26:2-131

LEGISLATIVE HISTORY CHECKLIST

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LAWS OF: 2017 **CHAPTER:** 7

NJSA: 26:2-131 (Requires DOH regulations regarding elevated blood lead levels in children, and appropriate responses thereto, to be consistent with latest Centers for Disease Control and Prevention recommendations)

BILL NO: S1830 (Substituted for A3411)

SPONSOR(S) Rice and others

DATE INTRODUCED: 3-7-2016

COMMITTEE: **ASSEMBLY:** Health and Senior Services
Appropriations

SENATE: Health, Human Services and Senior Citizens

AMENDED DURING PASSAGE: No

DATE OF PASSAGE: **ASSEMBLY:** 12-19-2016

SENATE: 3-14-2016

DATE OF APPROVAL: 2-6-2017

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL (Original text of bill enacted) Yes

S1830

SPONSOR'S STATEMENT: (Begins on page 6 of introduced bill) Yes

COMMITTEE STATEMENT: **ASSEMBLY**: Yes Health & Senior Services Appropriations

SENATE: Yes

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, ***may possibly*** be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: Yes

A3411

SPONSOR'S STATEMENT: (Begins on page 6 of introduced bill) Yes

COMMITTEE STATEMENT: **ASSEMBLY**: Yes Health & Senior Services Appropriations

SENATE: No

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, ***may possibly*** be found at www.njleg.state.nj.us)

(continued)

FLOOR AMENDMENT STATEMENT: No

LEGISLATIVE FISCAL ESTIMATE: Yes

VETO MESSAGE: No

GOVERNOR'S PRESS RELEASE ON SIGNING: Yes

FOLLOWING WERE PRINTED:

To check for circulating copies, contact New Jersey State Government Publications at the State Library (609) 278-2640 ext.103 or mailto:refdesk@njstatelib.org

REPORTS: No

HEARINGS: No

NEWSPAPER ARTICLES: Yes

"Tougher N.J. law targets kids' lead paint threat," NorthJersey.com, February 6, 2017
"Tougher law targets lead paint threat – Christie signs bill meant to limit kids' exposure," The Record, February 7, 2017"Gov.
"Christie OK's righter lead-screening levels based on CDC recommendations," NJ Spotlight, February 7, 2017
"NJ Getting New Lead Screening Standards," WBGO.org, February 7, 2017
RWH/JA

P.L.2017, CHAPTER 7, ***approved February 6, 2017***
Senate, No. 1830

AN ACT concerning childhood lead poisoning, and amending P.L.1985, c.84, P.L.1995, c.316, and P.L.1995, c.328.

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

1. Section 2 of P.L.1985, c.84 (C.26:2-131) is amended to read as follows:

2. As used in this act:

[a.**]** "Child" means a person one through five years of age **[**;**]** .

[b.**]** "Commissioner" means the Commissioner of Health **[**;**]** .

[c.**]** "Department" means the Department of Health **[**;**]** .

[d.**]** "Lead poisoning" means **[**a concentration of lead as defined in Chapter XIII of the State Sanitary Code established pursuant to section 7 of P.L. 1947, c. 177 (C. 26:1A-7)**]** the poisoning of the bloodstream that results from prolonged exposure to lead or lead-based substances in water, paint, building materials, or the environment, and which causes uncorrectable developmental delay and decreased mental functioning capacity in children, and in severe cases, can lead to a child's premature death.

(cf: P.L.1985, c.84, s.2)

2. Section 7 of P.L.1995, c.316 (C.26:2-137.1) is amended to read as follows:

7. The Department of Health shall specify by regulation, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.):

a. The lead screening requirements provided for under P.L.1995, c.316 (C.17:48E-35.10 et al.), including the age of the child when initial screening should be conducted, the time intervals between screening, when follow-up testing is required, the methods that shall be used to conduct the lead screening, and , in accordance with the latest recommendations of the federal Centers for Disease Control and Prevention and the provisions of P.L.1995, c.328 (C.26:2-137.2 et seq.), the level of lead in the bloodstream that shall **[**be considered to be "lead poisoning"**]** necessitate the undertaking of responsive action; and

b. The childhood immunizations recommended by the Advisory Committee on Immunization Practices of the United States Public Health Service and the Department of Health.

(cf: P.L.1995, c.316, s.7)

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 underlined thus is new matter.

3. Section 1 of P.L.1995, c.328 (C.26:2-137.2) is amended to read as follows:

1. The Legislature finds and declares that:

a. According to the New Jersey Department of Health, 630,000 children under the age of six are at risk of lead poisoning in New Jersey and should be screened for elevated blood lead levels. Of this number, the Department of Health estimates that 177,000 pre-school children are at particularly high risk of lead poisoning;

b. Approximately 70,000 pre-school children, or almost 10[%] percent of the population of children under age six, are currently screened for lead poisoning;

c. Screening is an essential element [of] in the fight to reduce and eventually eliminate childhood lead poisoning, and identification of children in the early stages of lead exposure can prevent children from suffering severe cases of lead poisoning;

d. There is no safe level of lead exposure in children, and even low levels of lead in the bloodstream have been shown to affect IQ, attention span, and academic achievement, in a manner that cannot be corrected;

e. Although lead can be found in many sources, lead exposure is entirely preventable, and the federal Centers for Disease Control and Prevention recognizes that the best way to address the problem of lead poisoning is to take action to prevent children from coming into contact with lead, while providing appropriate treatment and case management to those children who are found to have elevated blood lead levels;

f. A universal lead screening program will identify which children require medical evaluation and treatment , and will alert parents about the need to identify and abate lead hazards in their [home] homes;

[e. A universal lead screening program that is integrated with education] g. The integration of educational and community outreach programs , as part of a universal lead screening program, will raise public consciousness about the insidious dangers of childhood lead poisoning, [and] encourage parents to take preventive steps to make their homes lead-safe , and encourage communities to strengthen lead exposure prevention programs; and

[f.] h. Universal lead screening and [the] universal reporting of lead test results will [provide] allow the Department of Health and local boards of health [with] to obtain information on [high risk] neighborhoods and communities that are at a high risk for lead exposure, and [can result in] thereby allow for the implementation of targeted lead hazard reduction programs in the areas of greatest need.

