

26: 2-130 et al

LEGISLATIVE HISTORY CHECKLIST

NJSA: 26:2-130 et al

(Lead poisoning--test
certain pre-school children)

LAWS OF: 1985

CHAPTER: 84

Bill No: S1504

Sponsor(s): Graves and Van Wagner

Date Introduced: April 30, 1984

Committee: **Assembly:** Institutions, Health and Welfare; Corrections,
Health and Human Services

Senate: Institutions, Health and Welfare

Amended during passage: Yes Substituted for A1048 (Sponsor
Statement attached). Amendments
during passage denoted by asterisks.

Date of Passage: **Assembly:** Febuary 14, 1985

Senate: June 28, 1984

Date of Approval: March 25, 1985

Following statements are attached if available:

Sponsor statement: Yes

Committee statement: **Assembly** Yes 10-22-84 & 2-4-85

Senate Yes

Fiscal Note: No

Veto Message: No

Message on Signing: Yes

Following were printed:

Reports: No

Hearings: No

Veto to A3474 (1982-1983 Legislative session), mentioned in sponsors' statement--attached.

See clipping file in New Jersey Reference Department, "New Jersey--Lead poisoning--1981--".

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SENATE, No. 1504

STATE OF NEW JERSEY

INTRODUCED APRIL 30, 1984

By Senators GRAVES and VAN WAGNER

Referred to Committee on Institutions, Health and Welfare

AN ACT to mandate testing of certain children ***[over]*** one ***[and up to]*** *through* five years of age for lead poisoning, supplementing Title 26 of the Revised Statutes, repealing section 12 of P. L. 1971, c. 366 and making an appropriation.

1 BE IT ENACTED *by the Senate and General Assembly of the State*
2 *of New Jersey:*

1 1. The Legislature finds and declares that:

2 a. Exposure to lead and lead poisoning leads to morbidity,
3 mortality, mental retardation, and learning disability in young
4 children, the monetary and social costs of which far exceed the
5 costs of monitoring and preventing lead poisoning.

6 b. The New Jersey Department of Health estimates that 44 of
7 every ***[100]*** *1000* children are at risk of lead poisoning and
8 that the rate of lead poisoning among children at risk now exceeds
9 the rate of paralytic polio at the height of the epidemic of the
10 1950's; however, the department has the resources to test and
11 follow-up on only 16% of the 220,000 children it estimates are at
12 risk of lead poisoning.

13 c. Very few health departments have the resources to comply
14 fully with the minimum standards of performance ***[prescribed**
15 **in]*** *for local boards of health and* Chapter XIII of the State
16 Sanitary Code concerning control of lead poisoning in children
17 due to the costs of the required testing, follow-up and abatement.

1 2. As used in this act:

2 a. "Child" means a person ***[over]*** one ***[and up to]*** *through*
2A five years of age;

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter printed in italics thus is new matter.

Matter enclosed in asterisks or stars has been adopted as follows:

***—Senate committee amendments adopted June 18, 1984.**

- 3 b. "Commissioner" means the Commissioner of Health;
 4 c. "Department" means the Department of Health;
 5 d. "Lead poisoning" means a concentration of lead as defined in
 6 Chapter XIII of the State Sanitary Code established pursuant to
 7 section 7 of P. L. 1947, c. 177 (C. 26:1A-7).

1 3. The department, within the limits of funds appropriated for
 2 this purpose, has the responsibility for the development, imple-
 3 mentation and coordination of a program to control ***[and abate]***
 4 lead poisoning **and abate identified lead hazards** by:

5 a. Identifying areas where there is a high risk of the presence
 6 of lead paint in a dwelling;

7 b. Establishing testing procedures for the detection of the pres-
 8 ence of lead in persons and dwellings; and

9 c. Stimulating professional and public education concerning the
 10 need to test, detect ***[,]*** **and** control ***[and abate]*** lead poison-
 11 ing **and to abate identified lead hazards**.

1 4. a. Within the limits of funds appropriated pursuant to this
 2 act, every child determined to be at high risk of lead poisoning
 3 according to criteria established by the Department of Health
 4 shall be tested for lead poisoning. The department shall adopt
 5 regulations for the testing pursuant to the "Administrative Pro-
 6 cedure Act," P. L. 1968, c. 410 (C. 52:14B-1 et seq.), which are
 7 consistent with accepted public health practice and specify the
 8 periodicity for, and methods of testing and follow-up for lead
 9 poisoning.

