



**PA 22-49—HB 5045**  
*Public Health Committee*  
*Appropriations Committee*

## **AN ACT REDUCING LEAD POISONING**

**SUMMARY:** This act 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 ( $\mu\text{g}/\text{dL}$ ), 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  $\mu\text{g}/\text{dL}$ , 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  $\mu\text{g}/\text{dL}$ , 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  $\mu\text{g}/\text{dL}$ , 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 act 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 needed to address the health impacts of high childhood blood lead levels in Medicaid-eligible children.

Lastly, the act 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 act also makes technical and conforming changes.

**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 a

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person with blood lead levels that meet a specified threshold to DPH, local health departments, and the health care provider who ordered the testing. The act 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 prior law, directors had to 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 act lowers these threshold amounts to 3.5 µg/dL.

Existing law, unchanged by the act, 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)*

Prior law required 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 had reported blood levels of at least 10 µg/dL (directors had to take these actions for children who met this threshold in two tests taken at least two months apart) or
2. a child had a confirmed venous blood level of 15 to 20 µg/dL in two tests taken at least three months apart.

The act eliminates the first requirement and lowers the threshold for the second requirement to 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. (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 act 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 act, requires the director to then act to prevent further lead poisoning, including by ordering abatement and trying to find

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temporary housing for residents when the lead hazard cannot be removed from their dwelling within a reasonable time.

The act 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 act 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 lead exposure risk. Under the act, DPH determines 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 act, already requires primary care providers to perform lead testing on (1) all children ages nine 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 act 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 act, 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 act requires the commissioner to coordinate them with the services already covered under the program.

### § 5 — LEAD POISONING PREVENTION AND TREATMENT WORKING GROUP

The act 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

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5. any other lead poisoning prevention and treatment matters.

### *Members*

Under the act, 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 act requires the DPH commissioner to make her appointments by June 22, 2022 (i.e., within 30 days of the act'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 act 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 when 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.

### *Related Act*

PA 22-118 (§§ 149-153) contains the same provisions on lead poisoning prevention and treatment.