

2007 Press Conference at the Capitol by the Speaker of the House Rep. James Amann

New Historic - Lead Prevention and Universal Blood Lead Screening Legislation

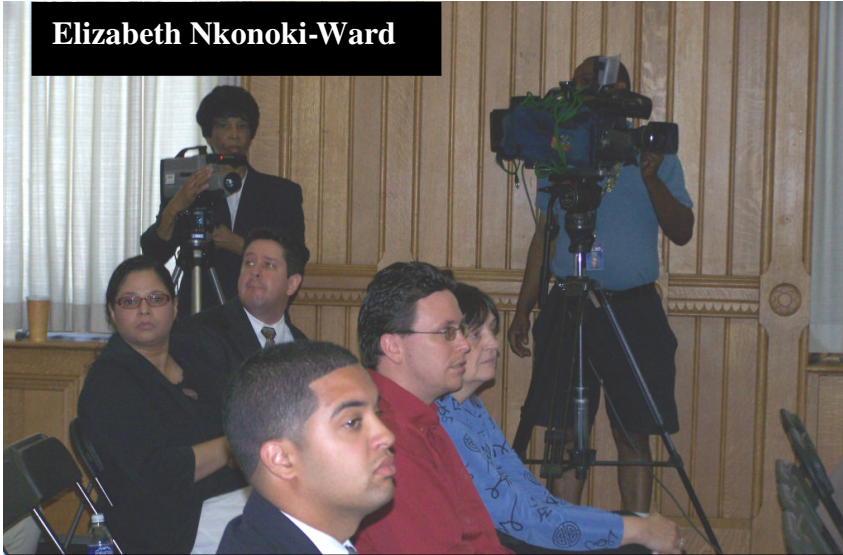
May 31, 2007

- 1) Photo Collection of the 2007 Historic Press Conference at the State Capitol, sponsored by the Speaker of the House, Representative James Amann.
- 2) December 8, 2008 Memorandum for Statewide Implementation of Connecticut's New Historic Lead Legislation entitled **Public Act 07-2 "An Act Concerning the Prevention of Childhood Lead Poisoning"**
- 3) **CT Department of Public Health's (DPH) Lead Case Response and Investigation Document** (*Educational materials from the "Birth to Three System" were included in CT DPH's packet materials for the parents of 0 to 2 year olds.*)
- 4) **Birth to Three System Document: "Babies have a Lot to Learn"**
- 5) **Letter to Connecticut Pediatricians from Department of Health Commissioner, Dr. Robert Galvin**
- 6) **"Public Act 07-2" Relevant Statutory Changes**
- 7) **Requirements and Guidance for Childhood Lead Screening by Health Care Professionals in Connecticut**
- 8) **2002 – 2007 Data Results for Children under 6 years old with elevated blood lead levels.**

****Between 2002 and 2007, there were 8018 reported incidences of Connecticut children with elevated blood lead levels equal to or greater than 10 micrograms per deciliter of blood (ug / dL) based on a screening rate of 25% to 26.7%.***

**2007 Press Conference at the Capitol on Historic Legislation
Sponsored by Rep. James Amann, Speaker of the House
May 31, 2007**

Elizabeth Nkonoki-Ward



**(Left Front) Michael Knight Zayas, N.B.H.S. Teacher and
(C) Christopher Prokof – Yale Regional Lead Program**



**Thomas Menditto, Science and Technology Coordinator, NBHS
Students, Michael Knight Zayas, NBHS teacher and
Dr. Vivian Cross, H.E.L.P. State and National Facilitator**