10 b. The commissioner may require that testing for lead poisoning
 11 take place through institutions, agencies, and programs that serve
 12 children, including but not limited to municipal and county health
 13 departments, hospitals, clinics, physicians' offices, special supple-
 14 mental food programs for women, infants and children, early and
 15 periodic screening, diagnostic and treatment services, day-care
 16 centers, Head Start programs and preschools.

17 c. The institution, agency or program which conducts the testing
 18 shall notify, in writing, parents or guardians of children who have
 19 been tested as to the results of the testing with an explanation in
 20 plain language of the significance of lead poisoning, the importance
 21 of treating it at an early age, and the public services available for
 22 treatment.

23 d. The commissioner may exempt a child from the lead poisoning
 24 testing provisions of this act if the parent or guardian of the
 25 child objects to the testing in writing on the grounds that the
 26 testing conflicts with his religious tenets or practices.

1 5. Within six months of the effective date of this act, the com-
 2 missioner shall prepare a comprehensive plan to control lead

3 poisoning in the State. The commissioner shall submit the plan
4 to the Governor and the Legislature.

1 6. The commissioner shall issue an annual report to the Governor
2 and the Legislature by October 1 of each year. The report shall
3 include a summary of the lead poisoning testing and abatement
4 program activities in the State during the preceding fiscal year
5 and any recommendations or suggestions for legislative con-
6 sideration.

1 7. The department may set aside up to 10% of the funds appro-
2 priated pursuant to this act for the purpose of providing loans to
3 local boards of health to abate lead paint nuisances pursuant to
4 section 9 of P. L. 1971, c. 366 (C. 24:14A-9). The department shall
5 establish criteria for making the loans and procedures for repay-
6 ment of the loans to the department.

1 8. The commissioner shall, pursuant to the provisions of the
2 "Administrative Procedure Act," P. L. 1968, c. 410 (C. 52:14B-1
3 et seq.), adopt regulations necessary to effectuate the provisions
4 of this act.

1 9. There is appropriated to the Department of Health from the
2 General Fund \$500,000.00 to carry out the provisions of this act.

1 10. Section 12 of P. L. 1971, c. 366 (C. 24:14A-12) is repealed.

1 11. This act shall take effect immediately.

1 6. The commissioner shall issue an annual report to the Governor
 2 and the Legislature by October 1 of each year. The report shall
 3 include a summary of the lead poisoning testing and abatement
 4 program activities in the State during the preceding fiscal year
 5 and any recommendations or suggestions for legislative con-
 6 sideration.

1 7. The department may set aside up to 10% of the funds appro-
 2 priated pursuant to this act for the purpose of providing loans to
 3 local boards of health to abate lead paint nuisances pursuant to
 4 section 9 of P. L. 1971, c. 366 (C. 24:14A-9). The department shall
 5 establish criteria for making the loans and procedures for repay-
 6 ment of the loans to the department.

1 8. The commissioner shall, pursuant to the provisions of the
 2 "Administrative Procedure Act," P. L. 1968, c. 410 (C. 52:14B-1
 3 et seq.), adopt regulations necessary to effectuate the provisions
 4 of this act.

1 9. There is appropriated to the Department of Health from the
 2 General Fund \$500,000.00 to carry out the provisions of this act.

1 10. Section 12 of P. L. 1971, c. 366 (C. 24:14A-12) is repealed.

1 11. This act shall take effect immediately.

STATEMENT

The bill requires the Department of Health to establish a program to control lead poisoning and to set up testing procedures for the detection of lead in children over one and up to five years of age who are considered to be at risk of lead poisoning.

The testing may be conducted by various agencies that serve children as required by the commissioner, including municipal and county health departments, hospitals, clinics, physicians' offices, special health programs, day-care centers and preschools. The testing agency is required to advise parents of each child who is tested of the results of the testing and their significance. The bill also requires the commissioner to develop a comprehensive plan concerning the control of lead poisoning and to report to the Governor and the Legislature annually about implementation of the lead poisoning control program.

