OLR Bill Analysis

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

AN ACT REDUCING LEAD POISONING.

SUMMARY

This bill generally lowers the threshold for blood lead levels in individuals at which the Department of Public Health (DPH) and local health departments must take certain actions. Principally, it:

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

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

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

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

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

It also requires the Department of Social Services (DSS) commissioner to seek federal approval to amend the state Medicaid plan to add

services she deems necessary to address the health impacts of high childhood blood lead levels in Medicaid-eligible children.

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

The bill also makes technical and conforming changes.

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

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

LEAD POISONING PREVENTION AND ABATEMENT

Reporting Blood Lead Levels (§ 1)

By law, licensed health care institutions and clinical laboratories must report to DPH and local health departments within 48 hours after receiving or completing a report of a person with blood lead levels that meet a specified threshold. The bill lowers the threshold amount from 10 to 3.5 µg/dL.

Providing Information to Affected Parents and Guardians (§ 1)

By law, local health directors must inform parents or guardians about (1) a child's potential eligibility for the state's Birth-to-Three program and (2) lead poisoning dangers, ways to reduce risks, and lead abatement laws. Under current law, directors must provide the information:

1. after receiving a report from a clinical laboratory or health care institution that a child has been tested with a blood lead level of at least 10 µg/dL, or any other abnormal body lead level, or

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

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

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

On-Site Inspections and Remediation (§ 1)

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

1. one percent or more of Connecticut children under age six have reported blood levels of at least 10 µg/dL (directors must take these actions for children who meet this threshold in two tests taken at least two months apart) or

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

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

Epidemiological Investigations (§ 2)

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

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

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

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

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

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

Primary Care Provider Testing (§ 3)

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

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

§ 4 — MEDICAID STATE PLAN AMENDMENT

The bill requires the DSS commissioner to seek federal authority to amend the state Medicaid plan to add services she determines are necessary and appropriate to address the health impacts of high childhood blood lead levels in those eligible for Medicaid. She must do this within available appropriations and to the extent federal law allows.

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

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

§ 5 — LEAD POISONING PREVENTION AND TREATMENT WORKING GROUP

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

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

Members

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

1. at least four individuals who are (a) medical professionals providing pediatric health care, (b) active in the public health and lead prevention field, or (c) from a community disproportionately impacted by lead;
2. two representatives of an association of health directors in the

state;

3. one representative of a conference of municipalities in the state; and

4. one representative of a council of small towns in the state.

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

Report

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

BACKGROUND

Federal Centers for Disease Control and Prevention (CDC) Recommendation

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

COMMITTEE ACTION

Public Health Committee

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

Appropriations Committee

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