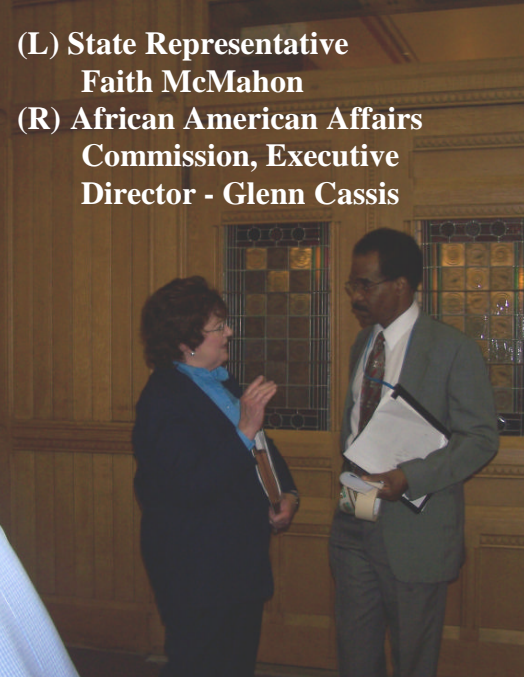
**Dr. Dennis McBride, Senator Gayle Slossberg, Senator
Edward Meyer and Speaker of the House James Amann**



**(L to R) Senator Gayle Slossberg, Dr. Vivian Cross, Director of the
Foundation for Educational Advancement, Inc., Pat Baker,
President of the CT Health Foundation and Dr. Dennis McBride,
Director of Public Health in Milford, CT. Health in Milford, CT.**

Speaker of the House's 2007 Press Conference on Lead Poisoning Prevention and Universal Blood Lead Screening Continued

(L) State Representative Faith McMahon
(R) African American Affairs Commission, Executive Director - Glenn Cassis



New Britain High School H.E.L.P. Students with Speaker James Amann



(L to R) Senator Gayle Slossberg, Senator Ed Meyer and Speaker of the House, James Amann



(Left) State Representative Faith McMahon and (Right) Dr. Lisa Minello
Hartford Regional Lead Treatment Program



Statewide Media / Press Coverage



Dr. Vivian Cross, Executive Director of the FEA and H.E.L.P Coordinator with New Britain



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH ENVIRONMENTAL
HEALTH SECTION

TO: Directors of Health
Chief Sanitarians
Lead Program Coordinators

FROM: Alan J. Buzzetti, Supervising Environmental Analyst
Lead Poisoning Prevention and Control Program

SUBJECT: Public Act 07-2 *"An Act Concerning the Prevention of Childhood Lead Poisoning"*

DATE: December 8, 2008

This letter is a reminder concerning how you will be impacted by 2007 Lead Legislation and new requirements that take effect on January 1, 2009. Enclosed are a copy of the legislation and a summary of the changes. Effective dates of the various sections of the legislation are listed and a brief section-by section description of the changes is provided.

In addition to the summary of changes we have also enclosed Version 8.2 of the *"Principle CT General Statutes Related to Lead Poisoning"* which is an updated compilation of the major lead-related statutes that includes codified changes as enacted in the 2007 Legislation that take effect on January 1, 2009.

Among the changes that will take effect on January 1, 2009 are the following:

1. CGS §19a-1 1 1g (Sec. 48 of the Legislation): Primary Care Providers and Blood Lead Screening of Children: Requires primary care providers (1) to conduct annual blood lead screening of every child age 9 months through 35 months and (2) to conduct blood lead screening of any child age 36 through 72 months who has not been previously screened or if clinically indicated as determined by the provider in accordance with established recommendations for childhood lead screening in Connecticut. Additionally, primary care providers are to conduct a medical risk assessment of each child age 36 through 71 months in accordance with the established recommendations.
2. CGS §19a-1 10(d) (Sec. 50 of the Legislation): Inspections by Local Health Departments at Lower Blood Lead Levels: Amends Subsection (d) of CGS Section 19a-1 10 and requires that local health departments conduct inspections to identify sources of lead exposure for children with confirmed blood lead levels that are greater than or equal to 15 micrograms per deciliter but less than 20 micrograms per deciliter in 2 tests taken 3 or more months apart. The local director of health is to order remediation of any sources of lead exposure that are identified during these inspections.