The bill authorizes the commissioner to make loans to local boards of health to assist in the abatement of lead poisoning nuisances. The commissioner is directed to establish criteria for making the loans and procedures for repayment of the loans. The bill specifies that no more than 10% of the funds appropriated

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pursuant to this act shall be used for the abatement loans. The sum of \$500,000.00 is appropriated to the Department of Health from the General Fund to carry out the provisions of this bill.

Finally, the bill repeals section 12 of P. L. 1971, c. 366 (C. 24:14A-12) and replaces that section with a new section 3 whose provisions are similar to the repealed section but will be compiled in Title 26 of the Revised Statutes along with the other sections of this act concerning the lead poisoning program.

This bill is similar to Assembly Bill No. 3474 of 1983 which passed both houses of the Legislature but was vetoed by the Governor after the end of the 1982-83 session. The changes made in this bill address the Governor's concerns and recommendations as presented in his veto message to Assembly Bill No. 3474.

ASSEMBLY, No. 1048

STATE OF NEW JERSEY

INTRODUCED FEBRUARY 23, 1984

By Assemblymen ZECKER, VILLANE, PALAIA, KOSCO, SCHUBER, GILL, FRANKS, HENDRICKSON, MUZLANI, LOVEYS, VISOTCKY, GIRGENTI and PELLECCIA

AN ACT to mandate testing of certain children over one and up to five years of age for lead poisoning, supplementing Title 26 of the Revised Statutes, repealing section 12 of P. L. 1971, c. 366 and making an appropriation.

1 BE IT ENACTED *by the Senate and General Assembly of the State*
2 *of New Jersey:*

1 1. The Legislature finds and declares that:

2 a. Exposure to lead and lead poisoning leads to morbidity,
3 mortality, mental retardation, and learning disability in young
4 children, the monetary and social costs of which far exceed the
5 costs of monitoring and preventing lead poisoning.

6 b. The New Jersey Department of Health estimates that 34 of
7 every 1,000 children are at risk of lead poisoning and that the rate
8 of lead poisoning among children at risk now exceeds the rate of
9 paralytic polio at the height of the epidemic of the 1950's; how-
10 ever, the department has the resources to test and follow-up on
11 only 13% of the 22,000 children whom it estimates are at risk of
12 lead poisoning.

13 c. Very few municipal health departments have the resources
14 to comply fully with the minimum standards of performance pre-
15 scribed in chapter XIII of the State Sanitary Code concerning
16 control of lead poisoning in children due to the costs of the re-
17 quired testing, follow-up and abatement.

1 2. As used in this act:

- 2 a. "Child" means a person over one and up to five years of age;
3 b. "Commissioner" means the Commissioner of Health;
4 c. "Department" means the Department of Health;
5 d. "Lead poisoning" means a concentration of lead as defined
6 in chapter XIII of the State Sanitary Code established pursuant
7 to section 7 of P. L. 1947, c. 177 (C. 26:1A-7).

1 3. The department, within the limits of funds appropriated for
2 this purpose, has the responsibility for the development, implemen-
3 tation and coordination of a program to control lead poisoning by
4 promoting research into methods of identifying areas wherein there
5 is a high risk of the presence of lead paint in a dwelling, setting up
6 testing procedures for the detection of the presence of lead in
7 persons and dwellings and stimulating professional and public
8 education concerning the condition of lead poisoning.

1 4. The commissioner shall designate a Director of Lead Poison-
2 ing Control who shall contact agencies, individuals and groups;
3 coordinate testing program services; and maintain the records
4 necessary to carry out the purposes of this act.

1 5. a. Every child determined to be at high risk of lead poisoning
2 according to criteria established by the Department of Health shall
3 be tested for lead poisoning. The department shall adopt regula-
4 tions for the testing pursuant to the "Administrative Procedure
5 Act," P. L. 1968, c. 410 (C. 52:14B-1 et seq.), which are consistent
6 with accepted public health practice and shall specify the periodi-
7 city for, and methods of, testing and follow-up for lead poisoning.

8 b. The testing for lead poisoning shall take place through insti-
9 tutions, agencies, and programs that serve children, including but
10 not limited to municipal and county health departments, hospitals,
11 clinics, physicians' offices, special supplemental food programs for
12 women, infants and children, early and periodic screening, diag-
13 nostic and treatment services, day-care centers, Head Start pro-
14 grams and preschools.

