



LEAD Legislative WORK GROUP

Public Act 22-49

Convened by
Dr. Manisha Juthani, Commissioner

Agenda

9:30 - 9:35 | Welcome / Overview – Meeting Facilitator

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

9:35 – 10:00 | Continuation with DPH Statutory Walkthrough & Discussion

- Presentation by Lori Mathieu, Lisa Kessler, and Claire Botnick
 - **CGS Section 19a-111:** Investigation. Preventive Measures. Relocation of families. Reports. Regulations.
 - **CGS Section 10-206:** Health Assessments.

10:00 – 10:20 | Homework Chart 2 - Group Discussion

- Facilitated by Lori Mathieu & Dan Aubin

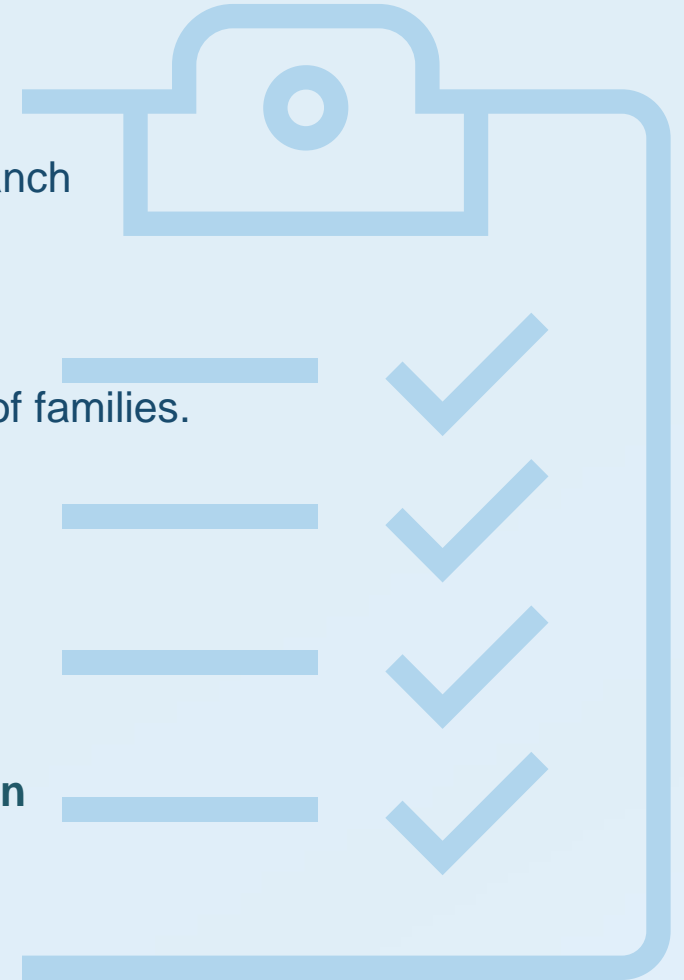
10:20 – 10:40 | Other State Statutory Comparison Presentation & Discussion

- Presentation by Lori Mathieu & Kimberly Ploszaj

10:40 – 10:55 | Public Comment – 3 min each person, total time 15 minutes

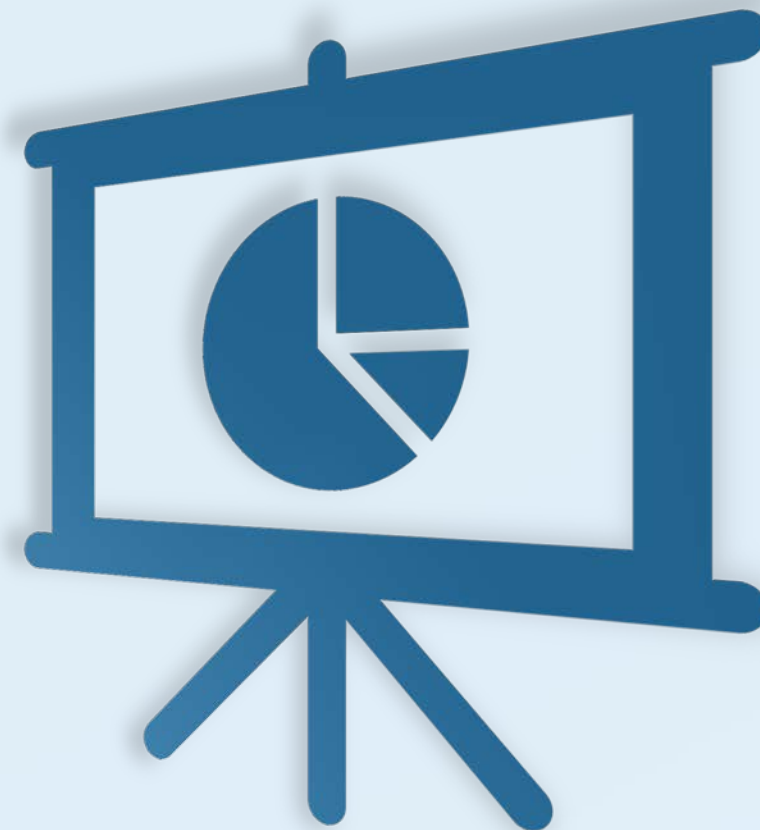
- Facilitated by Lori Mathieu & Dan Aubin

10:55 – 11:00 | Closing Comments



Continuation with DPH Statutory Walkthrough & Discussion

Presentation by Lori Mathieu, Lisa Kessler, and Claire Botnick



Recap DPH Statutory Walkthrough / Homework Chart

Recap via Statutory Chart:

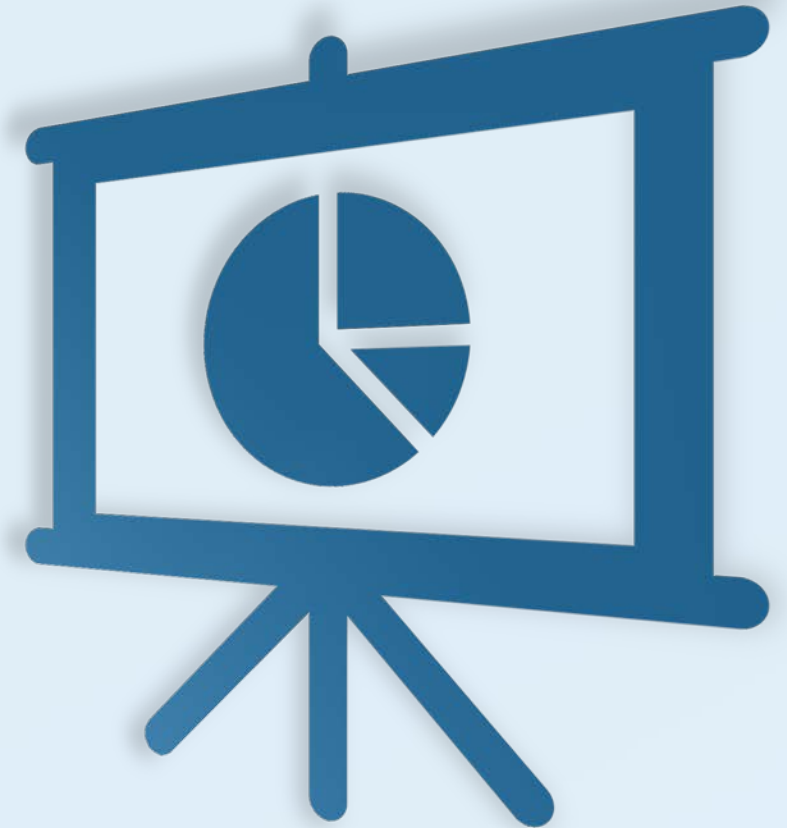
- **CGS Section 19a-111g:** Pediatric lead testing and risk assessment. Exemption.
- **CGS Section 19a-110:** Reporting of Lead Poisoning. Parental Notification. Availability of information regarding lead Poisoning



Continuation of DPH Statutory Walkthrough

Recap via Statutory Chart:

- **CGS Section 19a-111:** Investigation. Preventive Measures. Relocation of families. Reports. Regulations.
 - Overview & Discussion
- **CGS Section 10-206:** Health Assessments.
 - Overview & Discussion



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 \geq 15 mcg/dL
 - Year 2024 -- BLL \geq 10 mcg/dL
 - Year 2025 + -- BLL \geq 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.

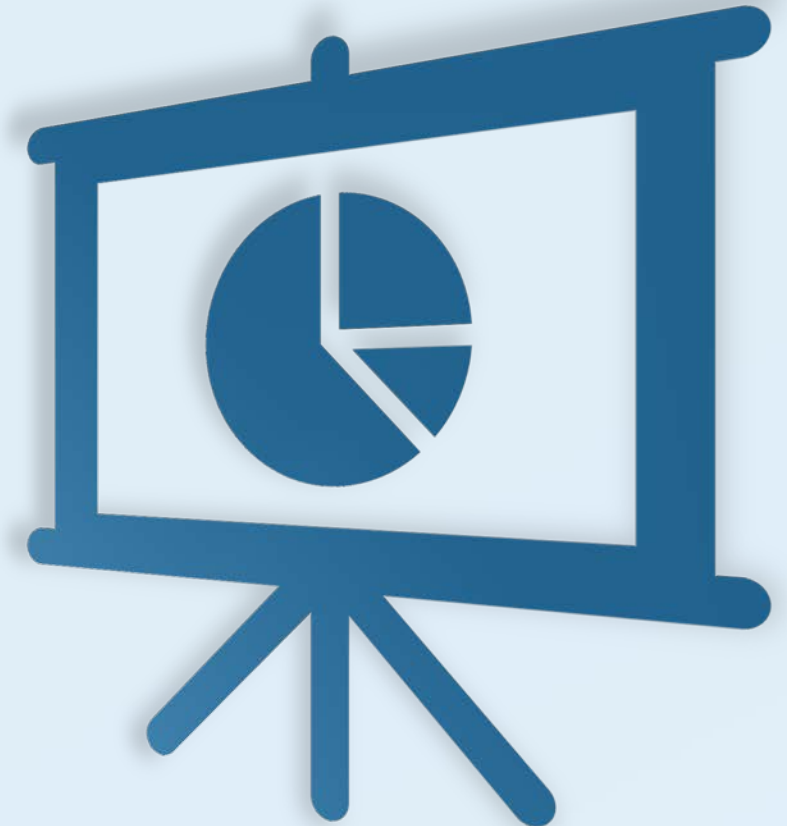
Homework Chart 2 - Group Discussion

Facilitated by Lori Mathieu & Dan Aubin



Other State Statutory Comparison Presentation & Discussion

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Public Comment

15 minutes set aside to accept and listen to Public Comment
Public can 'raise their hand' on TEAMS to acknowledge your comment.

Professional language is required.

Mic's can be disabled; harmful language may result in removal.

3 minutes per person

Written comments are accepted – send to DPH Lead working group email in-box: DPHLeadWorkingGroup@ct.gov

Next Meeting

Lead Working Group Public Act 22-49

Meeting 8 is Wednesday,
November 23rd.

8:00 AM - 9:30 AM

