



General Assembly

January Session, 2023

Raised Bill No. 6727

LCO No. 4419



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

***AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS FOR IMPLEMENTING THE
RECOMMENDATIONS OF THE LEAD POISONING PREVENTION
WORKING GROUP.***

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

1 Section 1. Section 19a-109aa of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2023*):

3 (a) For purposes of this section:

4 (1) "Commissioner" means the Commissioner of Public Health;

5 (2) "Eligible families" means any household which (A) is eligible for
6 the federal Medicaid program, (B) includes a child who is six years of
7 age or younger, [as of July 1, 2000,] and (C) is residing in a building built
8 prior to 1978; and

9 (3) "The program" or "this program" means the program established
10 by this section.

11 (b) The Commissioner of Public Health may establish a program to

12 promote environmentally safe housing for children and families
13 through education, medical screening and appropriate and cost-
14 effective repairs. Such program may (A) identify eligible families and,
15 through voluntary home visits, provide education about the problems
16 caused by exposure to lead and how to avoid or lessen the effects of such
17 exposure, (B) provide blood lead screening for children who are six
18 years of age or younger, (C) identify measures to be taken to lessen the
19 effects from the presence of lead, including window repair or
20 replacement, and (D) apply to federal programs and to other funding
21 sources which will pay for some of the costs of this program. [, and (E)
22 continue to evaluate the program's progress in order to plan for a phase-
23 out in three to five years.] The commissioner may contract with a
24 nonprofit entity to operate the program.

25 (c) Eligible costs by a nonprofit entity operating this program shall
26 include costs and expenses incurred in providing lead-safety education,
27 interim measures and window repair or replacement or other
28 remediation for dwelling units, administrative and management
29 expenses, planning and start-up costs, and any other costs and expenses
30 found by the commissioner to be necessary and reasonable and in
31 accordance with existing state regulations.

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 Section 19a-110 of the general statutes is repealed and the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

34 (a) As used in this section, and sections 19a-110a to 19a-111k,
35 inclusive, as amended by this act:

36 (1) "Abatement" means any set of measures designed to reduce or
37 eliminate lead hazards, including, but not limited to, the encapsulation,
38 replacement, removal, enclosure or covering of paint, plaster, soil or
39 other material containing toxic levels of lead and all preparation, clean-
40 up, disposal and reoccupancy clearance testing;

41 (2) "Epidemiological investigation" means an examination and
42 evaluation by a lead inspector certified under chapter 400c to determine
43 the cause of elevated blood levels, detect lead-based paint and report

44 findings and (A) includes (i) an on-site inspection and, if applicable, of
45 other dwellings or areas frequented by a person with elevated blood
46 lead levels that may be the source of a lead hazard, and (ii) an evaluation
47 of other potential sources of lead hazards, including, but not limited to,
48 drinking water, soil, dust, pottery, gasoline, toys or occupational
49 exposure, and (B) may include isotopic analysis of lead-containing
50 items;

51 (3) "Lead screening" means a blood lead test from a finger-prick or
52 venous blood draw;

53 (4) "On-site inspection" means an examination of a residential
54 dwelling to identify lead hazards, including, but not limited to, an
55 examination of the dwelling for deteriorating paint, lead dust, bare soil
56 near the perimeter of the dwelling, household items that may present a
57 potential lead risk, such as toys, cookware, food products and cosmetics,
58 and an inquiry into the water system serving the dwelling;

59 (5) "Remediation" means the process of remedying a lead hazard
60 condition, including, but not limited to, investigation, abatement and, if
61 appropriate, ongoing management measures; and

62 (6) "Risk assessment" means the collection of information about a
63 person's potential lead exposures and a determination of whether such
64 person has an increased likelihood of an elevated blood lead level.

65 (b) Not later than forty-eight hours after receiving or completing a
66 report of a person found to have a level of lead in the blood equal to or
67 greater than three and one-half micrograms per deciliter of blood or any
68 other abnormal body burden of lead, each institution licensed under
69 sections 19a-490 to 19a-503, inclusive, and each clinical laboratory
70 licensed under section 19a-565 shall report to (1) the Commissioner of
71 Public Health, and to the director of health of the town, city, borough or
72 district in which the person resides: (A) The name, full residence
73 address, date of birth, gender, race and ethnicity of each person found
74 to have a level of lead in the blood equal to or greater than three and
75 one-half micrograms per deciliter of blood or any other abnormal body

76 burden of lead; (B) the name, address and telephone number of the
77 health care provider who ordered the test; (C) the sample collection
78 date, analysis date, type and blood lead analysis result; and (D) such
79 other information as the commissioner may require, in a form and
80 manner as prescribed by the commissioner, and (2) the health care
81 provider who ordered the test, the results of the test. With respect to a
82 child under three years of age, not later than [seventy-two] twenty-four
83 hours after the provider receives such results, the provider shall make
84 reasonable efforts to notify the parent or guardian of the child of the
85 blood lead analysis results. Any institution or laboratory making an
86 accurate report in good faith shall not be liable for the act of disclosing
87 such report to the Commissioner of Public Health or to the director of
88 health. The commissioner [, after consultation with the Commissioner
89 of Administrative Services,] shall determine the [method and format]
90 form and manner of transmission of data contained in such report.