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Also, the director of health is to include information on Birth to Three Services in the standard package of information that is provided to parents and guardians of children who have been identified with blood lead levels greater than or equal to 10 micrograms per deciliter. The Birth to Three document can be found on the LPPCP webpage under the heading "*Laws and Regulations*" at:

http://www.ct.gov/dph/cwp/view.asp?a=3140&q=387550&dphNav_GID=1828&dphPNavCtr=#47067

The Lead Poisoning Prevention and Control Program (LPPCP) is in the process of having this document translated into Spanish. Once the Spanish document is finalized, the LPPCP will mail copies of both the English and Spanish documents to all Local Health Departments and both versions will be posted at the aforementioned link.

The Department, the CT Association of Directors of Health, and the CT Environmental Health Association had on-going discussions and meetings throughout the legislative and implementation process. In the near future funding will be provided to local health departments to assist in implementation of these new requirements.

These changes will be reviewed during upcoming Lead Inspector and Lead Inspector Risk Assessor refresher training courses that are offered to Code Enforcement Officials by the Department.

Please contact LPPCP staff at (860) 509-7299 if you have any specific questions with regard to these changes.

cc: Suzanne Blancaflor, Chief; Environmental Health Section
Ellen Blaschinski, Chief, Regulatory Services Branch
Jennifer Kertanis, Executive Director; CT Association of Directors of Health
Cameron Walden, President; CT Environmental Health Associatio

Lead Case Response and Investigation

Blood Lead Level (µg/dL)

Child's Age	Greater than or equal to 10µg/dL *	Greater than or equal to 15µg/dL - less than 20µg/dL (test results 3 or more months apart)	Greater than or equal to 20µg/dL
0-5	Send Letter/Packet including "Birth to Three" material	<ol style="list-style-type: none"> 1. Send Letter/Packet including "Birth to Three" material 2. Conduct Comprehensive Lead Insp. (if pre-1978 vintage) 3. Send Lead Abatement Order 	<ol style="list-style-type: none"> 1. Send Letter/Packet including "Birth to Three" material 2. Conduct Epidemiological Investigation 3. Conduct Comprehensive Lead Insp. (if pre-1978 vintage) 4. Send Lead Abatement Order
6-15	Send Letter/Packet including "Birth to Three" material 0A	<ol style="list-style-type: none"> 1. Send Letter/Packet including "Birth to Three" material 2. Conduct Lead Risk Assessment or Comprehensive Lead Insp. (if pre-1978 vintage) 3. Send Lead Abatement or Lead Hazard Remediation Order <p>(If child under 6 in residence send Lead Abatement Order)</p>	<ol style="list-style-type: none"> 1. Send Letter/Packet including "Birth to Three" material 2. Conduct Epidemiological Investigation 3. Conduct Lead Risk Assessment or Comprehensive Lead Insp. (if pre-1978 vintage) 4. Send Lead Abatement Order or Lead Hazard Remediation Order <p>(If child under 6 in residence send Lead Abatement Order)</p>

*Send letter /packet including "Birth to Three" material on all lead screenings and confirmed venous blood lead reports of greater than or equal to 10µg/dL



Dear Parent or Guardian:

From birth to age three, babies have a LOT to learn. Helping your child to be healthy and ready to learn is an important part of your job as a parent or guardian. Giving your child good foods, keeping your child active, sharing books and music, cuddling, and playing games are all ways that you can help your child learn and grow.

High levels of lead in the blood can hurt a child's ability to learn. Your child has a blood lead level that can damage your child's brain and affect your child's later success in school. You need to take steps to make your child safe and healthy:

- **Find the sources of lead** that entered your child's blood. These sources might be:
 - o Lead paint in your home
 - o Lead in toys
 - o Lead in the dirt outside your home or your child's daycare,
 - o Lead in some health supplements (even those labeled "organic") other than those that a medical provider prescribes
 - o Lead in pipes supplying water used for drinking or cooking
 - o Lead in your workplace that you might accidentally bring homeOnce you've found a source learn how to **get rid of It!**
- **Encourage your child to eat foods that may lower the amount of lead your child's body takes in.**
 - o Give your child foods that contain **calcium**. These foods include milk, cheese, yogurt, broccoli, sardines, and canned salmon.
 - o Give your child foods that contain **iron**. These foods include lean red meat, chicken, turkey, sardines, and tuna.
 - o Foods with **vitamin C** (such as oranges, strawberries, green peppers, and potatoes) help your child absorb iron.
- **Watch to see how your child is learning.**
 - o Does your child do many of the things expected for his or her age, or is your child missing some important skills (see enclosed "*Your Baby Deserves a Good start in Life!!*")? Talk with your child's doctor, read a good child development book, or go online to learn what things children are expected to do at each age.
 - o If you think your child is *not* developing and learning new skills like other children the same age, call the Child Development Infoline at 1-800-505-7000 and talk with them about your concerns.
 - o If your child is younger than three years old and is not developing well, you may request a free developmental evaluation from the Connecticut Birth to Three System.
 - o Help Me Grow is another program that can help you find community supports and monitor your child's development through age five.
 - o If your child is in school, talk with your local school district for an evaluation.

For more information on lead, talk with your child's doctor or go to www.ct.gov/dph For more information on the Birth to Three System, go to www.birth23.org

For more information on child development, call the Child Development Infoline at 1-800-505-7000

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



J. Robert Galvin, M.D., M.P.H., M.B.A.
Commissioner

M. Jodi Rell
Governor

December 1, 2008 Dear Doctor,

On June 26, 2007, Governor Rell signed Public Act 07-2, which will require mandatory universal blood lead screening of children (see attachment). Beginning January 1, 2009, medical Primary Care Providers (PCPs) will be required to perform annual blood lead screening of all children:

- less than 3 years of age, or
between the ages of 36 and 72 months who have not been previously screened, or when clinically indicated.

PCPs will also be required to conduct a medical risk assessment of each child age 36 months through 71 months of age. This will consist of screening questions. A questionnaire is attached to this letter (see attachm.ent).

The newly enacted legislation also requires that local health departments conduct on-site inspections when a child is identified with a confirmed blood lead level $>15 \text{ g/tU}$, to $<20 \text{ } \mu\text{g/dL}$ in two samples collected 3 or more months apart. In association with this new requirement, the *Reportable Disease Confidential Case Report Form (PD-23)* (previously used by providers to report confirmed cases of lead poisoning $>20 \text{ } \mu\text{g/dL}$ in children to local health departments) will be revised by January 2009 to reflect the change. Should your office need additional PD-23 forms please call (860) 509-7994.

Since the CT Department of Public Health (DPH) Laboratory does not participate in third party billing, it is strongly suggested that physicians who have patients with insurance coverage continue to have their blood lead samples processed as usual, i.e., through commercial laboratories. Commercial laboratories are also being advised of changes in law and should be prepared to provide analytical services.

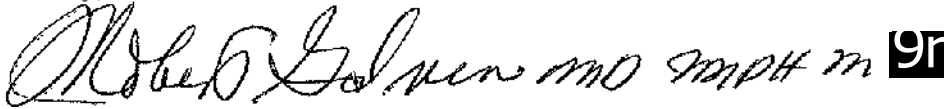
Additionally, the DPH Lead Poisoning Prevention and Control Program (LPPCP) has developed an educational in-service training for medical care providers and/or their staff. Topics that are reviewed include information about lead hazards, lead poisoning, related health effects of exposure to lead, the Centers for Disease Control and Prevention protocols and guidelines for lead screening and confinatory sampling, and the lead laws and regulations including the new 2007 Legislative changes. There is no fee for this in-service training.



Lead poisoning is a completely preventable disease. The impairment that it may cause is irreversible. Every year, approximately 310,000 children in the United States are poisoned by lead. In 2006, 1,082 Connecticut children under the age of 6 were found to have elevated blood lead levels (>10 tg/dL). Lead harms children's nervous systems and is associated with reduced IQ, behavioral problems, and learning disabilities. In large doses, it can cause coma, convulsions and death.

Please share this valuable information with all appropriate personnel in your practice. For further information regarding the new statutes or the in-service training please contact the LPPCP at (860) 509-7299.

Respectfully,

Handwritten signature of J. Robert Galvin, M.D., M.P.H., M.B.A. The signature is written in black ink and includes the text "J. Robert Galvin M.D. M.P.H. M.B.A." followed by a small, dark square logo containing the letters "JR".

