible families and,
15 through voluntary home visits, provide education about the problems
16 caused by exposure to lead and how to avoid or lessen the effects of

17 such exposure, (B) provide blood lead screening for children who are
18 six years of age or younger, (C) identify measures to be taken to lessen
19 the effects from the presence of lead, including window repair or
20 replacement, and (D) apply to federal programs and to other funding
21 sources which will pay for some of the costs of this program. [, and (E)
22 continue to evaluate the program's progress in order to plan for a
23 phase-out in three to five years.] The commissioner may contract with
24 a nonprofit entity to operate the program.

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

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 Section 19a-110 of the general statutes is repealed and the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

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

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

41 (2) "Epidemiological investigation" means an examination and
42 evaluation by a lead inspector certified under chapter 400c to
43 determine the cause of elevated blood levels, detect lead-based paint
44 and report findings and (A) includes (i) an on-site inspection and, if
45 applicable, an inspection of other dwellings or areas frequented by a
46 person with elevated blood lead levels that may be the source of a lead
47 hazard, and (ii) an evaluation of other potential sources of lead

48 hazards, including, but not limited to, drinking water, soil, dust,
49 pottery, gasoline, toys or occupational exposure, and (B) may include
50 isotopic analysis of lead-containing items;

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

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

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

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

65 [(a)] (b) Not later than forty-eight hours after receiving or
66 completing a report of a person found to have a level of lead in the
67 blood equal to or greater than three and one-half micrograms per
68 deciliter of blood or any other abnormal body burden of lead, each
69 institution licensed under sections 19a-490 to 19a-503, inclusive, and
70 each clinical laboratory licensed under section 19a-565 shall report to
71 (1) the Commissioner of Public Health, and to the director of health of
72 the town, city, borough or district in which the person resides: (A) The
73 name, full residence address, date of birth, gender, race and ethnicity
74 of each person found to have a level of lead in the blood equal to or
75 greater than three and one-half micrograms per deciliter of blood or
76 any other abnormal body burden of lead; (B) the name, address and
77 telephone number of the health care provider who ordered the test; (C)
78 the sample collection date, analysis date, type and blood lead analysis

79 result; and (D) such other information as the commissioner may
80 require, in a form and manner as prescribed by the commissioner, and
81 (2) the health care provider who ordered the test, the results of the test.
82 With respect to a child under three years of age, not later than
83 [seventy-two] twenty-four hours after the provider receives such
84 results, the provider shall make reasonable efforts to notify the parent
85 or guardian of the child of the blood lead analysis results. Any
86 institution or laboratory making an accurate report in good faith shall
87 not be liable for the act of disclosing such report to the Commissioner
88 of Public Health or to the director of health. The commissioner [, after
89 consultation with the Commissioner of Administrative Services,] shall
90 determine the [method and format] form and manner of transmission
91 of data contained in such report.

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

108 [(c)] (d) Whenever an institutional laboratory or private clinical
109 laboratory [conducting] reporting blood lead tests pursuant to this
110 section refers a blood lead sample to another laboratory for analysis,
111 the laboratories may agree on which laboratory will report in

112 compliance with subsections [(a) and] (b) and (c) of this section, but
113 both laboratories shall be accountable to ensure that reports are made.
114 The referring laboratory shall ensure that the requisition slip includes
115 all of the information that is required in subsections [(a) and] (b) and
116 (c) of this section and that this information is transmitted with the
117 blood specimen to the laboratory performing the analysis.

118 [(d) The director of health of the town, city, borough or district shall
119 provide or cause to be provided, to the parent or guardian of a child
120 who is (1) known to have a confirmed venous blood lead level of three
121 and one-half micrograms per deciliter of blood or more, or (2) the
122 subject of a report by an institution or clinical laboratory, pursuant to
123 subsection (a) of this section, with information describing the dangers
124 of lead poisoning, precautions to reduce the risk of lead poisoning,
125 information about potential eligibility for services for children from
126 birth to three years of age pursuant to sections 17a-248 to 17a-248i,
127 inclusive, and laws and regulations concerning lead abatement. The
128 director of health need only provide, or cause to be provided, such
129 information to such parent or guardian on one occasion after receipt of
130 an initial report of an abnormal blood lead level as described in
131 subdivisions (1) and (2) of this subsection. Such information shall be
132 developed by the Department of Public Health and provided to each
133 local and district director of health.

