

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: HB-5045

Title: AN ACT REDUCING LEAD POISONING.

Vote Date: 3/11/2022

Vote Action: Joint Favorable

PH Date: 3/7/2022

File No.: 114

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SPONSORS OF BILL:

Governor's Administration
The Public Health Committee

REASONS FOR BILL:

This bill aims to combat the issue of lead poisoning by reducing the thresholds of blood lead levels (BLL) in individuals which would require the Department of Public Health (DPH) and local health departments to engage in certain actions, such as conducting investigations or providing case management services. The threshold is gradually lowered to 5 µg/dL by 1/1/2025. The bill also lowers the threshold at which other institutions must report BLL to DPH and health departments. This requirement will promote a quicker response, as well as ensuring parents are informed in a timely manner.

Additionally, the bill requires BLL testing of high-risk children ages 3-6 years and requires the Commissioner of the Department of Social Services to seek federal approval before amending the state Medicaid plan to address these high lead levels in children.

RESPONSE FROM ADMINISTRATION/AGENCY:

Manisha Juthani, Commissioner, Department of Public Health, (DPH):

DPH is very supportive of measures advanced in this bill that mitigate the level of lead in children who are most significantly impacted by lead poisoning. This bill will align the DPH lead statutes with the guidance and recommendations of the Center for Disease Control (CDC) and The American Academy of Pediatrics. Lead poisoning is a health equity issue. DPH data from 2020 data shows that Non-Hispanic Black, Hispanic and Non-Hispanic Asian children under 6 years of age were respectively 2.6, 2.2 and 2.0 times more likely to have lead poisoning when compared to white children. Protecting children from lead poisoning

requires engagement and collaboration from federal, state, territorial, and local health agencies, as well as homeowners, landlords, and clinical providers.

Deidre Gifford, Commissioner, Department of Social Services, (DSS):

DSS supports this bill because it will improve and expedite the detection of high lead levels and enable additional services to assist children and their families exposed to high lead levels. Section 4 of the bill directs DSS to explore the addition of services to Medicaid and the Children's Health Insurance Program (i.e., HUSKY B) to help address the health impacts of high blood lead levels for children served by these programs. DSS is evaluating coverage through the Medicaid program for additional services such as payment of case management and lead inspection services.

Victoria Veltri, Executive Director, Office of Health Strategy, (OHS):

OHS is in support of this bill. It will increase lead testing for young children, provide on-site inspections of children reported to exhibit this condition, advance reporting thresholds of lead levels within CDC guidelines, and provide the Commissioner of Social Services with the ability to seek federal authority to amend the Medicaid state plan to add services to address the impact of high blood lead levels on children's health. This bill strengthens testing, improves reporting guidelines, and allows the state to effectively address the harmful effects of lead poisoning on our children.

NATURE AND SOURCES OF SUPPORT:

Luke Bronin, Mayor, City of Hartford:

This bill will be of great benefit to the city of Hartford. 85% of housing units in Hartford were built before 1978, resulting in a high likelihood of the presence of lead. A portion of the additional funding allotted in the Governor's budget ([HB 5037](#)) should be made available to support the hiring of staff necessary to effectively implement the provisions of this bill, including the increased number of parental notifications and time-intensive home inspections.

Maritza Bond, Director of Health, City of New Haven:

This bill will help subsidize initiatives to make the places that children live in or frequent, safe from lead. The bill will not only put forth more stringent action triggers, but also support this mandate with funding. The average cost for a lead remediation or abatement is \$15,000 per unit notwithstanding the impact of the pandemic which has led to inflation, material shortages, and construction costs making abatement more prohibitive to property owners.

Aisling McGuckin, Director of Health, City of Waterbury:

The proposed use of American Rescue Plan Act (ARPA) funds will augment our thriving Healthy Homes program to include addressing mold and asbestos abatement. Ms. McGuckin praises the Governor's proposal to include remediation costs for landlords since covering such costs will certainly speed up the process through which property owners and our city of renters can access needed services.