J. Robert Galvin, M.D., M.P.H., M.B.A.
Commissioner

JRG/kg

Public Act 07-2
Relevant Statutory Changes

Sec. 19a-111g. Pediatric screening and risk assessment for lead poisoning. Duties of primary care provider. Exemption.

(a) Each primary care provider giving pediatric care in this state, excluding a hospital emergency department and its staff: (1) Shall conduct lead screening at least annually for each child nine to thirty-five months of age, inclusive, in accordance with the Childhood Lead Poisoning Prevention Screening Advisory Committee Recommendations for Childhood Lead Screening in Connecticut; (2) shall conduct lead screening for any child thirty-six to seventy-two months of age, inclusive, who has not been previously screened 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) shall conduct a medical risk assessment at least annually for each child thirty-six to seventy-one months of age, inclusive, in accordance with the Childhood Lead Poisoning Prevention Screening Advisory Committee Recommendations for Childhood Lead Screening in Connecticut; (4) 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.

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

Sec. 19a-110. (Formerly Sec. 19-65e). Report of lead poisoning. Availability of information regarding lead poisoning.

(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 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 or borough 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 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 report to the commissioner or to the director of health. The commissioner, after consultation with the Chief Information Officer of the Department of Information Technology, shall determine the method and format of transmission of data contained in said report.



Requirements and Guidance for Childhood Lead Screening by Health Care Professionals in Connecticut

Lead Poisoning Prevention and Control Program

August 1, 2001¹

Revised January 2007 Revised December 2008

The goal of lead screening is to identify children who have been exposed to lead, provide appropriate interventions, and reduce the risk of exposure.

A. Anticipatory Guidance and Lead Hazard Reduction Education

- Anticipatory guidance regarding lead hazard identification and risk reduction measures should be a routine part of an ongoing educational approach for pregnant women, children and their families.
- Family education and anticipatory guidance should be offered with awareness of, and respect for, the cultural determinants of health behaviors and attitudes in the family and community.
- Family education that takes place during a visit should be supplemented with written materials in the family's primary language at an appropriate reading level.

B. Universal Blood Lead Screening

- At well-child visits, at age 12 months and again at age 24 months, health care providers are required to screen all children using a blood lead test for elevated blood lead levels.
- Any child between 25-72 months of age, who has not previously been screened, shall also have a blood lead screen performed immediately, regardless of risk.
- Additional blood lead screening is indicated for any child < 72 months of age, with developmental delays, especially if associated with pica.
- Furthermore, all children 6-72 months of age in HUSKY Part A Medicaid must be assessed for risk, and at a minimum, screened at 12 months and 24 months of age per federal requirements.

Blood lead testing shall also be considered for any child regardless of age, with:

- Unexplained seizures, neurologic symptoms, hyperactivity, behavior disorders, growth failure, abdominal pain, or other symptoms consistent with lead poisoning or associated with lead exposure;
- Recent history of ingesting, or an atypical behavior pattern of inserting, any foreign object (even if the foreign object is unleaded) into a body orifice.

C. Risk Assessment

- In addition to screening children at the recommended time intervals, health care providers shall assess children 6 months to 72 months of age for risk of lead exposure using risk assessment questions - see reference A on reverse for suggested risk assessment questions.

D. Diagnostic Testing and Follow-up

- If a screening blood lead level is elevated (equal to or greater than 10 µg/dL), confirm with a diagnostic (venous) blood lead test with reference to CDC guidelines - see Reference B on reverse.
- Children with an elevated diagnostic blood lead test require additional follow-up blood testing at appropriate intervals, CDC guidelines - see Reference B on reverse.
- Providers can contact one of Connecticut's Regional Lead Treatment Centers for guidance and assistance with clinical management of a lead poisoned child.