91 [(b)] (c) Each institution or laboratory that [conducts] reports lead
92 testing pursuant to [subsection (a) of] this section shall, at least monthly,
93 submit to the Commissioner of Public Health a comprehensive report
94 that includes: (1) The name, full residence address, date of birth, gender,
95 race and ethnicity of each person tested pursuant to subsection (a) of
96 this section regardless of the level of lead in the blood; (2) the name,
97 address and telephone number of the health care provider who ordered
98 the test; (3) the sample collection date, analysis date, type and blood lead
99 analysis result; (4) laboratory identifiers; and (5) such other information
100 as the Commissioner of Public Health may require. Any institution or
101 laboratory making an accurate report in good faith shall not be liable for
102 the act of disclosing such report to the Commissioner of Public Health.
103 The Commissioner of Public Health [, after consultation with the
104 Commissioner of Administrative Services,] shall determine the [method
105 and format] form and manner of transmission of data contained in such
106 report.

107 [(c)] (d) Whenever an institutional laboratory or private clinical
108 laboratory [conducting] reporting blood lead tests pursuant to this
109 section refers a blood lead sample to another laboratory for analysis, the

110 laboratories may agree on which laboratory will report in compliance
111 with subsections [(a) and] (b) and (c) of this section, but both
112 laboratories shall be accountable to ensure that reports are made. The
113 referring laboratory shall ensure that the requisition slip includes all of
114 the information that is required in subsections [(a) and] (b) and (c) of
115 this section and that this information is transmitted with the blood
116 specimen to the laboratory performing the analysis.

117 [(d) The director of health of the town, city, borough or district shall
118 provide or cause to be provided, to the parent or guardian of a child
119 who is (1) known to have a confirmed venous blood lead level of three
120 and one-half micrograms per deciliter of blood or more, or (2) the subject
121 of a report by an institution or clinical laboratory, pursuant to subsection
122 (a) of this section, with information describing the dangers of lead
123 poisoning, precautions to reduce the risk of lead poisoning, information
124 about potential eligibility for services for children from birth to three
125 years of age pursuant to sections 17a-248 to 17a-248i, inclusive, and laws
126 and regulations concerning lead abatement. The director of health need
127 only provide, or cause to be provided, such information to such parent
128 or guardian on one occasion after receipt of an initial report of an
129 abnormal blood lead level as described in subdivisions (1) and (2) of this
130 subsection. Such information shall be developed by the Department of
131 Public Health and provided to each local and district director of health.

132 (e) Prior to January 1, 2024, with respect to the child reported, the
133 director shall conduct an on-site inspection to identify the source of the
134 lead causing a confirmed venous blood lead level equal to or greater
135 than ten micrograms per deciliter but less than fifteen micrograms per
136 deciliter in two tests taken at least three months apart and order
137 remediation of such source by the appropriate persons responsible for
138 the conditions at such source. From January 1, 2024, to December 31,
139 2024, inclusive, with respect to the child reported, the director shall
140 conduct an on-site inspection to identify the source of the lead causing
141 a confirmed venous blood lead level equal to or greater than five
142 micrograms per deciliter but less than ten micrograms per deciliter in
143 two tests taken at least three months apart and order remediation of

144 such source by the appropriate persons responsible for the conditions at
145 such source.]

146 Sec. 3. Section 19a-110a of the general statutes is repealed and the
147 following is substituted in lieu thereof (*Effective October 1, 2023*):

148 (a) The Commissioner of Public Health may, within available
149 appropriations, establish two regional lead poisoning treatment centers
150 in different areas of the state by providing grants-in-aid to two
151 participating hospitals, each with a demonstrated expertise in lead
152 poisoning prevention and treatment as determined by the
153 commissioner. Each center shall serve a designated area of the state, as
154 determined by the commissioner, to provide services including, but not
155 limited to, consultation services for [physicians] pediatricians and other
156 primary care practitioners regarding proper treatment of lead poisoning
157 [No grant may be provided pursuant to this section until the task force
158 report required under section 4 of public act 92-192 has been submitted]
159 in children.

160 (b) Each regional lead poisoning treatment center shall report to the
161 commissioner on a quarterly basis, in a form and manner prescribed by
162 the commissioner, regarding the number of persons treated for lead
163 poisoning, the residential town and race and ethnicity data for each such
164 person and any other information that the commissioner may require.