(cf: P.L.1995, c.328, s.1)

4. Section 2 of P.L.1995, c.328 (C.26:2-137.3) is amended to read as follows:

2. As used in this act:

"Commissioner" means the Commissioner of Health **[**;**]** .

"Department" means the Department of Health **[**;**]** .

“Elevated blood lead level” means a level of lead in the bloodstream that equals or exceeds five micrograms per deciliter or other such amount as may be identified in the most recent recommendations from the federal Centers for Disease Control and Prevention, and that necessitates the undertaking of responsive action.

"Lead poisoning" means **[**an elevated level of lead in the bloodstream, as established by regulation of the department pursuant to this act;**]** the poisoning of the bloodstream that results from prolonged exposure to lead or lead-based substances in water, paint, building materials, or the environment, and which causes uncorrectable developmental delay and decreased mental functioning capacity in children, and in severe cases, can lead to a child’s premature death.

"Lead screening" means the application of a detection technique to measure a child's blood lead level and determine the extent of a child's recent exposure to lead.

(cf: P.L.1995, c.328, s.2)

5. Section 3 of P.L.1995, c.328 (C.26:2-137.4) is amended to read as follows:

3. a. A physician or registered professional nurse, as appropriate, shall perform lead screening on each **[**of his patients**]** patient under six years of age to whom **[**he**]** the physician or registered professional nurse provides health care services , unless the physician or registered professional nurse has knowledge that the child has already undergone lead screening in accordance with the requirements of this act. If the physician **[**or**]** , registered professional nurse , or **[**his**]** an authorized staff member cannot perform the required lead screening, the physician or registered professional nurse may refer the patient, in writing, to another physician **[**or**]** , registered professional nurse, health care facility , or designated agency or program which is able to perform the lead screening.

b. A health care facility that serves children and is licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) **[**which serves children**]** , and any other agency or program that serves children and **[**that**]** is designated by the commissioner to perform lead screening, shall perform lead screening on each child under six years of age that the facility, agency , or program serves, unless the facility, agency , or program has knowledge that the child has already undergone lead screening in accordance with the

requirements of this act. If the health care facility , agency, or program cannot perform the required lead screening, the [health care] facility , agency, or program may refer the patient, in writing, to another health care facility, physician, registered professional nurse, or other designated agency or program which is able to perform the lead screening.

c. If a physician, registered professional nurse, or health care facility, agency , or program receives laboratory test results [that indicate] indicating that a child has [lead poisoning] an elevated blood lead level, the physician, registered professional nurse, or health care facility, agency , or program shall notify [, in writing,] the parent or guardian of the child , in writing, about the test results , and shall additionally provide the parent or guardian with an explanation , in plain language , of the significance of lead poisoning. The physician, registered professional nurse, or health care facility, agency , or program [also] shall also take appropriate measures to ensure that any of the child's siblings or other members of the household who are under the age of six either are , or have been , screened for lead exposure.

d. A physician, registered professional nurse, or health care facility, agency , or program shall not be required to conduct lead screening under this act if the parent or guardian of the child objects to the testing in writing.

e. (1) The department shall specify, by regulation, the parameters for lead screening required under this act, including the age of the child when initial screening shall be conducted, the time intervals between screening, when follow-up testing is required, and the methods that shall be used to conduct the lead screening.

(2) (a) The department shall additionally specify, by regulation, in accordance with the most recent recommendations of the federal Centers for Disease Control and Prevention, the elevated blood lead levels that require responsive action under this act, and the types of responsive action, including environmental follow-up, notice to the family, additional screening of family members, the provision of case management services, and the provision of medical treatment such as chelation therapy, that shall be undertaken when a screening test reveals an elevated blood lead level. The levels of responsive action required by the department pursuant to this paragraph may vary, consistent with the latest recommendations of the federal Centers for Disease Control and Prevention, based on the severity of the elevated blood lead level.

(b) Within 30 days after the enactment of P.L. , c. (pending before the Legislature as this bill), and on a biennial basis thereafter, the department shall review and appropriately revise its rules and regulations pertaining to elevated blood lead levels, in order to ensure that they appropriately reflect, and are consistent with, the latest guidance from the federal Centers for Disease Control and Prevention.

f. The department shall develop a mechanism, such as distribution of lead screening record cards or other appropriate means, by which children who have undergone lead screening can be identified by physicians, registered professional nurses , and health care facilities, agencies , and programs that perform lead screening , so as to avoid duplicate lead screening of children.

g. The department shall [conduct] continuously engage in a public information campaign to inform the parents of young children, as well as physicians, registered professional nurses , and other health care providers , of the lead screening requirements of this act. At a minimum, the public information campaign shall: (1) highlight the importance of lead screening, and encourage parents, especially those who have not yet complied with the lead screening provisions of this act, to have their children screened for lead poisoning at regular intervals, in accordance with the age-based timeframes established by department regulation; and (2) provide for the widespread dissemination of information to parents and health care providers on the dangers of lead poisoning, the factors that contribute to lead poisoning, the recommended ages at which children should be tested for lead poisoning, and the elevated blood lead levels that require responsive action under this act. If the department changes the elevated blood lead levels that require responsive action under this act, as may be necessary to conform its regulations to federal guidance, the information disseminated through the public information campaign shall be appropriately revised to reflect the new action levels, and shall be reissued to parents and health care providers, within 30 days after the change is implemented.

h. The department, to the greatest extent possible, shall coordinate payment for lead screening required pursuant to this act with the State Medicaid program established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.) and other federal children's health programs, so as to ensure that the State receives the maximum amount of federal financial participation available for the lead screening services provided pursuant to this act.