134 (e) Prior to January 1, 2024, with respect to the child reported, the
135 director shall conduct an on-site inspection to identify the source of the
136 lead causing a confirmed venous blood lead level equal to or greater
137 than ten micrograms per deciliter but less than fifteen micrograms per
138 deciliter in two tests taken at least three months apart and order
139 remediation of such source by the appropriate persons responsible for
140 the conditions at such source. From January 1, 2024, to December 31,
141 2024, inclusive, with respect to the child reported, the director shall
142 conduct an on-site inspection to identify the source of the lead causing
143 a confirmed venous blood lead level equal to or greater than five
144 micrograms per deciliter but less than ten micrograms per deciliter in

145 two tests taken at least three months apart and order remediation of
146 such source by the appropriate persons responsible for the conditions
147 at such source.]

148 Sec. 3. Section 19a-110a of the general statutes is repealed and the
149 following is substituted in lieu thereof (*Effective October 1, 2023*):

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

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

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

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

176 director of health of the town, city, borough or district shall provide, or
177 cause to be provided, such informational materials to the parent or
178 guardian of a child who is (1) known to have a blood lead level of three
179 and one-half micrograms per deciliter of blood or more, or (2) the
180 subject of a report by an institution or clinical laboratory, pursuant to
181 section 19a-110, as amended by this act. The director of health need
182 only provide, or cause to be provided, such information to such parent
183 or guardian on one occasion after receipt of an initial report of an
184 abnormal blood lead level as described in section 19a-110, as amended
185 by this act.

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

195 (c) Upon receipt of each report of [confirmed venous] a blood lead
196 level equal to or greater than fifteen micrograms per deciliter of blood
197 from January 1, 2023, to December 31, 2023, inclusive, ten micrograms
198 per deciliter of blood from January 1, 2024, to December 31, 2024,
199 inclusive, and five micrograms per deciliter of blood on and after
200 January 1, 2025, the local director of health shall make or cause to be
201 made an epidemiological investigation of the source of the lead
202 causing the increased lead level or abnormal body burden and shall
203 order action to be taken by the appropriate person responsible for the
204 condition that brought about such lead poisoning as may be necessary
205 to prevent further exposure of persons to such poisoning. In the case of
206 any residential unit where such action will not result in removal of the
207 hazard within a reasonable time, the local director of health shall
208 utilize such community resources as are available to effect relocation of

209 any family occupying such unit. The local director of health may
210 permit occupancy in said residential unit during abatement if, in such
211 director's judgment, occupancy would not threaten the health and
212 well-being of the occupants.

213 (d) The local director of health shall, not later than thirty days after
214 the conclusion of such director's epidemiological investigation, report
215 to the [Commissioner of Public Health] commissioner, using a web-
216 based surveillance system as prescribed by the commissioner, the
217 result of such investigation and the action taken to ensure against
218 further lead poisoning from the same source, including any measures
219 taken to effect relocation of families. Such report shall include
220 information relevant to the identification and location of the source of
221 lead poisoning and such other information as the commissioner may
222 require pursuant to regulations adopted in accordance with the
223 provisions of chapter 54. [The commissioner shall maintain
224 comprehensive records of all reports submitted pursuant to this
225 section and section 19a-110. Such records shall be geographically
226 indexed in order to determine the location of areas of relatively high
227 incidence of lead poisoning. The commissioner shall establish, in
228 conjunction with recognized professional medical groups, guidelines
229 consistent with the National Centers for Disease Control and
230 Prevention for assessment of the risk of lead poisoning, screening for
231 lead poisoning and treatment and follow-up care of individuals
232 including children with lead poisoning, women who are pregnant and
233 women who are planning pregnancy.] Nothing in this section shall be
234 construed to prohibit a local building official from requiring abatement
235 of sources of lead or to prohibit a local director of health from making
236 or causing to be made an epidemiological investigation upon receipt of
237 a report of a [confirmed venous] blood lead level that is less than the
238 minimum [venous] blood level specified in this section.