The following can be contacted for more information: tment
State of CT Depar of Public Health Lead Poisoning Prevention & Control Programm (860-509-7299),
Hartford Regional Lead Treatment Center, (860-714-4792),
Yale-New Haven Regional Lead Treatment Center, (203-764-9106)

Reference: A

At each routine well-child visit, health care providers shall assess children 6 months to 72 months of age for risk of lead exposure. The parent/guardian should be asked the following questions:

Risk Assessment Questions

1. Does your child live in or regularly visit a house that was built before 1960? Ask about day care center, preschool, the home of a baby sitter or a relative, recent move, etc.
2. Does your child live in or regularly visit a house built before 1978 with recent, ongoing, or planned renovation or remodeling?
3. Does your child have a history of an elevated blood lead level?
4. Does your child have a brother or sister, housemate, or playmate being followed or treated for lead poisoning?
5. Does your child frequently come in contact with an adult whose job or hobby involves exposure to lead (e.g., construction, welding, automotive repair shop, other trades practiced in your community, stained glass making; using lead solder, artist paints or ceramic glazes; etc.)?
6. Does your child live near an active lead smelter, battery recycling plant, or other industry likely to release lead?
7. Does your child live near a heavily traveled major highway where soil and dust may be contaminated with lead?
8. Has your child been given any home remedies? Home remedies containing lead include, but are not limited to: azarcon (also known as rueda, coral, Maria Luisa, alarcon, liga); albayalde; greta; pay-loo-ah; ghasard; bala goli; kandu; kohl; litargirio; bebetina; chyawan prash.

Ask any additional questions that may be specific to situations that exist in a particular community (e.g. operating or abandoned industrial sources; waste disposal sites; drinking water; has your child ever lived outside the U.S.; does your family use pottery for cooking, eating or drinking; etc.?).

If the answer to any of the above questions is YES, then the child is considered to be at risk and shall be screened with a blood lead test.

Reference: B

Timetable for Confirming Capillary (Screening) Blood Lead Results with a Venous Blood Lead Test*

If result of screening test (µg/dl) is	Perform Venous Blood test within:
10-19	3 months
20-44	1 month-1 week*
45-59	48 hours
60-69	24 hours
> 70	Immediately

*The higher the BLL on the screening test, the more urgent the need for confirmatory testing.

Schedule for Follow-up Venous Blood Lead Testing for Children with an Elevated Blood Lead Level^a

Blood Lead Level (µg/dl)	Early follow-up (1 st 2-4 tests after identification) test within:	Late follow-up (after BLL begins to decline) test within:
10-14	3 months ^b	6 - 9 months
15-19	1 - 3 months ^b	3 - 6 months
20-24	1 - 3 months ^b	1 - 3 months
25-44	2 weeks - 1 month	1 month
> 45	As soon as possible	Chelation and follow-up

^aSeasonal variations of BLLs exists and may be more apparent in colder climates. Greater exposure in the summer months may necessitate more frequent follow ups.

^bSome case managers or PCPs may choose to repeat blood lead tests on all new patients within a month to ensure that their BLL is not rising more quickly than anticipated.

Clinical Management > 20 µg/dl*

Follow the above schedule until the following conditions are met:

- 1) Two tests where BLL remained <15 µg/dl for at least 6 months, and
- 2) Lead hazards have been removed, and
- 3) No new exposures.

When conditions are met:

• Children should be tested according to schedule above until BLL is below CDC's level of concern (<10µg/dl).