(cf: P.L.1995, c.328, s.3)

6. This act shall take effect immediately.

STATEMENT

This bill would amend the State statutes related to childhood lead poisoning, in order to clarify that the Department of Health (DOH) regulations regarding elevated blood lead levels and the appropriate responses thereto, are to be consistent with the most recent recommendations of the federal Centers for Disease Control and Prevention (CDC).

The CDC previously recommended that responsive action be taken to address childhood lead poisoning in those cases where a lead screening test showed an elevated blood lead level of 10 micrograms per deciliter or more – designated as a blood lead "level of concern." In late 2010, however, the CDC's Advisory Committee for Childhood Lead Poisoning Prevention (ACCLPP) formed a working group to evaluate new approaches and strategies for defining elevated blood lead levels among children, and to recommend how best to replace the term "level of concern" in response to the accumulation of scientific evidence showing the adverse effects of blood lead levels that are less than 10 micrograms per deciliter.

In its final report, issued in 2012, the working group concluded, based on existing scientific evidence, that the term "level of concern" should be eliminated from all future CDC policies, guidance documents, and other publications, and that the recommendations as to elevated blood lead levels, which were based on that "level of concern," should be updated to reflect current data showing that there is no safe blood lead level in children. In particular, the working group recommended that the CDC adopt a lower benchmark for responsive action – an elevated blood lead level of only five micrograms per deciliter – which is based on the 97.5th percentile of children. The working group also recommended that the CDC take action, every four years, to update this recommended action level, as appropriate, based on the most recent data available.

Although the CDC has concurred with the conclusions of the working group, in this regard, and has updated its own agency recommendations on children's blood lead levels to incorporate the recommendations of the working group, the DOH has not similarly revised its regulations to this effect, and it continues to determine the necessity for responsive action based on the outdated blood lead "level of concern" of 10 micrograms per deciliter.

This bill, therefore, would revise the current law pertaining to childhood lead poisoning, in order to reflect the current position of the CDC on elevated blood lead levels and require the DOH to make its regulations consistent with that position. The bill would define the term "elevated blood lead level" to mean a level of lead in the bloodstream that equals or exceeds five micrograms per deciliter or other such amount as may be identified in the most recent CDC recommendations, and that necessitates the undertaking of responsive action.

The bill would expressly require the DOH's rules and regulations regarding elevated blood lead levels to be consistent with the CDC's recommendations, and it would further require the DOH, within 30 days after the bill's date of enactment, and on at least a biennial basis thereafter, to review and revise these rules and

regulations, in order to ensure that they comport with the latest CDC guidance on this issue.

The bill would further specify that the department's public information campaign on lead screening is to: (1) highlight the importance of lead screening, and encourage parents, especially those who have not yet complied with the screening provisions of this act, to have their children screened for lead poisoning at regular intervals, in accordance with the age-based timeframes established by department regulation; and (2) provide for the widespread dissemination of information to parents and health care providers on the dangers of lead poisoning, the factors that contribute to lead poisoning, the recommended ages at which children should be tested for lead poisoning, and the elevated blood lead levels that will necessitate responsive action under this act. If the DOH changes the elevated blood lead levels that are required for responsive action, as may be necessary to conform its regulations to federal guidance, the information disseminated through the public information campaign would need to be revised and reissued within 30 days thereafter.

Requires DOH regulations regarding elevated blood lead levels in children, and appropriate responses thereto, to be consistent with latest Centers for Disease Control and Prevention recommendations.

SENATE, No. 1830

STATE OF NEW JERSEY

217th LEGISLATURE

INTRODUCED MARCH 7, 2016

Sponsored by:
Senator RONALD L. RICE
District 28 (Essex)
Senator JOSEPH F. VITALE
District 19 (Middlesex)
Senator SHIRLEY K. TURNER
District 15 (Hunterdon and Mercer)
Assemblywoman ELIZABETH MAHER MUOIO
District 15 (Hunterdon and Mercer)
Assemblyman DANIEL R. BENSON
District 14 (Mercer and Middlesex)
Assemblyman TROY SINGLETON
District 7 (Burlington)
Assemblyman LOUIS D. GREENWALD
District 6 (Burlington and Camden)
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District 18 (Middlesex)
Assemblywoman L. GRACE SPENCER
District 29 (Essex)
Assemblywoman JOANN DOWNEY
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Assemblywoman SHAVONDA E. SUMTER
District 35 (Bergen and Passaic)
Assemblyman BENJIE E. WIMBERLY
District 35 (Bergen and Passaic)

Co-Sponsored by:
Senators Madden, Weinberg, Gordon, Ruiz, Assemblywoman Vainieri Huttle, Assemblymen Holley, Eustace, Assemblywoman McKnight, Assemblyman Johnson, Assemblywoman Mosquera, Assemblymen Houghtaling, O'Scanlon, Wisniewski, Assemblywomen Lampitt, Tucker and Assemblyman Conaway

SYNOPSIS

Requires DOH regulations regarding elevated blood lead levels in children, and appropriate responses thereto, to be consistent with latest Centers for Disease Control and Prevention recommendations.

CURRENT VERSION OF TEXT

As introduced.

(Sponsorship Updated As Of: 12/20/2016)

AN ACT concerning childhood lead poisoning, and amending P.L.1985, c.84, P.L.1995, c.316, and P.L.1995, c.328.

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

1. Section 2 of P.L.1985, c.84 (C.26:2-131) is amended to read as follows:

2. As used in this act:

[a.**]** "Child" means a person one through five years of age **[**;**]** .