165 Sec. 4. Section 19a-111 of the general statutes is repealed and the
166 following is substituted in lieu thereof (*Effective October 1, 2023*):

167 (a) The Commissioner of Public Health shall develop informational
168 materials describing the dangers of lead poisoning, precautions to
169 reduce the risk of lead poisoning, potential eligibility for services for
170 children from birth to three years of age pursuant to sections 17a-248 to
171 17a-248i, inclusive, laws and regulations concerning lead abatement and
172 any other information as prescribed by the commissioner. The director
173 of health of the town, city, borough or district shall provide, or cause to
174 be provided, such informational materials to the parent or guardian of
175 a child who is (1) known to have a blood lead level of three and one-half

176 micrograms per deciliter of blood or more, or (2) the subject of a report
177 by an institution or clinical laboratory, pursuant to section 19a-110, as
178 amended by this act. The director of health need only provide, or cause
179 to be provided, such information to such parent or guardian on one
180 occasion after receipt of an initial report of an abnormal blood lead level
181 as described in section 19a-110, as amended by this act.

182 (b) Upon receipt of each report of a child with a blood lead level (1)
183 equal to or greater than ten micrograms per deciliter but less than fifteen
184 micrograms per deciliter on or before January 1, 2024, and (2) equal to
185 or greater than five micrograms per deciliter but less than ten
186 micrograms per deciliter from January 1, 2024, to December 31, 2024,
187 inclusive, the director shall conduct an on-site inspection to identify the
188 source of the lead causing such blood lead level and order remediation
189 of such source by the appropriate persons responsible for the conditions
190 at such source.

191 (c) Upon receipt of each report of [confirmed venous] a blood lead
192 level equal to or greater than fifteen micrograms per deciliter of blood
193 from January 1, 2023, to December 31, 2023, inclusive, ten micrograms
194 per deciliter of blood from January 1, 2024, to December 31, 2024,
195 inclusive, and five micrograms per deciliter of blood on and after
196 January 1, 2025, the local director of health shall make or cause to be
197 made an epidemiological investigation of the source of the lead causing
198 the increased lead level or abnormal body burden and shall order action
199 to be taken by the appropriate person responsible for the condition that
200 brought about such lead poisoning as may be necessary to prevent
201 further exposure of persons to such poisoning. In the case of any
202 residential unit where such action will not result in removal of the
203 hazard within a reasonable time, the local director of health shall utilize
204 such community resources as are available to effect relocation of any
205 family occupying such unit. The local director of health may permit
206 occupancy in said residential unit during abatement if, in such director's
207 judgment, occupancy would not threaten the health and well-being of
208 the occupants.

209 (d) The local director of health shall, not later than thirty days after
210 the conclusion of such director's epidemiological investigation, report
211 to the [Commissioner of Public Health] commissioner, using a web-
212 based surveillance system as prescribed by the commissioner, the result
213 of such investigation and the action taken to ensure against further lead
214 poisoning from the same source, including any measures taken to effect
215 relocation of families. Such report shall include information relevant to
216 the identification and location of the source of lead poisoning and such
217 other information as the commissioner may require pursuant to
218 regulations adopted in accordance with the provisions of chapter 54.
219 [The commissioner shall maintain comprehensive records of all reports
220 submitted pursuant to this section and section 19a-110. Such records
221 shall be geographically indexed in order to determine the location of
222 areas of relatively high incidence of lead poisoning. The commissioner
223 shall establish, in conjunction with recognized professional medical
224 groups, guidelines consistent with the National Centers for Disease
225 Control and Prevention for assessment of the risk of lead poisoning,
226 screening for lead poisoning and treatment and follow-up care of
227 individuals including children with lead poisoning, women who are
228 pregnant and women who are planning pregnancy.] Nothing in this
229 section shall be construed to prohibit a local building official from
230 requiring abatement of sources of lead or to prohibit a local director of
231 health from making or causing to be made an epidemiological
232 investigation upon receipt of a report of a [confirmed venous] blood
233 lead level that is less than the minimum [venous] blood level specified
234 in this section.

235 Sec. 5. Section 19a-111a of the general statutes is repealed and the
236 following is substituted in lieu thereof (*Effective October 1, 2023*):

237 (a) The Department of Public Health shall be the lead state agency for
238 lead poisoning prevention and control in this state. The Commissioner
239 of Public Health shall (1) identify the state and local agencies in this state
240 with responsibilities related to lead poisoning prevention, and (2)
241 schedule a meeting of such state agencies and representative local
242 agencies at least once annually in order to coordinate lead poisoning

243 prevention efforts in this state.

244 (b) The commissioner shall establish, in consultation with recognized
245 professional medical groups, guidelines consistent with the National
246 Centers for Disease Control and Prevention's guidelines for assessment
247 of the risk of lead poisoning, screening for lead poisoning and treatment
248 and follow-up care of individuals, including children with lead
249 poisoning and persons who are pregnant or are planning to become
250 pregnant.

251 ~~[(b)]~~ (c) The commissioner shall establish a lead poisoning prevention
252 program to provide screening, diagnosis, consultation, inspection and
253 treatment services, including, but not limited to, the prevention and
254 elimination of lead poisoning through research, abatement, education
255 and epidemiological and clinical activities. Such program shall include,
256 but need not be limited to, the screening services provided pursuant to
257 section 19a-111g, as amended by this act.

