



General Assembly

February Session, 2022

Governor's Bill No. 5045

LCO No. 651



Referred to Committee on PUBLIC HEALTH

Introduced by:

Request of the Governor
Pursuant to Joint Rule 9

AN ACT REDUCING LEAD POISONING.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

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 Section 19a-110 of the general statutes is repealed and the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

3 (a) Not later than forty-eight hours after receiving or completing a
4 report of a person found to have a level of lead in the blood equal to or
5 greater than [ten] three and one-half micrograms per deciliter of blood
6 or any other abnormal body burden of lead, each institution licensed
7 under sections 19a-490 to 19a-503, inclusive, and each clinical laboratory
8 licensed under section 19a-30 shall report to (1) the Commissioner of
9 Public Health, and to the director of health of the town, city, borough or
10 district in which the person resides: (A) The name, full residence
11 address, date of birth, gender, race and ethnicity of each person found
12 to have a level of lead in the blood equal to or greater than [ten] three
13 and one-half micrograms per deciliter of blood or any other abnormal
14 body burden of lead; (B) the name, address and telephone number of
15 the health care provider who ordered the test; (C) the sample collection

16 date, analysis date, type and blood lead analysis result; and (D) such
17 other information as the commissioner may require, and (2) the health
18 care provider who ordered the test, the results of the test. With respect
19 to a child under three years of age, not later than seventy-two hours after
20 the provider receives such results, the provider shall make reasonable
21 efforts to notify the parent or guardian of the child of the blood lead
22 analysis results. Any institution or laboratory making an accurate report
23 in good faith shall not be liable for the act of disclosing [said] such report
24 to the Commissioner of Public Health or to the director of health. The
25 commissioner, after consultation with the Commissioner of
26 Administrative Services, shall determine the method and format of
27 transmission of data contained in [said] such report.

28 (b) Each institution or laboratory that conducts lead testing pursuant
29 to subsection (a) of this section shall, at least monthly, submit to the
30 Commissioner of Public Health a comprehensive report that includes:
31 (1) The name, full residence address, date of birth, gender, race and
32 ethnicity of each person tested pursuant to subsection (a) of this section
33 regardless of the level of lead in the blood; (2) the name, address and
34 telephone number of the health care provider who ordered the test; (3)
35 the sample collection date, analysis date, type and blood lead analysis
36 result; (4) laboratory identifiers; and (5) such other information as the
37 Commissioner of Public Health may require. Any institution or
38 laboratory making an accurate report in good faith shall not be liable for
39 the act of disclosing [said] such report to the Commissioner of Public
40 Health. The Commissioner of Public Health, after consultation with the
41 Commissioner of Administrative Services, shall determine the method
42 and format of transmission of data contained in [said] such report.

43 (c) Whenever an institutional laboratory or private clinical laboratory
44 conducting blood lead tests pursuant to this section refers a blood lead
45 sample to another laboratory for analysis, the laboratories may agree on
46 which laboratory will report in compliance with subsections (a) and (b)
47 of this section, but both laboratories shall be accountable to [insure]
48 ensure that reports are made. The referring laboratory shall [insure]

49 ensure that the requisition slip includes all of the information that is
50 required in subsections (a) and (b) of this section and that this
51 information is transmitted with the blood specimen to the laboratory
52 performing the analysis.

53 (d) The director of health of the town, city, borough or district shall
54 provide or cause to be provided, to the parent or guardian of a child
55 who is (1) known to have a confirmed venous blood lead level of [five]
56 three and one-half micrograms per deciliter of blood or more, or (2) the
57 subject of a report by an institution or clinical laboratory, pursuant to
58 subsection (a) of this section, with information describing the dangers
59 of lead poisoning, precautions to reduce the risk of lead poisoning,
60 information about potential eligibility for services for children from
61 birth to three years of age pursuant to sections 17a-248 to [17a-248g] 17a-
62 248i, inclusive, and laws and regulations concerning lead abatement.
63 The director of health need only provide, or cause to be provided, such
64 information to such parent or guardian on one occasion after receipt of
65 an initial report of an abnormal blood lead level as described in
66 subdivisions (1) and (2) of this subsection. Such information shall be
67 developed by the Department of Public Health and provided to each
68 local and district director of health. [With]

69 (e) Prior to January 1, 2024, with respect to the child reported, the
70 director shall conduct an on-site inspection to identify the source of the
71 lead causing a confirmed venous blood lead level equal to or greater
72 than [fifteen] ten micrograms per deciliter but less than [twenty] fifteen
73 micrograms per deciliter in two tests taken at least three months apart
74 and order remediation of such [sources] source by the appropriate
75 persons responsible for the conditions at such source. [On and after
76 January 1, 2012, if one per cent or more of children in this state under
77 the age of six report blood lead levels equal to or greater than ten
78 micrograms per deciliter, the director shall conduct such on-site
79 inspection and order such remediation for any child having a confirmed
80 venous blood lead level equal to or greater than ten micrograms per
81 deciliter in two tests taken at least three months apart.] From January 1,

82 2024, to December 31, 2024, inclusive, with respect to the child reported,
83 the director shall conduct an on-site inspection to identify the source of
84 the lead causing a confirmed venous blood lead level equal to or greater
85 than five micrograms per deciliter but less than ten micrograms per
86 deciliter in two tests taken at least three months apart and order
87 remediation of such source by the appropriate persons responsible for
88 the conditions at such source.

