

Environmental Health and Drinking Water Branch



LEAD Legislative WORK GROUP

Public Act 22-49

Convened by
Dr. Manisha Juthani, Commissioner

Agenda

9:00 - 9:05 | Welcome / Overview – Meeting Facilitator

- Lori Mathieu, DPH Branch Chief, Environmental Health & Drinking Water Branch

9:05 – 10:10 | Department Public Health Statutory Walkthrough

- Presentation by Lori Mathieu, Lisa Kessler, and Claire Botnick
 - **CGS Section 19a-111g: Pediatric lead testing and risk assessment. Exemption.**
 - Overview & Discussion
 - **CGS Section 19a-110: Reporting of Lead Poisoning. Parental Notification. Availability of information regarding lead Poisoning**
 - Overview & Discussion
 - **CGS Section 19a-111: Investigation. Preventive Measures. Relocation of families. Reports. Regulations.**
 - Overview & Discussion
 - **CGS Section 10-206: Health Assessments.**
 - Overview & Discussion

10:10 – 10:25 | Public Comment – 3 min each person, total time 15 minutes

- Facilitated by Lori Mathieu & Dan Aubin

10:25 - 10:30 | Closing Comments

Recap & Mission

Lead Working Group Public Act 22-49

- **Work Group Report** due by December 1, 2022 – “Commissioner of Public Health shall report 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. Working group shall terminate upon the submission of the report”
 - Report to be written by DPH staff
- **Public Act 22-49, Section 5.** “(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.”

Today's Mission: Walk through the statutes and have a group discussion

- Let's think about how to transition from Reactive to Proactive
- Let's think about how we follow the most vulnerable, such as a child through the entire process

Previous Statutes Highlighted

SDE: Title 10-Chapter 169 -- School Health and Sanitation.

- Sec. 10-206. Health Assessments.
- Sec. 10-206b. Tests for lead levels in Head Start Programs.

DPH: Sec. 19a-111b. Educational and publicity program. Early diagnosis program. Program for detection of sources of lead poisoning

OEC:

- 19a-79-7a(e)(13)
- 19a-79-7a(g)(1)
- 19a-79-7a(g)(3)
- 19a-87b
- 19a-87b-10(h)(11)
- 19a-87b-9(c)



Current DPH Statutes

CGS 19a-110: Report Of Lead Poisoning Parental Notification Availability Of Information Of Lead Poisoning

CGS 19a-110a: Regional Lead Poisoning Treatment Centers

CGS 19a-111: Investigation Prevention Measure, Relocation Of Families, Reports, Regulations

CGS 19a-111a: Lead Poisoning Prevention Program Lead State Agency

CGS 19a-111b: Educational And Publicity Program, Early Diagnosis Program, Program For Detection Of Sources Of Lead Poisoning

CGS 19a-111c: Abatement Of Lead In Dwellings, List Of Encapsulant Products, Regulations

CGS 19a- 111e: Federal Funds For Lead Poisoning Prevention Programs

CGS 19a-111g: Pediatric Lead Testing And Risk Assessment. Exemption

CGS 19a-111h: Review Of Lead Poisoning Data. Regulations

CGS 19a-111i: Report Of Lead Poisoning Prevention Efforts

CGS 19a-111j: Financial Assistance To Local Health Departments For Lead Poisoning Prevention And Control

CGS 19a-111k: OSHA Standards To Abatement And Remediation Of Lead Hazards

CGS Section 19a-111g(a)

(repealed and replaced effective January 1, 2023)

- **Establishes a schedule for screening and testing to be followed by medical providers giving pediatric care.** The pediatric medical provider shall comply with the following screening and testing, in accordance with the Advisory Committee on Childhood Lead Poisoning Prevention guidelines:
 - Age 9-35 months → Test at least annually
 - Age 36 – 72 months → Test at least annually, children at elevated risk
 - Age 36 – 72 months → Test if not previously tested
 - Under 72 months → Test if clinically indicated
 - Age 36 – 72 months → Medical Risk Assessment at least annually
 - Age 0 – 36 months → Medical Risk Assessment upon provider’s determination
- Prior to testing, the pediatric medical provider is required to provide to the child’s parent/ guardian, educational material or anticipatory guidance information concerning lead poisoning and prevention
- **CGS Section 19a-111g(b) allows for a religious exemption.**

Discussion of CGS 19a-111g(a)

For Example:

- Consider reviewing reference to Medical Risk Assessment
- Timeline of screening and follow-up of process

Any other thoughts or missed practices

CGS Section 19a-110(a) Reporting of Lead Poisoning. Parental Notification. **Availability of information regarding lead poisoning**