239 Sec. 5. Section 19a-111a of the general statutes is repealed and the
240 following is substituted in lieu thereof (*Effective October 1, 2023*):

241 (a) The Department of Public Health shall be the lead state agency

242 for lead poisoning prevention and control in this state. The
243 Commissioner of Public Health shall (1) identify the state and local
244 agencies in this state with responsibilities related to lead poisoning
245 prevention, and (2) schedule a meeting of such state agencies and
246 representative local agencies at least once annually in order to
247 coordinate lead poisoning prevention efforts in this state.

248 (b) The commissioner shall establish, in consultation with
249 recognized professional medical groups, guidelines consistent with the
250 National Centers for Disease Control and Prevention's guidelines for
251 assessment of the risk of lead poisoning, screening for lead poisoning
252 and treatment and follow-up care of individuals, including children
253 with lead poisoning and persons who are pregnant or are planning to
254 become pregnant.

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

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

271 (e) The commissioner shall maintain comprehensive records of all
272 reports submitted pursuant to sections 19a-110, as amended by this act,
273 and 19a-111, as amended by this act. Such records shall be

274 geographically indexed for the purpose of determining the location of
275 areas of relatively high incidences of lead poisoning.

276 Sec. 6. Section 19a-111b of the general statutes is repealed and the
277 following is substituted in lieu thereof (*Effective October 1, 2023*):

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

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

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

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

305 enforcement officials and other necessary parties.

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

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

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

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

337 (2) The Commissioner of Public Health may adopt regulations, in
338 accordance with chapter 54, to regulate the standards and procedures
339 for [testing, remediation, as defined in this section] remediation of lead
340 hazards, including testing, abatement and management of materials
341 containing toxic levels of lead in any premises.

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

344 (a) (1) Each primary care provider giving pediatric care in this state,
345 excluding a hospital emergency department and its staff [:(1) Shall
346 conduct lead testing at least annually for each child nine to thirty-five
347 months of age, inclusive, in accordance with the Advisory Committee
348 on Childhood Lead Poisoning Prevention recommendations for
349 childhood lead screening in Connecticut; (2) shall conduct lead testing
350 at least annually for any child thirty-six to seventy-two months of age,
351 inclusive, determined by the Department of Public Health to be at an
352 elevated risk of lead exposure based on his or her enrollment in a
353 medical assistance program pursuant to chapter 319v or his or her
354 residence in a municipality that presents an elevated risk of lead
355 exposure based on factors, including, but not limited to, the prevalence
356 of housing built prior to January 1, 1960, and the prevalence of
357 children's blood lead levels greater than five micrograms per deciliter;
358 (3) shall conduct lead testing for any child thirty-six to seventy-two
359 months of age, inclusive, who has not been previously tested or for any
360 child under seventy-two months of age, if clinically indicated as
361 determined by the primary care provider in accordance with the
362 Childhood Lead Poisoning Prevention Screening Advisory Committee
363 recommendations for childhood lead screening in Connecticut; (4)
364 shall provide, before such lead testing occurs, educational materials or
365 anticipatory guidance information concerning lead poisoning
366 prevention to such child's parent or guardian in accordance with the
367 Childhood Lead Poisoning Prevention Screening Advisory Committee
368 recommendations for childhood lead screening in Connecticut; (5)
369 shall conduct a medical risk assessment at least annually for each child

