

# OFFICE OF FISCAL ANALYSIS

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HB-5045

AN ACT REDUCING LEAD POISONING.

As Amended by House "A" (LCO 5452)

House Calendar No.: 117

## **OFA Fiscal Note**

### **State Impact:**

Agency Affected	Fund-Effect	FY 23 \$	FY 24 \$
Social Services, Dept.	GF - Potential Cost	Indeterminate	Indeterminate

Note: GF=General Fund

### **Municipal Impact:**

Municipalities	Effect	FY 23 \$	FY 24 \$
Various Municipalities	STATE MANDATE <sup>1</sup> - Cost	up to \$5.5 million	up to \$20 million

### **Explanation**

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

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

(BLL) over 5 micrograms per deciliter. The cost to towns increases from FY 23 to FY 24 as the threshold for investigation and abatement activities decreases over time, as specified in the bill.

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

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

### ***The Out Years***

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