- Establishes reporting responsibilities of health care institutions and clinical laboratories who complete or receive a report of someone with a blood lead level (BLL) equal to or greater than 3.5 micrograms per deciliter of blood or any other abnormal body burden of lead.
- It requires health care institutions and laboratories to report to DPH and the local health director no later than 48 hours after receiving or completing the report, certain data elements, including:
 - Person's name, address, DOB, gender, race, ethnicity
 - Health care providers name, address, tel. #
 - Dates of sample collection of analysis
 - Type and blood lead analysis result
 - Other information as required by the Commissioner
- The health care institution and laboratory are also required to report results to the health care provider who ordered the test.
- No later than 72 hours upon receiving the test results of a child under three years of age, the health care provider is required to make reasonable efforts to notify a parent/ guardian of the elevated BLL result.
- Health care institutions and Labs who make accurate reports in good faith are not liable for the act of disclosing the report to DPH or the LHD.

CGS Section 19a-110(b)&(c) Reporting of Lead Poisoning. Parental Notification. Availability of information regarding lead Poisoning.

- Establishes monthly reporting responsibilities of health care institutions and clinical labs.
- The monthly report includes the lab identifier as well as the same data elements as listed above in subsection (a), and includes ALL persons who were tested (not just those with elevated BLLs).
- The statute again clarifies that health care institutions and Clinical Labs are not liable for disclosing reports in good faith.
- **CGS Section 19a-110(c) clarifies which lab is responsible for reporting lab results when an institution or clinical lab refers the blood lead sample to another laboratory for analysis.**

CGS Section 19a-110(d) Reporting of Lead Poisoning. Parental Notification. Availability of information regarding lead Poisoning.

- Establishes the responsibilities of a local health department when a child is known to have a BLL equal to or greater than 3.5 mcg/dL.
- The elevated blood lead level may be known to the local health department via a confirmed venous blood lead level or through the reporting requirement pursuant to subsection (a).
- The local health department shall provide or cause to be provided to the parent/guardian of the child, information about the dangers of lead poisoning, prevention methods, Birth to Three intervention services, and laws and regulations concerning lead abatement.
- DPH is required to develop the information provided to parents/guardians. Local health departments are only required to provide the information to the parent/guardian on one occasion after receipt of the initial report.

CGS Section 19a-110(e) Reporting of Lead Poisoning. Parental Notification. Availability of information regarding lead Poisoning.

- Establishes thresholds for requiring an on-site inspection conducted by the local health department for the purposes of identifying the lead source causing a child's elevated blood lead level and ordering **remediation**. The on-site inspection is required following two venous blood lead levels taken at least 3 months apart. The thresholds are:
 - Year 2023 -- BLL \geq 10 mcg/dL < 15
 - Year 2024 – BLL \geq 5 mcg/dL < 10
 - This requirement is being phased out after 2024.

Process Flow of CGS Section 19a-110

(PA 22-49 Repealed-Effective January 1, 2023)

Licensed Institutions- 19a-490 to 19a-503 AND Clinical Laboratories licensed under 19a-30

Person tested for lead level in blood



Receive or complete report if blood levels of lead are ≥ 3.5 micrograms per deciliter of blood



Report within 48 Hours



Commissioner of Public Health



Director of Local Health Dept where person resides



Ordering Healthcare Provider

**If Child Under 3yo
notify the parent
or guardian of
the blood lead results
within 72 Hours**

Process Flow of CGS Section 19a-110



Submit, at least monthly, comprehensive report to Commissioner of Public Health



If a blood lead sample is referred to another laboratory for analysis



Laboratories may agree on which lab will report the results

Both laboratories remain accountable to ensure:

- (1) Reports are made
- (2) Requisition slip includes all required information
- (3) Information is transmitted with blood specimen to lab performing analysis

Process Flow of CGS Section 19a-110 | Director of Local Health

Provide the **following information** to a parent or guardian of a child if:

- (1) Confirmed blood level of ≥ 3.5 micrograms per deciliter of blood OR
- (2) Reported by an institution or clinical laboratory



Information on:

- (1) Dangers of Lead Poisoning
- (2) Precautions to reduce risk
- (3) Eligibility for services for children birth to 3- [17a-248](#)
- (4) Laws and regulations concerning abatement



Director of Health only needs to provide information **1 time** after abnormal blood test

Process Flow of CGS Section 19a-110 | Prior to January 1, 2024

In children reported-confirmed blood lead level ≥ 10 micrograms per deciliter but < 15 micrograms per deciliter in 2 tests at least 3 months apart