15 c. The testing agency shall notify in writing parents or guardians
16 of children who have been tested as to the results of the testing
17 with an explanation in plain language of the significance of lead
18 poisoning, the importance of treating it at an early age, and the
19 public services available for treatment.

20 d. No physician, nurse, government employee, agency employee,
21 service provider, or other citizen is liable for civil damages as a
22 result of an act or the omission of an act committed while render-
23 ing services in good faith and in accordance with this act.

24 e. The commissioner may exempt a child from the lead poisoning
25 testing provisions of this act if the parent or guardian of the child

26 objects to the testing in writing on the grounds that the testing
27 conflicts with his religious tenets or practices.

1 6. The commissioner shall, pursuant to the provisions of the
2 "Administrative Procedure Act," P. L. 1968, c. 410 (C. 52:14B-1
3 et seq.), adopt regulations necessary to effectuate the provisions
4 of this act.

1 7. There is appropriated to the Department of Health from the
2 General Fund \$500,000.00 to carry out the provisions of this act.

1 8. Section 12 of P. L. 1971, c. 366 (C. 24:14A-12) is repealed.

1 9. This act shall take effect immediately.

STATEMENT

A1048 (1985)

This bill requires the Department of Health to establish a program to control lead poisoning and to set up testing procedures for the detection of lead in children over one and up to five years of age who are considered to be at high risk of lead poisoning.

The testing may be conducted by various agencies that serve children, including municipal and county health departments, hospitals, clinics, physicians' offices, special health programs, day-care centers and preschools. The bill requires that the testing agency advise the parents of each child who is tested of the results of the testing and their significance. The bill grants immunity from civil liability for any one providing services in good faith in accordance with the provisions of this bill. A sum of \$500,000.00 is appropriated to the Department of Health from the General Fund to carry out the provisions of this bill.

This bill is similar to Assembly Bill No. 3474 of 1983 which was vetoed by the Governor after the end of the 1982-83 session. The changes made in this bill address the Governor's concerns and recommendations as presented in his veto message to Assembly Bill No. 3474. This bill repeals section 12 of P. L. 1971, c. 366 (C. 24:14A-12) providing that the State Department of Health has the responsibility for the development, implementation and coordination of a program to control lead poisoning.

ASSEMBLY CORRECTIONS, HEALTH AND
HUMAN SERVICES COMMITTEE

STATEMENT TO

SENATE, No. 1504

[OFFICIAL COPY REPRINT]

STATE OF NEW JERSEY

DATED: OCTOBER 22, 1984

This bill requires the Department of Health to establish a program to control lead poisoning and to set up testing procedures for the detection of lead in children one through five years of age who are considered to be at risk of lead poisoning. The bill appropriates \$500,000.00 to carry out the lead poisoning program.

The bill provides that the commissioner may require the testing for lead poisoning to be conducted by various agencies that serve children, including municipal and county health departments, hospitals, clinics, physicians' offices, special health programs, day-care centers and pre-schools. The testing agency shall advise parents of each child who is tested of the results of the testing and their significance. The bill directs the commissioner to develop a comprehensive plan to control lead poisoning and to report to the Governor and the Legislature on the lead poisoning control program by October 1 of each year.

The bill also authorizes the commissioner to make loans to local boards of health for lead-paint abatement activities, for which purpose he may allocate up to 10 percent of the funds appropriated by this bill.

Finally, the bill repeals section 12 of P. L. 1971, c. 366 (C. 24:14A-12) and replaces it with a new section 3 whose provisions are similar to the repealed section but will be compiled in Title 26 of the Revised Statutes along with the other sections of this bill concerning the lead poisoning program. Section 12 of P. L. 1971, c. 366 authorized the Department of Health to establish a lead poisoning control program including a research component, screening procedures for the detection of lead, and efforts to stimulate professional and public education about lead poisoning.

The bill, which was reported favorably without amendments, is identical to Assembly Bill No. 1048, with Assembly committee amendments (Zecker) which the committee reported at the same time.

ASSEMBLY REVENUE, FINANCE AND APPROPRIATIONS
COMMITTEE

STATEMENT TO
SENATE, No. 1504

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STATE OF NEW JERSEY

DATED: FEBRUARY 4, 1985

PROVISIONS:

Senate Bill No. 1504 (OCR) establishes a lead poisoning control program and formulates the testing procedures for the detection of lead in children between the ages of one to five years. There is an appropriation of \$500,000.00 to the Department of Health to effectuate the provisions of this bill.