258 ~~[(c)]~~ (d) Within available appropriations, the commissioner may
259 contract with individuals, groups or agencies for the provision of
260 necessary services and enter into assistance agreements with
261 municipalities, cities, boroughs or district departments of health or
262 special service districts for the development and implementation of
263 comprehensive lead poisoning prevention programs consistent with the
264 provisions of sections 19a-110 to 19a-111c, inclusive, as amended by this
265 act.

266 (e) The commissioner shall maintain comprehensive records of all
267 reports submitted pursuant to sections 19a-110, as amended by this act,
268 and 19a-111, as amended by this act. Such records shall be
269 geographically indexed for the purpose of determining the location of
270 areas of relatively high incidences of lead poisoning.

271 Sec. 6. Section 19a-111b of the general statutes is repealed and the
272 following is substituted in lieu thereof (*Effective October 1, 2023*):

273 Within the lead poisoning prevention program established pursuant

274 to section 19a-111a, as amended by this act:

275 (1) The commissioner shall institute an educational and publicity
276 program in order to inform the general public, teachers, social workers
277 and other human services personnel; [owners of] residential property
278 owners, and in particular, those that own buildings constructed prior to
279 [1950] 1978; and health [services personnel] care providers of the
280 danger, frequency and sources of lead poisoning and methods of
281 preventing such poisoning;

282 (2) The commissioner shall establish an early diagnosis program to
283 detect cases of lead poisoning. Such program shall include, but not be
284 limited to, the routine examination of children under the age of six in
285 accordance with protocols promulgated by the National Centers for
286 Disease Control. Results equal to or greater than the levels specified in
287 section 19a-110, as amended by this act, from any examination pursuant
288 to sections 19a-110 to 19a-111c, inclusive, as amended by this act, shall
289 be provided to the child's parent or legal guardian, the local director of
290 health and the commissioner; and

291 (3) The commissioner shall establish a program for the detection of
292 sources of lead poisoning. Within available appropriations, such
293 program shall include the identification of dwellings in which paint,
294 plaster or other accessible substances contain toxic levels of lead and the
295 inspection of areas surrounding such dwellings for lead-containing
296 materials. Any person who detects a toxic level of lead, as defined by
297 the commissioner, shall report such findings to the commissioner. The
298 commissioner shall inform all interested parties, including but not
299 limited to, the owner of the building, the occupants of the building,
300 enforcement officials and other necessary parties.

301 Sec. 7. Section 19a-111c of the general statutes is repealed and the
302 following is substituted in lieu thereof (*Effective October 1, 2023*):

303 (a) The owner of any dwelling in which the paint, plaster or other
304 material is found to contain toxic levels of lead and in which children
305 under the age of six reside, shall [abate, remediate or manage such

306 dangerous] remediate such toxic levels of lead through testing,
307 abatement or management of such materials consistent with regulations
308 adopted pursuant to this section. The Commissioner of Public Health
309 shall adopt regulations, in accordance with chapter 54, to establish
310 requirements and procedures for testing, [remediation,] abatement and
311 management of materials containing toxic levels of lead. [For the
312 purposes of this section, "remediation" means the use of interim
313 controls, including, but not limited to, paint stabilization, spot point
314 repair, dust control, specialized cleaning and covering of soil with
315 mulch.]

316 (b) The commissioner shall authorize the use of any liquid,
317 cementitious or flexible lead encapsulant product which complies with
318 an appropriate standard for such products developed by the American
319 Society for Testing and Materials or similar testing organization
320 acceptable to the commissioner for the abatement and remediation of
321 lead hazards. The commissioner shall maintain a list of all such
322 approved lead encapsulant products that may be used in this state for
323 the [abatement and] remediation of lead hazards.

324 (c) (1) The Commissioner of Public Health may adopt regulations, in
325 accordance with chapter 54, to regulate paint removal from the exterior
326 of any building or structure where the paint removal project may
327 present a health hazard related to lead exposure to neighboring
328 premises. The regulations may establish: (A) Definitions, (B)
329 applicability and exemption criteria, (C) procedures for submission of
330 notifications, (D) appropriate work practices, and (E) penalties for
331 noncompliance.

332 (2) The Commissioner of Public Health may adopt regulations, in
333 accordance with chapter 54, to regulate the standards and procedures
334 for [testing, remediation, as defined in this section,] remediation of lead
335 hazards, including testing, abatement and management of materials
336 containing toxic levels of lead in any premises.

