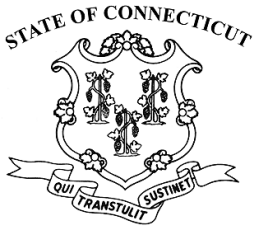

House Bill No. 5045

Public Act No. 22-49

AN ACT REDUCING LEAD POISONING.

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

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 Section 19a-110 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2023*):

(a) Not later than forty-eight hours after receiving or completing a report of a person found to have a level of lead in the blood equal to or greater than **[**ten**]** three and one-half micrograms per deciliter of blood or any other abnormal body burden of lead, each institution licensed under sections 19a-490 to 19a-503, inclusive, and each clinical laboratory licensed under section 19a-30 shall report to (1) the Commissioner of Public Health, and to the director of health of the town, city, borough or district in which the person resides: (A) The name, full residence address, date of birth, gender, race and ethnicity of each person found to have a level of lead in the blood equal to or greater than **[**ten**]** three and one-half micrograms per deciliter of blood or any other abnormal body burden of lead; (B) the name, address and telephone number of the health care provider who ordered the test; (C) the sample collection date, analysis date, type and blood lead analysis result; and (D) such other information as the commissioner may require, and (2) the health care provider who ordered the test, the results of the test. With respect to a child under three years of age, not later than seventy-two hours after

the provider receives such results, the provider shall make reasonable efforts to notify the parent or guardian of the child of the blood lead analysis results. Any institution or laboratory making an accurate report in good faith shall not be liable for the act of disclosing **[**said**]** such report to the Commissioner of Public Health or to the director of health. The commissioner, after consultation with the Commissioner of Administrative Services, shall determine the method and format of transmission of data contained in **[**said**]** such report.

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

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

information is transmitted with the blood specimen to the laboratory performing the analysis.

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

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

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

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

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

the action taken to ensure against further lead poisoning from the same source, including any measures taken to effect relocation of families. Such report shall include information relevant to the identification and location of the source of lead poisoning and such other information as the commissioner may require pursuant to regulations adopted in accordance with the provisions of chapter 54. The commissioner shall maintain comprehensive records of all reports submitted pursuant to this section and section 19a-110, as amended by this act. Such records shall be geographically indexed in order to determine the location of areas of relatively high incidence of lead poisoning. The commissioner shall establish, in conjunction with recognized professional medical groups, guidelines consistent with the National Centers for Disease Control and Prevention for assessment of the risk of lead poisoning, screening for lead poisoning and treatment and follow-up care of individuals including children with lead poisoning, women who are pregnant and women who are planning pregnancy. Nothing in this section shall be construed to prohibit a local building official from requiring abatement of sources of lead or to prohibit a local director of health from making or causing to be made an epidemiological investigation upon receipt of a report of a confirmed venous blood lead level that is less than the minimum venous blood level specified in this section.

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

(a) Each primary care provider giving pediatric care in this state, excluding a hospital emergency department and its staff: (1) Shall conduct lead testing at least annually for each child nine to thirty-five months of age, inclusive, in accordance with the Advisory Committee on Childhood Lead Poisoning Prevention **[**Screening Advisory Committee**]** recommendations for childhood lead screening in

Connecticut; (2) shall conduct lead testing at least annually for any child thirty-six to seventy-two months of age, inclusive, determined by the Department of Public Health to be at an elevated risk of lead exposure based on his or her enrollment in a medical assistance program pursuant to chapter 319v or his or her residence in a municipality that presents an elevated risk of lead exposure based on factors, including, but not limited to, the prevalence of housing built prior to January 1, 1960, and the prevalence of children's blood lead levels greater than five micrograms per deciliter; (3) shall conduct lead testing for any child thirty-six to seventy-two months of age, inclusive, who has not been previously tested or for any child under seventy-two months of age, if clinically indicated as determined by the primary care provider in accordance with the Childhood Lead Poisoning Prevention Screening Advisory Committee recommendations for childhood lead screening in Connecticut; **[**(3)**]** (4) shall provide, before such lead testing occurs, educational materials or anticipatory guidance information concerning lead poisoning prevention to such child's parent or guardian in accordance with the Childhood Lead Poisoning Prevention Screening Advisory Committee recommendations for childhood lead screening in Connecticut; **[**(4)**]** (5) shall conduct a medical risk assessment at least annually for each child thirty-six to seventy-two months of age, inclusive, in accordance with the Childhood Lead Poisoning Prevention Screening Advisory Committee recommendations for childhood lead screening in Connecticut; and **[**(5)**]** (6) may conduct a medical risk assessment at any time for any child thirty-six months of age or younger who is determined by the primary care provider to be in need of such risk assessment in accordance with the Childhood Lead Poisoning Prevention Screening Advisory Committee recommendations for childhood lead screening in Connecticut.

Sec. 4. (NEW) (*Effective January 1, 2023*) To the extent permissible under federal law and within available appropriations, the Commissioner of Social Services shall seek federal authority to amend

the Medicaid state plan to add services the commissioner determines are necessary and appropriate to address the health impacts of high childhood blood lead levels in children eligible for Medicaid. Such newly added services may include, but need not be limited to, (1) case management, (2) lead remediation, (3) follow-up screening, (4) referral to other available services, and (5) such other services covered under Medicaid the commissioner determines are necessary. In making the determination as to which services to add to the Medicaid program under this section, the commissioner shall coordinate such services with services already covered under the Medicaid program.

Sec. 5. (*Effective from passage*) (a) The Commissioner of Public Health shall convene a working group to recommend any necessary legislative changes concerning (1) lead screening for pregnant persons or persons who are planning pregnancy, (2) lead in schools and child care centers, (3) reporting the results of lead tests 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 the Department of Public Health, and (5) any other matters regarding lead poisoning prevention and treatment.

(b) Such working group shall consist of the following members: (1) The Commissioners of Public Health and Social Services and the Secretary of the Office of Policy and Management, or their designees; (2) at least four persons who are (A) medical professionals who provide pediatric health care, (B) active in the field of public health and lead prevention, or (C) from a community that has been disproportionately impacted by lead, who shall be appointed by the Commissioner of Public Health; (3) two representatives of an association of directors of health in the state, who shall be appointed by said commissioner; (4) a representative of a conference of municipalities in the state, who shall be appointed by said commissioner; and (5) a representative of a council of small towns in the state, who shall be appointed by said

commissioner. In making appointments under this subsection, the Commissioner of Public Health shall use best efforts to select members who reflect the racial, gender and geographic diversity of the population of the state. All appointments shall be made not later than thirty days after the effective date of this section.

(c) Not later than December 1, 2022, the Commissioner of Public Health shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to public health, education and appropriations and the budgets of state agencies regarding the recommendations of the working group. The working group shall terminate upon the submission of the report.