370 thirty-six to seventy-two months of age, inclusive, in accordance with
371 the Childhood Lead Poisoning Prevention Screening Advisory
372 Committee recommendations for childhood lead screening in
373 Connecticut; and (6) may conduct a medical risk assessment at any
374 time for any child thirty-six months of age or younger who is
375 determined by the primary care provider to be in need of such risk
376 assessment in accordance with the Childhood Lead Poisoning
377 Prevention Screening Advisory Committee recommendations for
378 childhood lead screening in Connecticut.] shall conduct lead risk
379 assessment and lead testing that includes, but need not be limited to:

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

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

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

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

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

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

400 (b) Each prenatal health care provider shall (1) provide each
401 pregnant person anticipatory guidance on lead poisoning prevention
402 during pregnancy, (2) assess each pregnant person at the initial
403 prenatal visit for lead exposure using a risk assessment tool
404 recommended by the commissioner, (3) screen or refer for blood lead
405 screening each pregnant person found to be at risk for lead exposure,
406 (4) notify the local health director serving the jurisdiction in which the
407 pregnant person resides if such person has a blood lead level equal to
408 or greater than three and one-half micrograms per deciliter, and (5)
409 provide anticipatory guidance regarding the prevention of childhood
410 lead poisoning to each patient at such patient's postpartum visit.

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

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

417 (a) On or before October 1, [2017] 2023, and annually thereafter, the
418 Commissioner of Public Health shall report, in accordance with section
419 11-4a, to the joint standing committees of the General Assembly having
420 cognizance of matters relating to public health and human services on
421 the status of lead poisoning prevention and control efforts in the state
422 for the preceding calendar year. Such report shall include, but need not
423 be limited to, (1) the number of lead screenings of children, [screened
424 for lead poisoning during the preceding calendar year,] (2) the number
425 of children diagnosed with elevated blood levels, [during the
426 preceding calendar year,] and (3) the amount of testing, [remediation,]
427 abatement and management of materials containing toxic levels of lead
428 in all premises. [during the preceding calendar year.]

429 (b) On or before January 1, 2011, the Commissioner of Public Health
430 shall (1) evaluate the lead screening and risk assessment conducted
431 pursuant to sections 19a-110, as amended by this act, and 19a-111g, as

432 amended by this act, and (2) report, in accordance with section 11-4a,
433 to the joint standing committees of the General Assembly having
434 cognizance of matters relating to public health and human services on
435 the effectiveness of such screening and assessment, including a
436 recommendation as to whether such screening and assessment should
437 be continued as specified in [said] sections 19a-110, as amended by this
438 act, and 19a-111g, as amended by this act.

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

441 (a) The Department of Public Health shall, within available
442 appropriations, establish and administer a program of financial
443 assistance to local health departments for expenses incurred in
444 complying with this section and the applicable provisions of sections
445 19a-110, as amended by this act, 19a-111a, as amended by this act, 19a-
446 206, 47a-52 and 47a-54f. Local health departments shall use the funds
447 disbursed through the program for lead poisoning prevention and
448 control services as described in subsection (b) of this section and other
449 lead poisoning prevention and control purposes approved by the
450 Department of Public Health.

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

462 (c) A local health department may directly provide lead poisoning
463 prevention and control services within its geographic coverage area or

464 may contract for the provision of such services. A local health
465 department's case management services shall include medical,
466 behavioral, epidemiological and environmental intervention strategies
467 for each child having [one confirmed] a blood lead level that is equal
468 to, or greater than, [twenty] three and one-half micrograms of lead per
469 deciliter of blood. [or two confirmed blood lead levels, collected from
470 samples taken not less than three months apart, that are equal to, or
471 greater than, fifteen micrograms of lead per deciliter of blood but less
472 than twenty micrograms of lead per deciliter of blood.] A local health
473 department shall initiate case management services for such child not
474 later than five business days after the local health department receives
475 the results of a test confirming that the child has a blood lead level as
476 described in this subsection.

