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State of Minnesota
HOUSE OF REPRESENTATIVES
NINETIETH SESSION

H. F. No. 2711

05/20/2017 Authored by Lee, Becker-Finn, Olson, Moran, Maye Quade and others
The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.1 A bill for an act
1.2 relating to health; establishing goals to reduce blood lead levels in Minnesota
1.3 children; requiring the commissioner of health to issue annual public reports;
1.4 amending Minnesota Statutes 2016, section 144.9502, subdivision 1, by adding
1.5 subdivisions.

1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.7 Section 1. Minnesota Statutes 2016, section 144.9502, subdivision 1, is amended to read:

1.8 Subdivision 1. **Surveillance.** The commissioner of health shall establish a statewide
1.9 lead surveillance system. The purpose of this system is to:

1.10 (1) monitor blood lead levels in children and adults to identify trends and populations
1.11 at high risk for elevated blood lead levels;

1.12 (2) ensure that screening services are provided to populations at high risk for elevated
1.13 blood lead levels;

1.14 (3) ensure that medical and environmental follow-up services for children with elevated
1.15 blood lead levels are provided; and

1.16 (4) provide accurate and complete data for planning and implementing primary prevention
1.17 programs that focus on the populations at high risk for elevated blood lead levels and to
1.18 monitor the progress made toward meeting the goals established in subdivision 1a to reduce
1.19 the number of children in Minnesota with blood lead levels above 3.5 micrograms of lead
1.20 per deciliter of whole blood.

2.1 Sec. 2. Minnesota Statutes 2016, section 144.9502, is amended by adding a subdivision
2.2 to read:

2.3 Subd. 1a. **Goals to reduce blood lead levels in children; plan.** (a) It is the goal of the
2.4 state to reduce the blood lead levels of children in Minnesota in the following manner:

2.5 (1) by January 1, 2020, no children in Minnesota shall have a blood lead level equal to
2.6 or greater than five micrograms of lead per deciliter of whole blood; and

2.7 (2) by January 1, 2022, no children in Minnesota shall have a blood lead level equal to
2.8 or greater than 3.5 micrograms of lead per deciliter of whole blood.

2.9 (b) The commissioner shall establish a plan of comprehensive, coordinated, statewide
2.10 activities to achieve these goals. Based on this plan, the commissioner shall administer the
2.11 statewide lead surveillance system, primary and secondary prevention programs, and other
2.12 state programs and activities as necessary to ensure that these goals are met.

2.13 Sec. 3. Minnesota Statutes 2016, section 144.9502, is amended by adding a subdivision
2.14 to read:

2.15 Subd. 2a. **Annual public report on lead testing and lead exposure in children.** By
2.16 March 1 of each year, the commissioner of health shall issue a public report on the extent
2.17 to which children in the state are tested for lead exposure and the number of children in the
2.18 state with blood lead levels equal to or greater than 3.5 micrograms of lead per deciliter of
2.19 whole blood. The report must include the number of children in the previous calendar year
2.20 with a reported diagnostic blood lead test result equal to or greater than five micrograms of
2.21 lead per deciliter of whole blood; the number of children in the previous calendar year with
2.22 a reported diagnostic blood lead test result equal to or greater than 3.5 micrograms but less
2.23 than five micrograms of lead per deciliter of whole blood; areas of the state, counties, or
2.24 cities in which these children are concentrated or located; any available information about
2.25 the sources of lead exposure for these children; and action steps being planned or
2.26 implemented by the commissioner, alone or in collaboration with local units of government,
2.27 to reduce blood lead levels in children in the state.