337 Sec. 8. Section 19a-111g of the general statutes is repealed and the

338 following is substituted in lieu thereof (*Effective January 1, 2024*):

339 (a) (1) Each primary care provider giving pediatric care in this state,
340 excluding a hospital emergency department and its staff [:(1) Shall
341 conduct lead testing at least annually for each child nine to thirty-five
342 months of age, inclusive, in accordance with the Advisory Committee
343 on Childhood Lead Poisoning Prevention recommendations for
344 childhood lead screening in Connecticut; (2) shall conduct lead testing
345 at least annually for any child thirty-six to seventy-two months of age,
346 inclusive, determined by the Department of Public Health to be at an
347 elevated risk of lead exposure based on his or her enrollment in a
348 medical assistance program pursuant to chapter 319v or his or her
349 residence in a municipality that presents an elevated risk of lead
350 exposure based on factors, including, but not limited to, the prevalence
351 of housing built prior to January 1, 1960, and the prevalence of children's
352 blood lead levels greater than five micrograms per deciliter; (3) shall
353 conduct lead testing for any child thirty-six to seventy-two months of
354 age, inclusive, who has not been previously tested or for any child under
355 seventy-two months of age, if clinically indicated as determined by the
356 primary care provider in accordance with the Childhood Lead
357 Poisoning Prevention Screening Advisory Committee
358 recommendations for childhood lead screening in Connecticut; (4) shall
359 provide, before such lead testing occurs, educational materials or
360 anticipatory guidance information concerning lead poisoning
361 prevention to such child's parent or guardian in accordance with the
362 Childhood Lead Poisoning Prevention Screening Advisory Committee
363 recommendations for childhood lead screening in Connecticut; (5) shall
364 conduct a medical risk assessment at least annually for each child thirty-
365 six to seventy-two months of age, inclusive, in accordance with the
366 Childhood Lead Poisoning Prevention Screening Advisory Committee
367 recommendations for childhood lead screening in Connecticut; and (6)
368 may conduct a medical risk assessment at any time for any child thirty-
369 six months of age or younger who is determined by the primary care
370 provider to be in need of such risk assessment in accordance with the
371 Childhood Lead Poisoning Prevention Screening Advisory Committee

372 recommendations for childhood lead screening in Connecticut.] shall
373 conduct lead risk assessment and lead testing that includes, but need
374 not be limited to:

375 (A) A complete medical risk assessment based on guidelines
376 prescribed by the commissioner for each child from birth to six years of
377 age, conducted at least annually;

378 (B) An annual lead screening test for each child who has an elevated
379 risk of lead exposure based on findings of the medical risk assessment
380 conducted pursuant to subparagraph (A) of this subdivision;

381 (C) A lead screening test for each child at twelve months of age and
382 twenty-four months of age; and

383 (D) Follow-up testing, in accordance with a schedule established by
384 the commissioner, for each child with a confirmed blood lead level equal
385 to or greater than three and one-half micrograms per deciliter.

386 (2) Each primary care provider giving pediatric care in this state,
387 excluding a hospital emergency department and its staff, shall provide
388 educational materials and guidance information concerning lead
389 poisoning prevention to each child's parent or guardian in accordance
390 with the commissioner's recommendations for childhood lead
391 screening.

392 [(b)] (3) The requirements of this [section do] subsection shall not
393 apply to any child whose parents or guardians object to blood testing as
394 being in conflict with their religious tenets and practice.

395 (b) Each prenatal health care provider shall (1) provide each pregnant
396 person anticipatory guidance on lead poisoning prevention during
397 pregnancy, (2) assess each pregnant person at the initial prenatal visit
398 for lead exposure using a risk assessment tool recommended by the
399 commissioner, (3) screen or refer for blood lead screening each pregnant
400 person found to be at risk for lead exposure, (4) notify the local health
401 director serving the jurisdiction in which the pregnant person resides if

402 such person has a blood lead level equal to or greater than three and
403 one-half micrograms per deciliter, and (5) provide anticipatory
404 guidance regarding the prevention of childhood lead poisoning to each
405 patient at such patient's postpartum visit.

406 (c) Upon the receipt of any notice provided pursuant to subdivision
407 (4) of subsection (b) of this section, a local health director shall conduct
408 the epidemiological investigation and take such other actions as
409 described in section 19a-111, as amended by this act.

410 Sec. 9. Section 19a-111i of the general statutes is repealed and the
411 following is substituted in lieu thereof (*Effective from passage*):

412 (a) On or before October 1, [2017] 2023, and annually thereafter, the
413 Commissioner of Public Health shall report, in accordance with section
414 11-4a, to the joint standing committees of the General Assembly having
415 cognizance of matters relating to public health and human services on
416 the status of lead poisoning prevention and control efforts in the state
417 for the preceding calendar year. Such report shall include, but need not
418 be limited to, (1) the number of lead screenings of children, [screened
419 for lead poisoning during the preceding calendar year,] (2) the number
420 of children diagnosed with elevated blood levels, [during the preceding
421 calendar year,] and (3) the amount of testing, [remediation,] abatement
422 and management of materials containing toxic levels of lead in all
423 premises. [during the preceding calendar year.]

424 (b) On or before January 1, 2011, the Commissioner of Public Health
425 shall (1) evaluate the lead screening and risk assessment conducted
426 pursuant to sections 19a-110, as amended by this act, and 19a-111g, as
427 amended by this act, and (2) report, in accordance with section 11-4a, to
428 the joint standing committees of the General Assembly having
429 cognizance of matters relating to public health and human services on
430 the effectiveness of such screening and assessment, including a
431 recommendation as to whether such screening and assessment should
432 be continued as specified in said sections 19a-110, as amended by this
433 act, and 19a-111g, as amended by this act.