Conduct on-site inspection to identify source



Order remediation of the lead source by appropriate persons

Process Flow of CGS Section 19a-110 | January 1, 2024 to December 31, 2024

In children reported with blood lead levels ≥ 5 micrograms per deciliter but < 10 micrograms per deciliter in 2 tests taken at least 3 months apart



Conduct on-site inspection to identify the source of the lead



Order remediation of the lead source by appropriate persons

CGS Section 19a-110 | Role of Commissioner of Public Health

Role of the Commissioner of the Department of Public Health:

- Determine the method and format of transmission of data contained in lead reports by institutions or clinical laboratories
- Consult with Commissioner of Administrative Services to determine the method and format of transmission of data contained in monthly reports from institutions and clinical laboratories

Role of Department of Public Health:

- Provide lead educational materials required to be distributed by Directors of Local and District Health

Discussion of CGS 19a-110

For Example:

- Review requirement of venous blood lead level
- On-site Inspection vs. Epidemiological Inspection

CGS Section 19a-111

- Establishes thresholds for requiring the LHD to conduct an epidemiological investigation for the purposes of identifying the Lead source causing a person’s elevated BLL and ordering remediation. The epidemiological investigation is required following two venous blood lead levels taken at least 3 months apart. The thresholds are:
 - Year 2023 -- BLL ≥ 15 mcg/dL
 - Year 2024 -- BLL ≥ 10 mcg/dL
 - Year 2025 + -- BLL ≥ 5 mcg/dL
- If the case of a residential unit where the source of the lead hazard cannot be removed within a reasonable time, the local health department shall use community resources to enable the relocation of the family occupying the residential unit.
- The local health department is given the discretion to allow the family to remain in the residential unit during the abatement process if, in the judgment of the local health department the occupancy will not threaten the health and well-being of the occupants.
- The statute also establishes a reporting requirement in which the local health department must report to DPH within 30 days following the conclusion of the local health departments epidemiological investigation, the result of the investigation and the action(s) taken to prevent further lead poisoning from the identified source.
- The report is required to identify the location and source of the lead hazard, and such other information as the DPH Commissioner may require.

CGS Section 19a-111

- The Commissioner is required to maintain comprehensive records of the reports submitted pursuant to this section and section 19a-110 (Health Care Institution and Clinical Lab reports).
- The records are required to be geographically indexed to determine the location of areas of high lead poisoning incidences.
- The Commissioner, in collaboration with professional medical groups, is required to establish lead poisoning prevention guidelines consistent with the CDC, for risk assessment, screening, and treatment of individuals including children, pregnant woman, and women who are planning to become pregnant.
- Nothing in this statute shall be construed to prohibit a local health department to conduct an epidemiological study or local building official to require remediation upon receipt of reports of blood lead levels that are lower than the minimum Blood lead levels specified in this section.

Process Flow of CGS Section 19a-111 | The Director of Local Health

(PA 22-29 repealed and replaced effective January 1, 2023)

If a report is received confirming blood lead level:

≥15 micrograms per deciliter of blood (January 1, 2023-December 31, 2023),

≥10 micrograms per deciliter of blood (January 1, 2024-December 31, 2024),

and ≥5 micrograms per deciliter of blood (on or after January 1, 2025)



Conduct epidemiological investigation of source of lead

Once source is discovered, order action to be taken by appropriate person responsible for that cause

[Title 20- Chapter 400C Lead Abatement Consultants, Contractors, and Workers](#)



If action will not result in removal of lead within a reasonable time, use resources to relocate those occupying the unit

[Title 8-Chapter 135 Uniform Relocation Assistance Act](#)



Report to Commissioner of Public Health no later than 30 days after investigation concludes

Note* There is nothing in this section that prohibits the local health director from conducting an epidemiological investigation if a report contains blood lead levels less than the minimum specified above

Process Flow of CGS Section 19a-111 | Commissioner of Public Health

Must prescribe web-based surveillance system for local health directors to report epidemiological investigations



Maintain geographically indexed, comprehensive records of all reports submitted under [19a-110](#) and [19a-111](#)



Establish guidelines consistent with [CDC](#) for:

- (1) risk assessment of lead poisoning
- (2) screening for lead poisoning and treatment
- (3) follow-up care for children, pregnant women, and women who are planning pregnancy with lead poisoning

Discussion of CGS 19a-111

For Example:

- Outdated geographical reporting versus electronic reporting
- **Review of** “The Commissioner, in collaboration with professional medical groups, is required to establish lead poisoning and prevention guidelines consistent with the CDC, for risk assessment, screening, and treatment of individuals including children, pregnant woman, and women who are planning to become pregnant.”