[b.**]** "Commissioner" means the Commissioner of Health **[**;**]** .

[c.**]** "Department" means the Department of Health **[**;**]** .

[d.**]** "Lead poisoning" means **[**a concentration of lead as defined in Chapter XIII of the State Sanitary Code established pursuant to section 7 of P.L. 1947, c. 177 (C. 26:1A-7)**]** the poisoning of the bloodstream that results from prolonged exposure to lead or lead-based substances in water, paint, building materials, or the environment, and which causes uncorrectable developmental delay and decreased mental functioning capacity in children, and in severe cases, can lead to a child's premature death.

(cf: P.L.1985, c.84, s.2)

2. Section 7 of P.L.1995, c.316 (C.26:2-137.1) is amended to read as follows:

7. The Department of Health shall specify by regulation, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.):

a. The lead screening requirements provided for under P.L.1995, c.316 (C.17:48E-35.10 et al.), including the age of the child when initial screening should be conducted, the time intervals between screening, when follow-up testing is required, the methods that shall be used to conduct the lead screening, and , in accordance with the latest recommendations of the federal Centers for Disease Control and Prevention and the provisions of P.L.1995, c.328 (C.26:2-137.2 et seq.), the level of lead in the bloodstream that shall **[**be considered to be "lead poisoning"**]** necessitate the undertaking of responsive action; and

b. The childhood immunizations recommended by the Advisory Committee on Immunization Practices of the United States Public Health Service and the Department of Health.

(cf: P.L.1995, c.316, s.7)

3. Section 1 of P.L.1995, c.328 (C.26:2-137.2) is amended to read as follows:

1. The Legislature finds and declares that:

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 underlined thus is new matter.

a. According to the New Jersey Department of Health, 630,000 children under the age of six are at risk of lead poisoning in New Jersey and should be screened for elevated blood lead levels. Of this number, the Department of Health estimates that 177,000 pre-school children are at particularly high risk of lead poisoning;

b. Approximately 70,000 pre-school children, or almost 10**[**%**]** percent of the population of children under age six, are currently screened for lead poisoning;

c. Screening is an essential element **[**of**]** in the fight to reduce and eventually eliminate childhood lead poisoning, and identification of children in the early stages of lead exposure can prevent children from suffering severe cases of lead poisoning;

d. There is no safe level of lead exposure in children, and even low levels of lead in the bloodstream have been shown to affect IQ, attention span, and academic achievement, in a manner that cannot be corrected;

e. Although lead can be found in many sources, lead exposure is entirely preventable, and the federal Centers for Disease Control and Prevention recognizes that the best way to address the problem of lead poisoning is to take action to prevent children from coming into contact with lead, while providing appropriate treatment and case management to those children who are found to have elevated blood lead levels;

f. A universal lead screening program will identify which children require medical evaluation and treatment , and will alert parents about the need to identify and abate lead hazards in their **[**home**]** homes;

[e. A universal lead screening program that is integrated with education**]** g. The integration of educational and community outreach programs , as part of a universal lead screening program, will raise public consciousness about the insidious dangers of childhood lead poisoning, **[**and**]** encourage parents to take preventive steps to make their homes lead-safe , and encourage communities to strengthen lead exposure prevention programs; and

[f.**]** h. Universal lead screening and **[**the**]** universal reporting of lead test results will **[**provide**]** allow the Department of Health and local boards of health **[**with**]** to obtain information on **[**high risk**]** neighborhoods and communities that are at a high risk for lead exposure, and **[**can result in**]** thereby allow for the implementation of targeted lead hazard reduction programs in the areas of greatest need.

(cf: P.L.1995, c.328, s.1)

4. Section 2 of P.L.1995, c.328 (C.26:2-137.3) is amended to read as follows:

2. As used in this act:

"Commissioner" means the Commissioner of Health **[**;**]** .

"Department" means the Department of Health [;] .

"Elevated blood lead level" means a level of lead in the bloodstream that equals or exceeds five micrograms per deciliter or other such amount as may be identified in the most recent recommendations from the federal Centers for Disease Control and Prevention, and that necessitates the undertaking of responsive action.

"Lead poisoning" means [an elevated level of lead in the bloodstream, as established by regulation of the department pursuant to this act;] the poisoning of the bloodstream that results from prolonged exposure to lead or lead-based substances in water, paint, building materials, or the environment, and which causes uncorrectable developmental delay and decreased mental functioning capacity in children, and in severe cases, can lead to a child's premature death.

"Lead screening" means the application of a detection technique to measure a child's blood lead level and determine the extent of a child's recent exposure to lead.

(cf: P.L.1995, c.328, s.2)

5. Section 3 of P.L.1995, c.328 (C.26:2-137.4) is amended to read as follows:

3. a. A physician or registered professional nurse, as appropriate, shall perform lead screening on each [of his patients] patient under six years of age to whom [he] the physician or registered professional nurse provides health care services , unless the physician or registered professional nurse has knowledge that the child has already undergone lead screening in accordance with the requirements of this act. If the physician [or] , registered professional nurse , or [his] an authorized staff member cannot perform the required lead screening, the physician or registered professional nurse may refer the patient, in writing, to another physician [or] , registered professional nurse, health care facility , or designated agency or program which is able to perform the lead screening.

b. A health care facility that serves children and is licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) [which serves children] , and any other agency or program that serves children and [that] is designated by the commissioner to perform lead screening, shall perform lead screening on each child under six years of age that the facility, agency , or program serves, unless the facility, agency , or program has knowledge that the child has already undergone lead screening in accordance with the requirements of this act. If the health care facility , agency, or program cannot perform the required lead screening, the [health care] facility , agency, or program may refer the patient, in writing, to another health care facility, physician, registered professional

nurse, or other designated agency or program which is able to perform the lead screening.