477 (d) A local health department's educational services shall include
478 the distribution of educational materials concerning lead poisoning
479 prevention to the parent, legal guardian and the appropriate health
480 care provider for each child with a [confirmed] blood lead level equal
481 to, or greater than, [ten] three and one-half micrograms of lead per
482 deciliter of blood. Such educational materials shall be provided in
483 English, Spanish and any other language common to the persons in the
484 local health department's jurisdiction.

485 (e) The Department of Public Health shall disburse program funds
486 to the local health department on an annual basis. After approving a
487 local health department's application for program funding, the
488 funding period shall begin on July first each year. The amount of such
489 funding shall be determined by the Department of Public Health based
490 on the number of confirmed childhood lead poisoning cases reported
491 in the local health department's geographic coverage area during the
492 previous calendar year. The director of any local health department
493 that applies for program funding shall submit, not later than
494 September thirtieth, annually, to the Department of Public Health a
495 report concerning the local health department's lead poisoning and
496 prevention control program. Such report shall contain: (1) A proposed

497 budget for the expenditure of program funds for the new fiscal year;
498 (2) a summary of planned program activities for the new fiscal year;
499 and (3) a summary of program expenditures, services provided and
500 operational activities during the previous fiscal year. The Department
501 of Public Health shall approve a local health department's proposed
502 budget prior to disbursing program funds to the local health
503 department.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

553 (14) "Lead inspection" means an investigation to determine the
554 presence of lead in paint, lead in other surface coverings, lead in dust,

555 lead in soil or lead in drinking water, and the provision of a report
556 explaining the results of the investigation;

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

564 (16) "Lead inspector risk assessor" means an individual who (A)
565 performs (i) lead inspection risk assessments for the purpose of
566 determining the presence, type, severity and location of lead-based
567 paint hazards, including lead hazards in paint, dust, drinking water
568 and soil, through the use of on-site testing, including, but not limited
569 to, x-ray fluorescence (XRF) analysis with portable instruments, and
570 (ii) the collection of samples for laboratory analysis, and (B) provides
571 suggested ways to control any identified lead hazards;

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

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

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

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

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

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

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

595 (b) Each local or regional board of education shall require each child
596 to have a health assessment prior to public school enrollment. The
597 assessment shall include: (1) A physical examination which shall
598 include hematocrit or hemoglobin tests, height, weight, blood
599 pressure, a medical risk assessment for lead poisoning and, when
600 indicated by such assessment, a test of the child's blood lead level, and,
601 beginning with the 2003-2004 school year, a chronic disease assessment
602 which shall include, but not be limited to, asthma. The assessment
603 form shall include (A) a check box for the provider conducting the
604 assessment, as provided in subsection (a) of this section, to indicate an
605 asthma diagnosis, (B) screening questions relating to appropriate
606 public health concerns to be answered by the parent or guardian, and
607 (C) screening questions to be answered by such provider; (2) an
608 updating of immunizations as required under section 10-204a,
609 provided a registered nurse may only update said immunizations
610 pursuant to a written order by a physician or physician assistant,
611 licensed pursuant to chapter 370, or an advanced practice registered
612 nurse, licensed pursuant to chapter 378; (3) vision, hearing, speech and
613 gross dental screenings; and (4) such other information, including
614 health and developmental history, as the physician feels is necessary
615 and appropriate. The assessment shall also include tests for
616 tuberculosis, sickle cell anemia [or] and Cooley's anemia [and tests for
617 lead levels in the blood] where the local or regional board of education
618 determines after consultation with the school medical advisor and the

619 local health department, or in the case of a regional board of education,
620 each local health department, that such tests are necessary, provided a
621 registered nurse may only perform said tests pursuant to the written
622 order of a physician or physician assistant, licensed pursuant to
623 chapter 370, or an advanced practice registered nurse, licensed
624 pursuant to chapter 378.