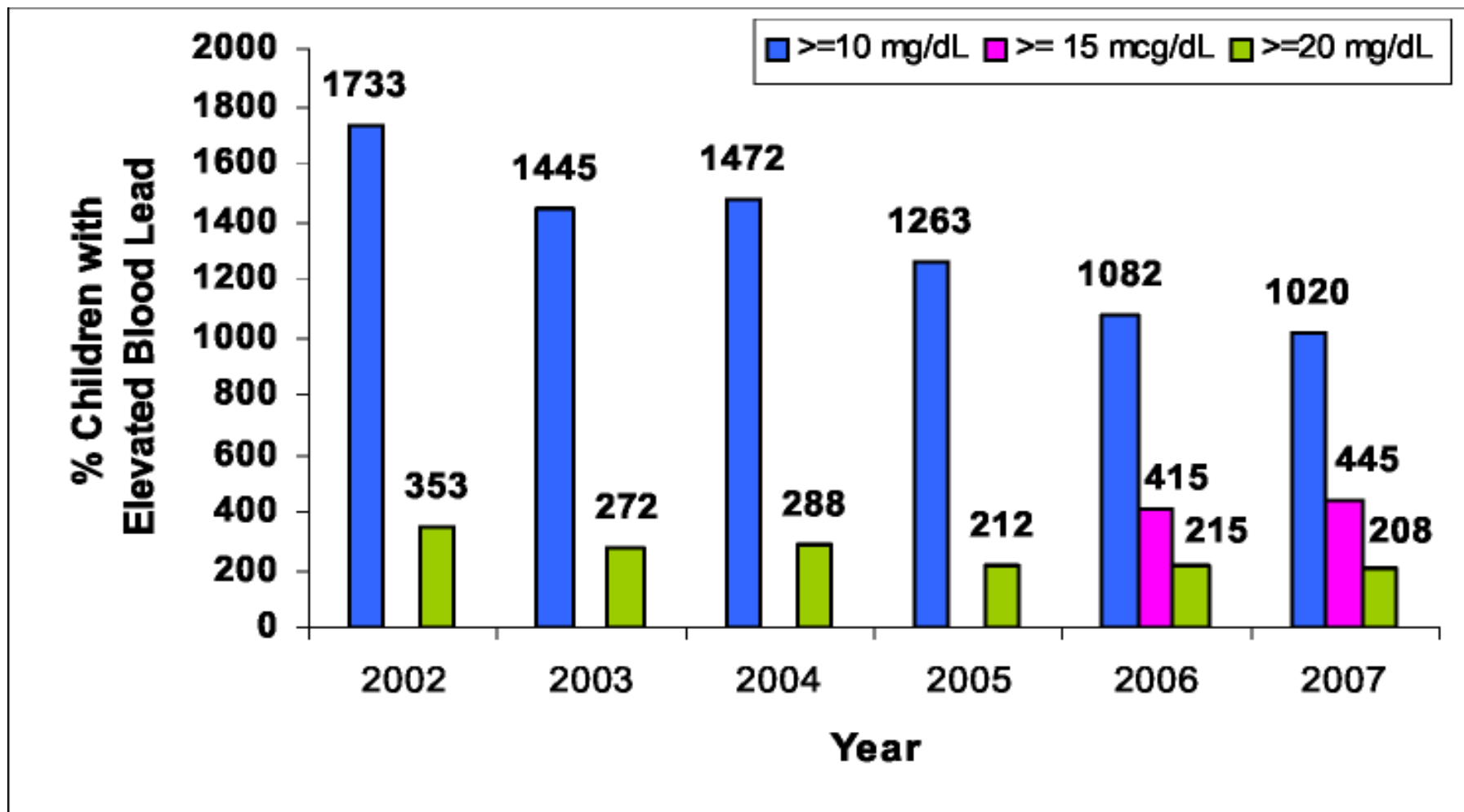
Consultation and supportive services are available by contacting:

Yale-New Haven Regional Lead Treatment Center (203) 764-9106 susan.jordan@yale.edu
Hartford Regional Lead Treatment Center (860) 714-4792 ssarvav@stfranciscare.com

Sources: Centers for Disease Control and Prevention. Managing Elevated Blood Lead Levels Among Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention. Atlanta: CDC; 2002. http://www.cdc.gov/nceh/lead/CaseManagement/caseManage_chap_1.htm

Centers for Disease Control and Prevention. Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials. Atlanta: CDC, 1997. <http://www.cdc.gov/nceh/lead/guide/guide97.htm>

Number of children under 6 years of age with elevated blood lead, by calendar year and by blood lead levels – Connecticut 2002-2007



Between 2002 and 2007, there were 8018 reported incidences of children under the age of six with elevated blood lead levels equal to or greater than 10 micrograms per deciliter of blood. These results were based on a blood lead screening rate in the range of 25% to 26.7% for CT children who received blood lead screening.