434 Sec. 10. Section 19a-111j of the general statutes is repealed and the
435 following is substituted in lieu thereof (*Effective October 1, 2023*):

436 (a) The Department of Public Health shall, within available
437 appropriations, establish and administer a program of financial
438 assistance to local health departments for expenses incurred in
439 complying with this section and the applicable provisions of sections
440 19a-110, as amended by this act, 19a-111a, as amended by this act, 19a-
441 206, 47a-52 and 47a-54f. Local health departments shall use the funds
442 disbursed through the program for lead poisoning prevention and
443 control services as described in subsection (b) of this section and other
444 lead poisoning prevention and control purposes approved by the
445 Department of Public Health.

446 (b) To be eligible to receive program funding from the Department of
447 Public Health, a local health department shall administer a local lead
448 poisoning prevention and control program approved by the
449 department. Such program shall include, but need not be limited to: (1)
450 Case management services; (2) lead poisoning educational services; (3)
451 environmental health services; (4) health education services, including,
452 but not limited to, education concerning proper nutrition for good
453 health and the prevention of lead poisoning; and (5) participation in the
454 Department of Public Health's system for the collection, tabulation,
455 analysis and reporting of lead poisoning prevention and control
456 statistics.

457 (c) A local health department may directly provide lead poisoning
458 prevention and control services within its geographic coverage area or
459 may contract for the provision of such services. A local health
460 department's case management services shall include medical,
461 behavioral, epidemiological and environmental intervention strategies
462 for each child having [one confirmed] a blood lead level that is equal to,
463 or greater than, [twenty] three and one-half micrograms of lead per
464 deciliter of blood, [or two confirmed blood lead levels, collected from
465 samples taken not less than three months apart, that are equal to, or
466 greater than, fifteen micrograms of lead per deciliter of blood but less

467 than twenty micrograms of lead per deciliter of blood.] A local health
468 department shall initiate case management services for such child not
469 later than five business days after the local health department receives
470 the results of a test confirming that the child has a blood lead level as
471 described in this subsection.

472 (d) A local health department's educational services shall include the
473 distribution of educational materials concerning lead poisoning
474 prevention to the parent, legal guardian and the appropriate health care
475 provider for each child with a [confirmed] blood lead level equal to, or
476 greater than, [ten] three and one-half micrograms of lead per deciliter of
477 blood. Such educational materials shall be provided in English, Spanish
478 and any other language common to the persons in the local health
479 department's jurisdiction.

480 (e) The Department of Public Health shall disburse program funds to
481 the local health department on an annual basis. After approving a local
482 health department's application for program funding, the funding
483 period shall begin on July first each year. The amount of such funding
484 shall be determined by the Department of Public Health based on the
485 number of confirmed childhood lead poisoning cases reported in the
486 local health department's geographic coverage area during the previous
487 calendar year. The director of any local health department that applies
488 for program funding shall submit, not later than September thirtieth,
489 annually, to the Department of Public Health a report concerning the
490 local health department's lead poisoning and prevention control
491 program. Such report shall contain: (1) A proposed budget for the
492 expenditure of program funds for the new fiscal year; (2) a summary of
493 planned program activities for the new fiscal year; and (3) a summary
494 of program expenditures, services provided and operational activities
495 during the previous fiscal year. The Department of Public Health shall
496 approve a local health department's proposed budget prior to
497 disbursing program funds to the local health department.

498 Sec. 11. Section 20-474 of the general statutes is repealed and the
499 following is substituted in lieu thereof (*Effective October 1, 2023*):

500 As used in sections 20-474 to 20-482, inclusive, as amended by this
501 act, and subsections (e) and (f) of section 19a-88; [and section 19a-111:]

502 (1) "Abatement" means any set of measures designed to eliminate
503 lead hazards in accordance with standards established pursuant to
504 sections 20-474 to 20-482, inclusive, as amended by this act, and
505 subsections (e) and (f) of section 19a-88 and regulations adopted
506 thereunder, including, but not limited to, the encapsulation,
507 replacement, removal, enclosure or covering of paint, plaster, soil or
508 other material containing toxic levels of lead and all preparation, clean-
509 up, disposal and reoccupancy clearance testing;

510 (2) "Certificate" means a document issued by the department
511 indicating successful completion of an approved training course;

512 (3) "Code enforcement official" means the director of health or a
513 person authorized by the director to act on the director's behalf, the local
514 housing code official or a person authorized by the local housing code
515 official to act on the local housing code official's behalf, or an agent of
516 the commissioner;

517 (4) "Commissioner" means the Commissioner of Public Health, or the
518 commissioner's designee;

519 (5) "Department" means the Department of Public Health;

520 (6) "Director of health" means a municipal health director or a district
521 director of health as defined in chapters 368e and 368f;