c. If a physician, registered professional nurse, or health care facility, agency , or program receives laboratory test results [that indicate] indicating that a child has [lead poisoning] an elevated blood lead level, the physician, registered professional nurse, or health care facility, agency , or program shall notify [, in writing,] the parent or guardian of the child , in writing, about the test results , and shall additionally provide the parent or guardian with an explanation , in plain language , of the significance of lead poisoning. The physician, registered professional nurse, or health care facility, agency , or program [also] shall also take appropriate measures to ensure that any of the child's siblings or other members of the household who are under the age of six either are , or have been , screened for lead exposure.

d. A physician, registered professional nurse, or health care facility, agency , or program shall not be required to conduct lead screening under this act if the parent or guardian of the child objects to the testing in writing.

e. (1) The department shall specify, by regulation, the parameters for lead screening required under this act, including the age of the child when initial screening shall be conducted, the time intervals between screening, when follow-up testing is required, and the methods that shall be used to conduct the lead screening.

(2) (a) The department shall additionally specify, by regulation, in accordance with the most recent recommendations of the federal Centers for Disease Control and Prevention, the elevated blood lead levels that require responsive action under this act, and the types of responsive action, including environmental follow-up, notice to the family, additional screening of family members, the provision of case management services, and the provision of medical treatment such as chelation therapy, that shall be undertaken when a screening test reveals an elevated blood lead level. The levels of responsive action required by the department pursuant to this paragraph may vary, consistent with the latest recommendations of the federal Centers for Disease Control and Prevention, based on the severity of the elevated blood lead level.

(b) Within 30 days after the enactment of P.L. , c. (pending before the Legislature as this bill), and on a biennial basis thereafter, the department shall review and appropriately revise its rules and regulations pertaining to elevated blood lead levels, in order to ensure that they appropriately reflect, and are consistent with, the latest guidance from the federal Centers for Disease Control and Prevention.

f. The department shall develop a mechanism, such as distribution of lead screening record cards or other appropriate means, by which children who have undergone lead screening can be identified by physicians, registered professional nurses , and

health care facilities, agencies , and programs that perform lead screening , so as to avoid duplicate lead screening of children.

g. The department shall [conduct] continuously engage in a public information campaign to inform the parents of young children, as well as physicians, registered professional nurses , and other health care providers , of the lead screening requirements of this act. At a minimum, the public information campaign shall: (1) highlight the importance of lead screening, and encourage parents, especially those who have not yet complied with the lead screening provisions of this act, to have their children screened for lead poisoning at regular intervals, in accordance with the age-based timeframes established by department regulation; and (2) provide for the widespread dissemination of information to parents and health care providers on the dangers of lead poisoning, the factors that contribute to lead poisoning, the recommended ages at which children should be tested for lead poisoning, and the elevated blood lead levels that require responsive action under this act. If the department changes the elevated blood lead levels that require responsive action under this act, as may be necessary to conform its regulations to federal guidance, the information disseminated through the public information campaign shall be appropriately revised to reflect the new action levels, and shall be reissued to parents and health care providers, within 30 days after the change is implemented.

h. The department, to the greatest extent possible, shall coordinate payment for lead screening required pursuant to this act with the State Medicaid program established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.) and other federal children's health programs, so as to ensure that the State receives the maximum amount of federal financial participation available for the lead screening services provided pursuant to this act.

(cf: P.L.1995, c.328, s.3)

6. This act shall take effect immediately.

STATEMENT

This bill would amend the State statutes related to childhood lead poisoning, in order to clarify that the Department of Health (DOH) regulations regarding elevated blood lead levels and the appropriate responses thereto, are to be consistent with the most recent recommendations of the federal Centers for Disease Control and Prevention (CDC).

The CDC previously recommended that responsive action be taken to address childhood lead poisoning in those cases where a lead screening test showed an elevated blood lead level of 10 micrograms per deciliter or more – designated as a blood lead “level

of concern." In late 2010, however, the CDC's Advisory Committee for Childhood Lead Poisoning Prevention (ACCLPP) formed a working group to evaluate new approaches and strategies for defining elevated blood lead levels among children, and to recommend how best to replace the term "level of concern" in response to the accumulation of scientific evidence showing the adverse effects of blood lead levels that are less than 10 micrograms per deciliter.

In its final report, issued in 2012, the working group concluded, based on existing scientific evidence, that the term "level of concern" should be eliminated from all future CDC policies, guidance documents, and other publications, and that the recommendations as to elevated blood lead levels, which were based on that "level of concern," should be updated to reflect current data showing that there is no safe blood lead level in children. In particular, the working group recommended that the CDC adopt a lower benchmark for responsive action – an elevated blood lead level of only five micrograms per deciliter – which is based on the 97.5th percentile of children. The working group also recommended that the CDC take action, every four years, to update this recommended action level, as appropriate, based on the most recent data available.

Although the CDC has concurred with the conclusions of the working group, in this regard, and has updated its own agency recommendations on children's blood lead levels to incorporate the recommendations of the working group, the DOH has not similarly revised its regulations to this effect, and it continues to determine the necessity for responsive action based on the outdated blood lead "level of concern" of 10 micrograms per deciliter.

This bill, therefore, would revise the current law pertaining to childhood lead poisoning, in order to reflect the current position of the CDC on elevated blood lead levels and require the DOH to make its regulations consistent with that position. The bill would define the term "elevated blood lead level" to mean a level of lead in the bloodstream that equals or exceeds five micrograms per deciliter or other such amount as may be identified in the most recent CDC recommendations, and that necessitates the undertaking of responsive action.

The bill would expressly require the DOH's rules and regulations regarding elevated blood lead levels to be consistent with the CDC's recommendations, and it would further require the DOH, within 30 days after the bill's date of enactment, and on at least a biennial basis thereafter, to review and revise these rules and regulations, in order to ensure that they comport with the latest CDC guidance on this issue.