BACKGROUND:

The bill is similar to Assembly Bill No. 3474 of 1983 which passed both houses of the Legislature but was vetoed by the Governor at the end of the session. This version of the bill addresses the concerns and recommendations of the Governor in his veto message.

FISCAL IMPACT:

There is appropriated from the General Fund to the Department of Health the amount of \$500,000.00. The department may set aside up to 10% of the appropriation to provide loans to local boards of health for the abatement of lead paint nuisances. The department is to establish the criteria for making the loans and repayment procedures.

The committee reports this bill favorably.

SENATE INSTITUTIONS, HEALTH AND WELFARE
COMMITTEE

STATEMENT TO

SENATE, No. 1504

with Senate committee amendments

STATE OF NEW JERSEY

DATED: JUNE 18, 1984

As amended by committee, this bill requires the Department of Health to establish a program to control lead poisoning and to set up testing procedures for the detection of lead in children one through five years of age who are considered to be at risk of lead poisoning. The bill appropriates \$500,000.00 to carry out the lead poisoning program.

The testing for lead poisoning may be conducted by various agencies that serve children, as required by the commissioner, including municipal and county health departments, hospitals, clinics, physicians' offices, special health programs, day-care centers, and preschools. The testing agency is required to advise parents of each child who is tested of the results of the testing and their significance. The bill also requires the commissioner to develop a comprehensive plan concerning the control of lead poisoning and to report to the Governor and the Legislature annually about implementation of the lead poisoning control program.

The bill also authorizes the commissioner to make loans to local boards of health to assist in the abatement of lead poisoning nuisances. The commissioner is directed to establish criteria for making the loans and procedures for repayment of the loans. The bill specifies that no more than 10% of the funds appropriated pursuant to this act shall be used for the abatement loans.

Finally, the bill repeals section 12 of P. L. 1971, c. 366 (C. 24:14A-12) and replaces that section with a new section 3 whose provisions are similar to the repealed section but will be compiled in Title 26 of the Revised Statutes along with the other sections of this act concerning the lead poisoning program.

This bill is similar to Assembly Bill No. 3474 of 1983 which passed both houses of the Legislature but was vetoed by the Governor after the end of the 1982-83 session. The changes made in this bill address the Governor's concerns and recommendations as presented in his veto message to Assembly Bill No. 3474.

The committee adopted various technical amendments which clarify the sponsor's intent that the program shall serve children one through five years of age, and make other minor changes in the language of the bill.



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OFFICE OF THE GOVERNOR

NEWS RELEASE

CN-001

Contact: CARL GOLDEN
609-292-8956

MAR 25 1985

TRENTON, N.J. 08625

Release: MON., MARCH 25, 1985

185 W. State Street
Trenton, N. J.

Governor Thomas H. Kean has signed legislation under which the Department of Health will establish a lead poisoning control program and set up testing procedures for detecting lead poisoning in young children.

The bill, S-1504, was sponsored by State Senator Frank X. Graves. The identical bill was sponsored in the Assembly by Assemblyman Gerald H. Zecker, R-Passaic.

"Lead poisoning is an insidious risk which is most threatening to young children who live in older housing where lead-based paints may still be present," Kean said. "This bill presents an excellent opportunity for the Health Department to set up a meaningful and effective program to detect this danger."

The bill requires the Health Department to establish a testing program that may be administered by various agencies which serve children ages one through five, including municipal and county health departments, hospitals, clinics, doctors, day-care and preschool centers and other special health programs.

The test consists of a blood sample taken by a finger prick. The sample is then tested for lead content.

The bill also directs the Health Commissioner to devise a lead poisoning control program, and authorizes loans to local boards of health to assist in the abatement of lead poisoning sources.

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STATE OF NEW JERSEY
EXECUTIVE DEPARTMENT

JAN 17 1984

ASSEMBLY BILL NO. 3474 (2nd OCR)

I am filing Assembly Bill No. 3474 (2nd OCR) in the State Library without my approval.