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

628 (1) "Contract" means a contract for state agency information system
629 or telecommunication system facilities, equipment or services, which is
630 awarded pursuant to this chapter or subsection (e) of section 1-205,
631 subsection (c) of section 1-211, subsection (b) of section 1-212, section 4-
632 5, subsection (a) of section 10a-151b, or subsection [(a)] (b) of section
633 19a-110, as amended by this act.

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

636 With respect to any state employee whose position is eliminated or
637 who is laid off as a result of any contract or amendment to a contract
638 which is subject to the provisions of this chapter and subsection (e) of
639 section 1-205, subsection (c) of section 1-211, subsection (b) of section 1-
640 212, section 4-5, 4a-50, 4a-51, subsection (b) of section 4a-57, subsection
641 (a) of section 10a-151b, or subsection [(a)] (b) of section 19a-110, as
642 amended by this act, or any subcontract for work under such contract
643 or amendment, (1) the contractor shall hire the employee, upon
644 application by the employee, unless the employee is hired by a
645 subcontractor of the contractor, or (2) the employee may transfer to
646 any vacant position in state service for which such employee is
647 qualified, to the extent allowed under the provisions of existing
648 collectively bargained agreements and the general statutes. If the
649 contractor or any such subcontractor hires any such state employee
650 and does not provide the employee with fringe benefits which are

651 equivalent to, or greater than, the fringe benefits that the employee
652 would have received in state service, the state shall, for two years after
653 the employee terminates from state service, provide to the employee
654 either (A) the same benefits that such employee received from the
655 state, or (B) compensation in an amount which represents the
656 difference in the value of the fringe benefits that such employee
657 received when in state service and the fringe benefits that such
658 employee receives from the contractor or subcontractor.

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

661 No contract or subcontract for state agency information system or
662 telecommunication system facilities, equipment or services may be
663 awarded to any business entity or individual pursuant to this chapter
664 or subsection (e) of section 1-205, subsection (c) of section 1-211,
665 subsection (b) of section 1-212, section 4-5, subsection (a) of section
666 10a-151b, or subsection [(a)] (b) of section 19a-110, as amended by this
667 act, if such business entity or individual previously had a contract with
668 the state or a state agency to provide information system or
669 telecommunication system facilities, equipment or services and such
670 prior contract was finally terminated by the state or a state agency
671 within the previous five years for the reason that such business entity
672 or individual failed to perform or otherwise breached a material
673 obligation of the contract related to information system or
674 telecommunication system facilities, equipment or services. If the
675 termination of any such previous contract is contested in an arbitration
676 or judicial proceeding, the termination shall not be final until the
677 conclusion of such arbitration or judicial proceeding. If the fact-finder
678 determines, or a settlement stipulates, that the contractor failed to
679 perform or otherwise breached a material obligation of the contract
680 related to information system or telecommunication system facilities,
681 equipment or services, any award of a contract pursuant to said
682 chapter or sections during the pendency of such arbitration or
683 proceeding shall be rescinded and the bar provided in this section shall

684 apply to such business entity or individual.

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

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2023</i>	19a-109aa
Sec. 2	<i>October 1, 2023</i>	19a-110
Sec. 3	<i>October 1, 2023</i>	19a-110a
Sec. 4	<i>October 1, 2023</i>	19a-111
Sec. 5	<i>October 1, 2023</i>	19a-111a
Sec. 6	<i>October 1, 2023</i>	19a-111b
Sec. 7	<i>October 1, 2023</i>	19a-111c
Sec. 8	<i>January 1, 2024</i>	19a-111g
Sec. 9	<i>from passage</i>	19a-111i
Sec. 10	<i>October 1, 2023</i>	19a-111j
Sec. 11	<i>October 1, 2023</i>	20-474
Sec. 12	<i>October 1, 2023</i>	10-206(b)
Sec. 13	<i>October 1, 2023</i>	4d-30(1)
Sec. 14	<i>October 1, 2023</i>	4d-47
Sec. 15	<i>October 1, 2023</i>	4d-48
Sec. 16	<i>October 1, 2023</i>	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