The bill would further specify that the department's public information campaign on lead screening is to: (1) highlight the importance of lead screening, and encourage parents, especially

those who have not yet complied with the screening provisions of this act, to have their children screened for lead poisoning at regular intervals, in accordance with the age-based timeframes established by department regulation; and (2) provide for the widespread dissemination of information to parents and health care providers on the dangers of lead poisoning, the factors that contribute to lead poisoning, the recommended ages at which children should be tested for lead poisoning, and the elevated blood lead levels that will necessitate responsive action under this act. If the DOH changes the elevated blood lead levels that are required for responsive action, as may be necessary to conform its regulations to federal guidance, the information disseminated through the public information campaign would need to be revised and reissued within 30 days thereafter.

ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

STATEMENT TO

SENATE, No. 1830

STATE OF NEW JERSEY

DATED: MAY 12, 2016

The Assembly Health and Senior Services Committee reports favorably Senate Bill No. 1830.

This bill amends the State statutes related to childhood lead poisoning to require that Department of Health (DOH) regulations regarding testing for, and responses to, elevated blood lead levels in children are to be consistent with the most recent recommendations of the federal Centers for Disease Control and Prevention (CDC).

In 2012, the CDC revised its benchmark for when elevated blood lead levels in children should trigger responsive action, lowering the action level from 10 micrograms of lead per deciliter of blood to five micrograms per deciliter. This bill requires DOH to revise its regulations to make them consistent with the current CDC benchmark, and further requires DOH, within 30 days after the bill's date of enactment and on at least a biennial basis thereafter, to review and revise its rules and regulations to ensure that they comport with the latest CDC guidance.

The bill requires DOH to promulgate regulations concerning the responsive action to be taken when a child's blood lead level tests above the CDC benchmark, including performing environmental follow-up, providing notice to the child's family, performing additional screening of family members, providing case management services, and providing medical treatment, such as chelation therapy.

The bill further specifies that the current DOH public information campaign on lead screening is to: (1) highlight the importance of lead screening and encourage parents to have their children screened for lead poisoning at regular intervals, consistent with the age-based timeframes established by DOH; and (2) provide for the widespread dissemination of information to parents and health care providers on the dangers of lead poisoning, the factors that contribute to lead poisoning, the recommended ages at which children should be tested for lead poisoning, and the elevated blood lead levels that will necessitate responsive action. The bill additionally provides that DOH will be required to revise and reissue the information disseminated through the public information campaign within 30 days of making revisions to its blood lead regulations to remain consistent with current federal recommendations.

As reported by the committee, this bill is identical to Assembly Bill No. 3411, which the committee also reported on this date.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

SENATE, No. 1830

STATE OF NEW JERSEY

DATED: DECEMBER 15, 2016

The Assembly Appropriations Committee reports favorably Senate Bill No. 1830.

This bill amends the State statutes related to childhood lead poisoning to require that Department of Health (DOH) regulations regarding testing for, and responses to, elevated blood lead levels in children be consistent with the most recent recommendations of the federal Centers for Disease Control and Prevention (CDC).

In 2012, the CDC revised its benchmark for when elevated blood lead levels in children should trigger responsive action, lowering the action level from 10 micrograms of lead per deciliter of blood to five micrograms per deciliter. This bill requires DOH to revise its regulations to make them consistent with the current CDC benchmark, and further requires DOH, within 30 days after the bill's date of enactment and on at least a biennial basis thereafter, to review and revise its rules and regulations to ensure that they comport with the latest CDC guidance.

The bill requires DOH to promulgate regulations concerning the responsive action to be taken when a child's blood lead level tests above the CDC benchmark, including performing environmental follow-up, providing notice to the child's family, performing additional screening of family members, providing case management services, and providing medical treatment, such as chelation therapy.

The bill further specifies that the current DOH public information campaign on lead screening is to: (1) highlight the importance of lead screening and encourage parents to have their children screened for lead poisoning at regular intervals, consistent with the age-based timeframes established by DOH; and (2) provide for the widespread dissemination of information to parents and health care providers on the dangers of lead poisoning, the factors that contribute to lead poisoning, the recommended ages at which children should be tested for lead poisoning, and the elevated blood lead levels that will necessitate responsive action. The bill additionally requires that DOH revise and reissue the information disseminated through the public information campaign within 30 days of making revisions to its blood lead regulations to remain consistent with current federal recommendations.

As reported, this bill is identical to Assembly Bill No. 3411, as also reported by the committee.

FISCAL IMPACT:

The Office of Legislative Services (OLS) finds that the bill will require a significant increase in spending by local boards of health to provide case management and lead hazard assessments for a much larger number of lead-affected children. Those costs would most likely be concentrated in a relatively small number of municipalities in which lead hazards are most common – typically industrial cities with large stocks of housing built before the 1970s where original lead-based paint has not been removed.

The OLS cannot estimate local costs with precision, but estimates that the Statewide increase would likely be at least $3 million annually (doubling the current amount currently provided in State grants to local governments), and may be as great as $10 million or more.

The OLS notes that the Department of Health published proposed regulations in the New Jersey Register on December 5, 2016 that would update the State's standards for evaluating elevated blood lead levels and related responses to conform to 2012 guidelines published by the federal Centers for Disease Control and Prevention (CDC), effectively obviating any effect of the bill, until new CDC guidelines are published in the future.

SENATE HEALTH, HUMAN SERVICES AND SENIOR CITIZENS COMMITTEE

STATEMENT TO

SENATE, No. 1830

STATE OF NEW JERSEY

DATED: MARCH 7, 2016

The Senate Health, Human Services and Senior Citizens Committee reports favorably Senate Bill No. 1830.