89 Sec. 2. Section 19a-111 of the 2022 supplement to the general statutes
90 is repealed and the following is substituted in lieu thereof (*Effective*
91 *January 1, 2023*):

92 Upon receipt of each report of confirmed venous blood lead level
93 equal to or greater than [twenty] fifteen micrograms per deciliter of
94 blood from January 1, 2023, to December 31, 2023, inclusive, ten
95 micrograms per deciliter of blood from January 1, 2024, to December 31,
96 2024, inclusive, and five micrograms per deciliter of blood on and after
97 January 1, 2025, the local director of health shall make or cause to be
98 made an epidemiological investigation of the source of the lead causing
99 the increased lead level or abnormal body burden and shall order action
100 to be taken by the appropriate person responsible for the condition that
101 brought about such lead poisoning as may be necessary to prevent
102 further exposure of persons to such poisoning. In the case of any
103 residential unit where such action will not result in removal of the
104 hazard within a reasonable time, the local director of health shall utilize
105 such community resources as are available to effect relocation of any
106 family occupying such unit. The local director of health may permit
107 occupancy in said residential unit during abatement if, in such director's
108 judgment, occupancy would not threaten the health and well-being of
109 the occupants. The local director of health shall, not later than thirty
110 days after the conclusion of such director's investigation, report to the
111 Commissioner of Public Health, using a web-based surveillance system
112 as prescribed by the commissioner, the result of such investigation and
113 the action taken to ensure against further lead poisoning from the same
114 source, including any measures taken to effect relocation of families.

115 Such report shall include information relevant to the identification and
116 location of the source of lead poisoning and such other information as
117 the commissioner may require pursuant to regulations adopted in
118 accordance with the provisions of chapter 54. The commissioner shall
119 maintain comprehensive records of all reports submitted pursuant to
120 this section and section 19a-110, as amended by this act. Such records
121 shall be geographically indexed in order to determine the location of
122 areas of relatively high incidence of lead poisoning. The commissioner
123 shall establish, in conjunction with recognized professional medical
124 groups, guidelines consistent with the National Centers for Disease
125 Control and Prevention for assessment of the risk of lead poisoning,
126 screening for lead poisoning and treatment and follow-up care of
127 individuals including children with lead poisoning, women who are
128 pregnant and women who are planning pregnancy. Nothing in this
129 section shall be construed to prohibit a local building official from
130 requiring abatement of sources of lead or to prohibit a local director of
131 health from making or causing to be made an epidemiological
132 investigation upon receipt of a report of a confirmed venous blood lead
133 level that is less than the minimum venous blood level specified in this
134 section.

135 Sec. 3. Subsection (a) of section 19a-111g of the general statutes is
136 repealed and the following is substituted in lieu thereof (*Effective January*
137 *1, 2023*):

138 (a) Each primary care provider giving pediatric care in this state,
139 excluding a hospital emergency department and its staff: (1) Shall
140 conduct lead testing at least annually for each child nine to thirty-five
141 months of age, inclusive, in accordance with the Advisory Committee
142 on Childhood Lead Poisoning Prevention [Screening Advisory
143 Committee] recommendations for childhood lead screening in
144 Connecticut; (2) shall conduct lead testing at least annually for any child
145 thirty-six to seventy-two months of age, inclusive, determined by the
146 Department of Public Health to be at an elevated risk of lead exposure
147 based on his or her enrollment in a medical assistance program pursuant

148 to chapter 319v or his or her residence in a municipality that presents an
149 elevated risk of lead exposure based on factors, including, but not
150 limited to, the prevalence of housing built prior to January 1, 1960, and
151 the prevalence of children's blood lead levels greater than five
152 micrograms per deciliter; (3) shall conduct lead testing for any child
153 thirty-six to seventy-two months of age, inclusive, who has not been
154 previously tested or for any child under seventy-two months of age, if
155 clinically indicated as determined by the primary care provider in
156 accordance with the Childhood Lead Poisoning Prevention Screening
157 Advisory Committee recommendations for childhood lead screening in
158 Connecticut; [(3)] (4) shall provide, before such lead testing occurs,
159 educational materials or anticipatory guidance information concerning
160 lead poisoning prevention to such child's parent or guardian in
161 accordance with the Childhood Lead Poisoning Prevention Screening
162 Advisory Committee recommendations for childhood lead screening in
163 Connecticut; [(4)] (5) shall conduct a medical risk assessment at least
164 annually for each child thirty-six to seventy-two months of age,
165 inclusive, in accordance with the Childhood Lead Poisoning Prevention
166 Screening Advisory Committee recommendations for childhood lead
167 screening in Connecticut; and [(5)] (6) may conduct a medical risk
168 assessment at any time for any child thirty-six months of age or younger
169 who is determined by the primary care provider to be in need of such
170 risk assessment in accordance with the Childhood Lead Poisoning
171 Prevention Screening Advisory Committee recommendations for
172 childhood lead screening in Connecticut.

173 Sec. 4 (NEW) (*Effective January 1, 2023*) To the extent permissible
174 under federal law and within available appropriations, the
175 Commissioner of Social Services shall seek federal authority to amend
176 the Medicaid state plan to add services the commissioner determines
177 are necessary and appropriate to address the health impacts of high
178 childhood blood lead levels in children eligible for Medicaid. Such
179 newly added services may include, but need not be limited to, (1) case
180 management, (2) lead remediation, (3) follow-up screening, (4) referral
181 to other available services, and (5) such other services covered under

182 Medicaid the commissioner determines are necessary. In making the
183 determination as to which services to add to the Medicaid program
184 under this section, the commissioner shall coordinate such services with
185 services already covered under the Medicaid program.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2023</i>	19a-110
Sec. 2	<i>January 1, 2023</i>	19a-111
Sec. 3	<i>January 1, 2023</i>	19a-111g(a)
Sec. 4	<i>January 1, 2023</i>	New section

PH *Joint Favorable*

APP *Joint Favorable*