522 (7) "Dwelling" means every building or shelter used or intended for
523 human habitation, including exterior surfaces and all common areas
524 thereof, and the exterior of any other structure located within the same
525 lot, even if not used for human habitation;

526 (8) "Dwelling unit" means a room or group of rooms within a
527 dwelling arranged for use as a single household by one or more
528 individuals living together who share living and sleeping facilities;

529 (9) "Entity" means any person, partnership, firm, association,
530 corporation, limited liability company, sole proprietorship or any other
531 business concern, state or local government agency or political
532 subdivision or authority thereof, or any religious, social or union
533 organization, whether operated for profit or otherwise;

534 (10) "Lead abatement contractor" means any entity which contracts to
535 perform lead hazard reduction by means of abatement including, but
536 not limited to, the encapsulation, replacement, removal, enclosure or
537 covering of paint, plaster, soil or other material containing toxic levels
538 of lead;

539 (11) "Lead abatement supervisor" means an individual who oversees
540 lead abatement activities;

541 (12) "Lead abatement worker" means an individual who performs
542 lead abatement activities;

543 (13) "Lead consultant contractor" means any entity which contracts to
544 perform lead hazard reduction consultation work utilizing a lead
545 inspector, lead inspection risk assessor or lead planner-project designer;

546 (14) "Lead inspection" means an investigation to determine the
547 presence of lead in paint, lead in other surface coverings, lead in dust,
548 lead in soil or lead in drinking water, and the provision of a report
549 explaining the results of the investigation;

550 (15) "Lead inspector" means an individual who performs inspections
551 solely for the purpose of determining the presence of lead-based paint
552 and surface coverings and lead in soil, dust and drinking water through
553 the use of on-site testing including, but not limited to, x-ray fluorescence
554 (XRF) analysis with portable analytical instruments, and the collection
555 of samples for laboratory analysis and who collects information
556 designed to assess the level of risk;

557 (16) "Lead inspector risk assessor" means an individual who (A)
558 performs (i) lead inspection risk assessments for the purpose of

559 determining the presence, type, severity and location of lead-based
560 paint hazards, including lead hazards in paint, dust, drinking water and
561 soil, through the use of on-site testing, including, but not limited to, x-
562 ray fluorescence (XRF) analysis with portable instruments, and (ii) the
563 collection of samples for laboratory analysis, and (B) provides suggested
564 ways to control any identified lead hazards;

565 (17) "Lead planner-project designer" means an individual who
566 designs lead abatement and management activities;

567 (18) "Lead training provider" means an entity that offers an approved
568 training course or refresher training course in lead abatement or lead
569 consultant services;

570 (19) "License" means the whole or part of any department permit,
571 approval or similar form of permission required by the general statutes
572 and which further requires: (A) Practice of the profession by licensed
573 persons or entities only; (B) that a person or entity demonstrate
574 competence to practice through an examination or other means and
575 meet certain minimum standards; and (C) enforcement of standards by
576 the department;

577 (20) "Premises" means the area immediately surrounding a dwelling;

578 (21) "Refresher training course" means an annual, supplemental
579 training course for personnel engaged in lead abatement or lead
580 consultation services; and

581 (22) "Training course" means an approved training course offered by
582 a training provider for persons seeking instruction in lead abatement or
583 lead consultation services.

584 Sec. 12. Subsection (b) of section 10-206 of the general statutes is
585 repealed and the following is substituted in lieu thereof (*Effective October*
586 *1, 2023*):

587 (b) Each local or regional board of education shall require each child
588 to have a health assessment prior to public school enrollment. The

589 assessment shall include: (1) A physical examination which shall
590 include hematocrit or hemoglobin tests, height, weight, blood pressure,
591 a medical risk assessment for lead poisoning and, when indicated by
592 such assessment, a test of the child's blood lead level, and, beginning
593 with the 2003-2004 school year, a chronic disease assessment which shall
594 include, but not be limited to, asthma. The assessment form shall
595 include (A) a check box for the provider conducting the assessment, as
596 provided in subsection (a) of this section, to indicate an asthma
597 diagnosis, (B) screening questions relating to appropriate public health
598 concerns to be answered by the parent or guardian, and (C) screening
599 questions to be answered by such provider; (2) an updating of
600 immunizations as required under section 10-204a, provided a registered
601 nurse may only update said immunizations pursuant to a written order
602 by a physician or physician assistant, licensed pursuant to chapter 370,
603 or an advanced practice registered nurse, licensed pursuant to chapter
604 378; (3) vision, hearing, speech and gross dental screenings; and (4) such
605 other information, including health and developmental history, as the
606 physician feels is necessary and appropriate. The assessment shall also
607 include tests for tuberculosis, sickle cell anemia [or] and Cooley's
608 anemia [and tests for lead levels in the blood] where the local or regional
609 board of education determines after consultation with the school
610 medical advisor and the local health department, or in the case of a
611 regional board of education, each local health department, that such
612 tests are necessary, provided a registered nurse may only perform said
613 tests pursuant to the written order of a physician or physician assistant,
614 licensed pursuant to chapter 370, or an advanced practice registered
615 nurse, licensed pursuant to chapter 378.