This bill would amend the State statutes related to childhood lead poisoning, in order to clarify that the Department of Health (DOH) regulations regarding elevated blood lead levels and the appropriate responses thereto, are to be consistent with the most recent recommendations of the federal Centers for Disease Control and Prevention (CDC).

The CDC previously recommended that responsive action be taken to address childhood lead poisoning in those cases where a lead screening test showed an elevated blood lead level of 10 micrograms per deciliter or more – designated as a blood lead "level of concern." In late 2010, however, the CDC's Advisory Committee for Childhood Lead Poisoning Prevention (ACCLPP) formed a working group to evaluate new approaches and strategies for defining elevated blood lead levels among children, and to recommend how best to replace the term "level of concern" in response to the accumulation of scientific evidence showing the adverse effects of blood lead levels that are less than 10 micrograms per deciliter.

In its final report, issued in 2012, the working group concluded, based on existing scientific evidence, that the term "level of concern" should be eliminated from all future CDC policies, guidance documents, and other publications, and that the recommendations as to elevated blood lead levels, which were based on that "level of concern," should be updated to reflect current data showing that there is no safe blood lead level in children. In particular, the working group recommended that the CDC adopt a lower benchmark for responsive action – an elevated blood lead level of only five micrograms per deciliter – which is based on the 97.5th percentile of children. The working group also recommended that the CDC take action, every four years, to update this recommended action level, as appropriate, based on the most recent data available.

Although the CDC has concurred with the conclusions of the working group, in this regard, and has updated its own agency recommendations on children's blood lead levels to incorporate the recommendations of the working group, the DOH has not similarly

revised its regulations to this effect, and it continues to determine the necessity for responsive action based on the outdated blood lead "level of concern" of 10 micrograms per deciliter.

This bill, therefore, would revise the current law pertaining to childhood lead poisoning, in order to reflect the current position of the CDC on elevated blood lead levels and require the DOH to make its regulations consistent with that position. The bill would define the term "elevated blood lead level" to mean a level of lead in the bloodstream that equals or exceeds five micrograms per deciliter or other such amount as may be identified in the most recent CDC recommendations, and that necessitates the undertaking of responsive action.

The bill would expressly require the DOH's rules and regulations regarding elevated blood lead levels to be consistent with the CDC's recommendations, and it would further require the DOH, within 30 days after the bill's date of enactment, and on at least a biennial basis thereafter, to review and revise these rules and regulations, in order to ensure that they comport with the latest CDC guidance on this issue.

The bill would further specify that the department's public information campaign on lead screening is to: (1) highlight the importance of lead screening, and encourage parents, especially those who have not yet complied with the screening provisions of this act, to have their children screened for lead poisoning at regular intervals, in accordance with the age-based timeframes established by department regulation; and (2) provide for the widespread dissemination of information to parents and health care providers on the dangers of lead poisoning, the factors that contribute to lead poisoning, the recommended ages at which children should be tested for lead poisoning, and the elevated blood lead levels that will necessitate responsive action under this act. If the DOH changes the elevated blood lead levels that are required for responsive action, as may be necessary to conform its regulations to federal guidance, the information disseminated through the public information campaign would need to be revised and reissued within 30 days thereafter.

LEGISLATIVE FISCAL ESTIMATE
SENATE, No. 1830
STATE OF NEW JERSEY
217th LEGISLATURE

DATED: MARCH 28, 2016

SUMMARY

Synopsis: Requires DOH regulations regarding elevated blood lead levels in children, and appropriate responses thereto, to be consistent with latest Centers for Disease Control and Prevention recommendations.

Type of Impact: An expenditure increase by local governments.

Agencies Affected: New Jersey Department of Health. Local boards of health.

Office of Legislative Services Estimate

Fiscal Impact	Year 1	Year 2	Year 3
State Cost	No impact		
Local Cost	Indeterminate increase – See comments below		

- The Office of Legislative Services (OLS) finds that the bill would require a significant increase in spending by local boards of health in order to provide case management and lead hazard assessments for a much larger number of lead-affected children. Such costs would most likely be concentrated in a relatively small number of municipalities in which lead hazards are most common – typically industrial cities with large stocks of housing built before the 1970s where original lead-based paint has not been removed

- The OLS cannot estimate local costs with precision, but estimates that the Statewide increase would likely be at least $3 million annually (doubling the current amount currently provided by the DOH to local governments), and may be as great as $10 million or more.

- The bill would require the New Jersey Department of Health (DOH) to revise its regulations regarding lead poisoning prevention, and to revise some of the educational materials it currently makes available. Such activities would not significantly change the department's current responsibilities, and could be accommodated within its current administrative budget.

BILL DESCRIPTION

Senate Bill No. 1830 of 2016 would amend the State statutes related to childhood lead poisoning in order to clarify that the DOH regulations regarding elevated blood lead levels and

the appropriate responses thereto are to be consistent with the most recent recommendations of the federal Centers for Disease Control and Prevention (CDC).

The CDC previously recommended that responsive action be taken to address childhood lead poisoning in those cases where a lead screening test showed an elevated blood lead level of 10 micrograms per deciliter (µg/dL) or more – designated as a blood lead "level of concern." The final report CDC's Advisory Committee for Childhood Lead Poisoning Prevention (ACCLPP), issued in 2012 concluded, based on existing scientific evidence, that the term "level of concern" should be eliminated from all future CDC policies, guidance documents, and other publications, and that the recommendations as to elevated blood lead levels, which were based on that "level of concern," should be updated to reflect current data showing that there is no safe blood lead level in children. In particular, the working group recommended that the CDC adopt a lower benchmark for responsive action – an elevated blood lead level of 5 µg/dL – which is based on the 97.5th percentile of children. The working group also recommended that the CDC take action, every four years, to update this recommended action level, as appropriate, based on the most recent data available.