Other Related Statutes

CGS Section 10-206(b) | Health Assessments

- **Requires various medical tests and assessments prior to school enrollment.** Lead testing is not required unless the school board, in consultation with the school medical advisor, determines that lead testing is necessary.

Discussion of CGS 10-206(b)

Post Discussion:

Homework

Lead Statute Summary Chart:

Current/ Pending Statute	Summary <i>Summary relates to the revised laws that become effective on January 1, 2023</i>	Potential Suggestions and/or Identified Practices that are not Capture in Statute
<p>CGS Section 19a-110 Reporting of Lead Poisoning. Parental Notification. Availability of information regarding lead Poisoning. (Effective January 1, 2023):</p> <p>(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 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 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 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 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 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 such report. (c) Whenever an institutional laboratory or private clinical laboratory conducting blood lead tests pursuant to this section refers a blood <u>lead</u> 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 ensure that reports are made. The referring laboratory shall ensure that the requisition slip includes all of the information that is required in subsections (a) and (b) of this section and that 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 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-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. (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 ten micrograms per deciliter but less than fifteen 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. 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.</p>	<p>CGS section 19a-110</p> <p>(a) concerns reporting responsibilities of health care institutions and clinical laboratories who complete or receive a report of someone with a blood lead level (BLL) equal to or greater than 3.5 micrograms per deciliter of blood or any other abnormal body burden of lead. It requires health care institutions and laboratories to report to DPH and the local health director no later than 48 hours after receiving or completing the report, certain data elements. The reported data elements include:</p> <ul style="list-style-type: none"> • Person's name, address, DOB, gender, race, ethnicity • Health care providers name, address, tel. # • Dates of sample collection of analysis • Type and blood lead analysis result • Other information as required by the Commissioner <p>The health care institution and laboratory are also required to report results to the health care provider who ordered the test. No later than 72 hours upon receiving the test results of a child under three years of age, the health care provider is required to make reasonable efforts to notify a parent/ guardian of the elevated BLL result.</p> <p>Health care institutions and Labs who make accurate reports in good faith are not liable for the act of disclosing the report to DPH or the LHD.</p> <p>(b) concerns <u>monthly</u> reporting responsibilities of health care institutions and clinical labs. The monthly report includes the lab identifier as well as the same data elements as listed above in subsection (a), and includes <u>All</u> persons who were tested (not just those with elevated BLLs) The statute again clarifies that health care institutions and Clinical Labs are not liable for disclosing reports in good faith.</p> <p>(c) clarifies which lab is responsible for reporting lab results when an institution or clinical lab refers the blood <u>lead</u> sample to another laboratory for analysis.</p> <p>(d) concerns the responsibilities of an LHD when a child is known to have a BLL equal to or greater than 3.5 mcg/dL. The elevated BLL may be known to the LHD via a confirmed venous blood lead level or through the reporting requirement pursuant to subsection (a). The LHD shall provide or cause to be provided to the parent/guardian of the child, information about the dangers of lead poisoning, prevention methods, Birth to Three intervention services, and laws and regulations concerning lead abatement. DPH is required to develop the information provided to parents/guardians. LHDs are only required to provide the information to the parent/guardian on one occasion after receipt of the initial report.</p> <p>(e) establishes thresholds for requiring an on-site inspection conducted by the LHD for the purposes of identifying the Lead source causing a child's elevated BLL and ordering remediation. The on-site inspection is required following two venous blood lead levels taken at least 3 months apart. The thresholds are:</p> <ul style="list-style-type: none"> • Year 2023 -- BLL ≥ 10 mcg/dL < 15 • Year 2024 -- BLL ≥ 15 mcg/dL < 10 	
<p>CGS Section 19a-111 Investigation. Preventive Measures. Relocation of families. Reports. Regulations. (Effective January 1, 2023)</p> <p>Upon receipt of each report of confirmed venous blood lead level equal to or greater than 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</p>	<p>CGS Section 19a-111.</p> <p>Establishes thresholds for requiring the LHD to conduct an epidemiological investigation for the purposes of identifying the Lead source causing a person's elevated BLL and ordering remediation. The epidemiological investigation is required following two venous blood lead levels taken at least 3 months apart. The thresholds are:</p> <ul style="list-style-type: none"> • Year 2023 -- BLL ≥ 15 mcg/dL • Year 2024 -- BLL ≥ 10 mcg/dL 	

Next Meeting

Lead Working Group Public Act 22-49

Meeting 6 is Wednesday,
November 2nd

9:30 AM - 11:00 AM