616 Sec. 13. Subdivision (1) of section 4d-30 of the general statutes is
617 repealed and the following is substituted in lieu thereof (*Effective October*
618 *1, 2023*):

619 (1) "Contract" means a contract for state agency information system
620 or telecommunication system facilities, equipment or services, which is
621 awarded pursuant to this chapter or subsection (e) of section 1-205,
622 subsection (c) of section 1-211, subsection (b) of section 1-212, section 4-

623 5, subsection (a) of section 10a-151b, or subsection [(a)] (b) of section 19a-
624 110, as amended by this act.

625 Sec. 14. Section 4d-47 of the general statutes is repealed and the
626 following is substituted in lieu thereof (*Effective October 1, 2023*):

627 With respect to any state employee whose position is eliminated or
628 who is laid off as a result of any contract or amendment to a contract
629 which is subject to the provisions of this chapter and subsection (e) of
630 section 1-205, subsection (c) of section 1-211, subsection (b) of section 1-
631 212, section 4-5, 4a-50, 4a-51, subsection (b) of section 4a-57, subsection
632 (a) of section 10a-151b, or subsection [(a)] (b) of section 19a-110, as
633 amended by this act, or any subcontract for work under such contract
634 or amendment, (1) the contractor shall hire the employee, upon
635 application by the employee, unless the employee is hired by a
636 subcontractor of the contractor, or (2) the employee may transfer to any
637 vacant position in state service for which such employee is qualified, to
638 the extent allowed under the provisions of existing collectively
639 bargained agreements and the general statutes. If the contractor or any
640 such subcontractor hires any such state employee and does not provide
641 the employee with fringe benefits which are equivalent to, or greater
642 than, the fringe benefits that the employee would have received in state
643 service, the state shall, for two years after the employee terminates from
644 state service, provide to the employee either (A) the same benefits that
645 such employee received from the state, or (B) compensation in an
646 amount which represents the difference in the value of the fringe
647 benefits that such employee received when in state service and the
648 fringe benefits that such employee receives from the contractor or
649 subcontractor.

650 Sec. 15. Section 4d-48 of the general statutes is repealed and the
651 following is substituted in lieu thereof (*Effective October 1, 2023*):

652 No contract or subcontract for state agency information system or
653 telecommunication system facilities, equipment or services may be
654 awarded to any business entity or individual pursuant to this chapter or

655 subsection (e) of section 1-205, subsection (c) of section 1-211, subsection
 656 (b) of section 1-212, section 4-5, subsection (a) of section 10a-151b, or
 657 subsection [(a)] (b) of section 19a-110, as amended by this act, if such
 658 business entity or individual previously had a contract with the state or
 659 a state agency to provide information system or telecommunication
 660 system facilities, equipment or services and such prior contract was
 661 finally terminated by the state or a state agency within the previous five
 662 years for the reason that such business entity or individual failed to
 663 perform or otherwise breached a material obligation of the contract
 664 related to information system or telecommunication system facilities,
 665 equipment or services. If the termination of any such previous contract
 666 is contested in an arbitration or judicial proceeding, the termination
 667 shall not be final until the conclusion of such arbitration or judicial
 668 proceeding. If the fact-finder determines, or a settlement stipulates, that
 669 the contractor failed to perform or otherwise breached a material
 670 obligation of the contract related to information system or
 671 telecommunication system facilities, equipment or services, any award
 672 of a contract pursuant to said chapter or sections during the pendency
 673 of such arbitration or proceeding shall be rescinded and the bar
 674 provided in this section shall apply to such business entity or individual.

675 Sec. 16. Section 19a-111h of the general statutes is repealed. (*Effective*
 676 *October 1, 2023*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2023</i>	19a-109aa
Sec. 2	<i>October 1, 2023</i>	19a-110
Sec. 3	<i>October 1, 2023</i>	19a-110a
Sec. 4	<i>October 1, 2023</i>	19a-111
Sec. 5	<i>October 1, 2023</i>	19a-111a
Sec. 6	<i>October 1, 2023</i>	19a-111b
Sec. 7	<i>October 1, 2023</i>	19a-111c
Sec. 8	<i>January 1, 2024</i>	19a-111g
Sec. 9	<i>from passage</i>	19a-111i
Sec. 10	<i>October 1, 2023</i>	19a-111j
Sec. 11	<i>October 1, 2023</i>	20-474

Sec. 12	<i>October 1, 2023</i>	10-206(b)
Sec. 13	<i>October 1, 2023</i>	4d-30(1)
Sec. 14	<i>October 1, 2023</i>	4d-47
Sec. 15	<i>October 1, 2023</i>	4d-48
Sec. 16	<i>October 1, 2023</i>	Repealer section

Statement of Purpose:

To implement the recommendations of the lead poisoning prevention working group.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]