Under the provisions of Article V, Section I, Paragraph 14 of the Constitution, this bill, which was passed within 10 days preceding the expiration of the second legislative year, does not become law because it was not signed prior to noon of the seventh day following such expiration. In this circumstance, there is no provision for a veto, but I deem it to be in the public interest to state my reasons for deciding not to sign this bill.

Assembly Bill No. 3474 (2nd OCR) requires the Department of Health to establish a Statewide program to control lead poisoning and to set up testing procedures for the detection of lead in children over one and up to five years of age. The bill mandates that all such children be tested annually. This testing may be conducted by certain agencies that serve children, including municipal and county health departments, hospitals, clinics, physicians' offices, special health programs, day care centers and preschools. In addition, the bill permits a board of education of a school district to require a certificate that a child has been tested at least once in the preceding year as a prerequisite to attendance at school. The bill also establishes a sixteen member advisory council to consult with and advise the Commissioner of Health and to promote public awareness of the sources, dangers, prevention and treatment of lead poisoning. The bill appropriates to the Department of Health from the General State Fund \$250,000 to carry out the provisions of the act.

The primary sources of lead poisoning in children today are: 1) the eating and ingestion of lead-based paint and plaster dust in older homes in mostly urban areas; 2) the ingestion of polluted lead dust from automobiles; and 3) the ingestion of lead around industries using lead-based products.

My opposition to this bill as written is not because of a lack of concern about the problem, but on the contrary, it comes from a very real concern about the reality of the problem, and a concern about the minority and poor children which according to a federal study have rates of lead poisoning eighteen times higher than the rate in non-poor, non-minority children.

STATE OF NEW JERSEY
EXECUTIVE DEPARTMENT

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Four of the provisions of the bill with which I take issue are as follows:

1. I find no rational basis for requiring Statewide annual testing of each and every child under age five. Although amendatory language in section 3 now allows the Commissioner of Health to concentrate the funds appropriated which are inadequate to identifying areas wherein there is a high risk of lead poisoning, section 5 still requires that "every child who lives in New Jersey shall be tested for lead poisoning in accordance with regulations promulgated by the Commissioner." I fear that this inconsistency within the body of the bill will turn the focus away from our urban areas which have the greatest need for lead poisoning testing, and to the contrary requiring testing of those who do not need it at the expense of the taxpayers on behalf of those who can afford to pay the cost themselves;

2. Section 6 of the bill permits school boards to deny admission to a child who fails to submit a certificate of testing. I see no logic in allowing a school board such discretion when the illness upon which it is based does not threaten the health or well being of other children in the school system. I find this provision to be both arbitrary and unnecessary;

3. Section 7 of the bill establishes a sixteen member advisory council to consult with and advise the Commissioner of Health on the dangers and prevention of lead poisoning. Their currently exists within the Department of Health, the Parental and Child Health Program which has a lead poisoning subdivision currently represented by that program's multi-disciplinary advisory committee. In addition, numerous other councils and commissions have been established to study a myriad of children's issues, one of which is the subject matter of this bill. In light of these already available councils, I feel that the creation of another committee would be a duplication of effort; and

4. Even as amended to delete the testing of five year old children, and the double testing for children less than three years of age, we are still looking at the possible testing of close to 500,000 children annually. Amendatory language permits the Commissioner, "within the funds appropriated," to concentrate on high risk areas. Nonetheless, the bill still mandates the annual testing of each child. Unfortunately, the resources available do not allow for the luxury

STATE OF NEW JERSEY
EXECUTIVE DEPARTMENT

3

program were to be totally funded, it could cost the State a minimum of \$2 million annually (500,000 x \$4 per test in State labs) and a maximum of \$18.5 million annually (500,000 x \$37 per child for follow up, outreach and treatment).

While I fully support the intent of this bill and recognize the need for the continued abatement of lead poisoning, I am concerned that this bill does not sufficiently address my above concerns. Therefore, in light of the great importance of the subject matter involved along with the need to target our resources in this area to the truly needy and the fact that this bill was delivered to me during lame duck session thereby precluding me from amending this proposal to be consistent with my recommendations, I must return this bill without my signature.

Despite my being unable to sign this bill in its present form, I encourage the Legislature to work towards the passage of a lead poisoning program structured to meet my enumerated recommendations.

Accordingly, I must file Assembly Bill No. 3474 (2nd OCR) without my approval.

Respectfully,

/s/ Thomas H. Kean

GOVERNOR