Ada Fenick, Commissioner, Commission on Women, Children, Seniors, Equity, and Opportunity, (CWCSEO):

The Commission is in strong support of the intent of the bill to lower the actionable level of blood lead levels to 3.5 µ/dL, a quantity which is recommended to capture the 2.5% of

children most impacted by lead poisoning. However, it is of limited value to conduct blood tests on typically developing 4–6-year-old children who are no longer at the stage of mouthing objects. Additionally, the Commission would like to emphasize the importance of flagging homes that have been previously noted to be sources of lead poisoning.

Patrice Sulik, Director of Health, North Central District Health Department:

The department is willing to support the bill if it includes the adequate, sustainable funding that will be required. The funding will need to flow to all local health departments, including part-time health departments. While exploring Medicaid reimbursement for screening, lead investigations and targeted case management may have merit, immediate funding will be needed at the point of service to undertake the changes proposed by this bill.

Sandra Carbonari, M.D. FAAP, American Academy of Pediatrics, (AAP) -Connecticut Chapter:

The AAP supports the change to lower the blood lead level reference to 3.5 d/l. Lowering the blood lead level expands the occurrence at which the local director of health is required to make an epidemiological investigation of the source causing the increased lead level. It also requires action be taken by the person responsible for the increase in the lead level to prevent further exposure to such poisoning.

Kimberly Clear-Sandor, Executive Director, CT Nurses Association:

While this legislation does not prevent lead poisoning, it supports early identification of lead exposure. We ask you to consider specifically citing “nutrition support services” for children and pregnant woman identified with low levels of lead to the text in lines 178-180. Elevated lead levels are often associated with anemia indicating lower iron stores which would necessitate the need for calcium and iron in the diet. In addition, providing cleaning materials will also help eliminate a burden of cost.

Mike Muszynski, State & Federal Relations Manager, CT Conference of Municipalities, (CCM):

CCM supports this bill but requests ensuring that the state has a long-term funding solution to assist towns and cities in the efforts outlined in the bill. In addition, they would urge that the language related to a local public health official’s capacity to “order remediation” include the authority to properly execute this requirement. CCM urges the committee to establish a sustainable funding source for local officials to properly execute these requirements.

Alison Weir, Policy Advocate, GLHA CLS and NHLAA (Legal Services Programs):

This is a matter of equity. Black children are poisoned at twice the rate of white children and Hispanic children at one and a half times the rate of white children. Yet just 13% of all children tested for lead in their blood in 2017 were Black, 26% were Hispanic, and 61% were white. Under the current law and practice, if a child has a blood lead level of 5 to 14 milligrams, the local health official is only required to notify the parents or send them educational materials about the dangers of lead. It is time for the state to take a more active role in addressing this problem.

Additional Sources of Support Include:

- Connecticut Hospital Association
- Dr. Jennifer Haile, Division of Primary Care Attending Physician, CT Children's
- Sara LeMaster, GR&PP Manager, Community Health Center Association of CT
- Janet Currie, Director, Princeton University's Center for Health and Wellbeing
- Alice Rosenthal, Senior Staff Attorney, Center for Children's Advocacy
- Lauren Ruth, Research & Policy Director, Connecticut Voices for Children
- Karen Siegel, Director of Policy, Health Equity Solutions
- Laurel Shader, Chair, Department of Pediatrics-Fair Haven Community Health Care
- Dr. Carol Dorfman
- Dr. Molly Markowitz
- Erin Nozetz, MD
- Kristin Reese, MD
- Stuart Steinman, MD
- 13 others testified in support

NATURE AND SOURCES OF OPPOSITION:

Charles Brown, Director of Health, Central Connecticut Health District:

They are opposed to this bill, which would result in additional comprehensive lead inspections and epidemiological investigations annually. These would not only be unnecessary in terms of risk, but financially impossible for local departments to undertake given the necessary increases in staff that would be required. The action level of 20µdl is the CDC recommended level requiring the epidemiologic and environmental investigations. Lead investigations are among the many unfunded, mandated requirements that local health departments must undertake to protect the public's health.

Reported by: Dallas Emerle

Date: 3/17/2022