Although the CDC has concurred with the conclusions of the working group, in this regard, and has updated its own agency recommendations on children's blood lead levels to incorporate the recommendations of the working group, the DOH has not similarly revised its regulations to this effect, and it continues to determine the necessity for responsive action based on the outdated blood lead "level of concern" of 10 µg/dL.

This bill, therefore, would revise the current law pertaining to childhood lead poisoning, in order to reflect the current position of the CDC on elevated blood lead levels and require the DOH to make its regulations consistent with that position. The bill would define the term "elevated blood lead level" to mean a level of lead in the bloodstream that equals or exceeds five micrograms per deciliter or other such amount as may be identified in the most recent CDC recommendations, and that necessitates the undertaking of responsive action. This responsive action is the responsibility of the local board of health, and primarily consists of: (1) a public health nurse providing case management and home visitation services for the family pursuant to N.J.A.C.8:51-2.4 and 2.5; (2) conducting a lead hazard assessment of the child's primary residence and other appropriate locations to identify lead sources in the environment pursuant to N.J.A.C.8:51-4.1 et seq.; and (3) ordering the owners of lead-contaminated properties to abate the lead or implement interim controls pursuant to N.J.A.C.8:51-6.1 et seq. and N.J.A.C.5:17-1.1 et seq.

The bill would expressly require the DOH's rules and regulations regarding elevated blood lead levels to be consistent with the CDC's recommendations, and it would further require the DOH, within 30 days after the bill's date of enactment, and on at least a biennial basis thereafter, to review and revise these rules and regulations, in order to ensure that they comport with the latest CDC guidance on this issue.

The bill would further specify that the DOH's public information campaign on lead screening is to: (1) highlight the importance of lead screening, and encourage parents, especially those who have not yet complied with the screening provisions of this act, to have their children screened for lead poisoning at regular intervals, in accordance with the age-based timeframes established by DOH regulation; and (2) provide for the widespread dissemination of information to parents and health care providers on the dangers of lead poisoning, the factors that contribute to lead poisoning, the recommended ages at which children should be tested for lead poisoning, and the elevated blood lead levels that will necessitate responsive action under this act. If the DOH changes the elevated blood lead levels that are required for responsive action, as may be necessary to conform its regulations to federal guidance, the information disseminated through

the public information campaign would need to be revised and reissued within 30 days thereafter.

FISCAL ANALYSIS

EXECUTIVE BRANCH

None received.

OFFICE OF LEGISLATIVE SERVICES

The OLS finds that the bill would have no significant fiscal impact on the State government, but would require local boards of health to significantly increase their capacity to provide case management for families with lead-affected children and provide environmental assessments for lead hazards. Such costs would most likely be concentrated in a relatively small number of municipalities in which lead hazards are most common – typically industrial cities with large stocks of housing built before the 1970s where original lead-based paint has not been removed. The OLS has little information on current local spending on such activities to allow an estimate on how much of an increase in spending the bill would require, but estimates that the Statewide increase would likely be at least $3 million annually (doubling the current amount currently provided by the DOH to local governments), and may be as great as $10 million or more.

New Jersey law requires all children to be screened for lead poisoning. The 2014 Annual Childhood Lead Report issued by the DOH (the most recent report as of this writing) indicates that 837 children were screened and found to have blood lead levels higher than the current threshold of 10 µg/dL, requiring case management and environmental investigation by the local boards of health (of more than 205,000 children screened). There were 5,185 children reported with blood lead levels under the 10 µg/dL threshold but over the 5 µg/dL threshold that would be established under the bill, suggesting that the bill would increase the Statewide caseload of lead-affected children requiring services from the local boards of health by more than six times. This increase in caseload would require the hiring of more public health nurses to provide case management services, hiring more certified lead inspectors/risk assessors to conduct environmental assessments and work with contractors to abate the lead hazards, and acquisition of more equipment used in conducting environmental assessments. Because services would not need to be duplicated for multiple children in the same home, and because other economies of scale may be possible, costs may not increase in direct proportion to caseload. The OLS does not have information on the current Statewide level of spending on such activities, but estimates that most municipalities could increase their costs by two to five times in order to meet the increased caseload.

Currently, the DOH issues grants totaling approximately $3 million to local boards of health to support their lead poisoning prevention activities. This does not cover all costs borne by the municipalities that receive these grants, and many municipalities do not receive any State funds for this purpose. The State could increase the amount of these grants in order to offset some of the increased costs for local governments, but the bill does not specifically require such an increase. The OLS also notes that federal funds may also be available to offset some of the increased costs, but there is no certainty that enactment of the bill would have any effect on the amount of federal grant funding that the State or any of its municipalities might receive.

The bill would require the DOH to revise its regulations regarding lead poisoning prevention, and to revise some of the educational materials it currently makes available. Such activities would not significantly change the department's current responsibilities, and could be accommodated within its current administrative budget.

Section:	*Human Services*
Analyst:	*David Drescher* *Senior Fiscal Analyst*
Approved:	*Frank W. Haines III* *Legislative Budget and Finance Officer*

This fiscal estimate has been prepared pursuant to P.L.1980, c.67 (C.52:13B-6 et seq.).

ASSEMBLY, No. 3411

STATE OF NEW JERSEY

217th LEGISLATURE

INTRODUCED MARCH 7, 2016

Sponsored by:
Assemblywoman ELIZABETH MAHER MUOIO
District 15 (Hunterdon and Mercer)
Assemblyman DANIEL R. BENSON
District 14 (Mercer and Middlesex)
Assemblyman TROY SINGLETON
District 7 (Burlington)
Assemblyman LOUIS D. GREENWALD
District 6 (Burlington and Camden)
Assemblywoman NANCY J. PINKIN
District 18 (Middlesex)
Assemblywoman L. GRACE SPENCER
District 29 (Essex)
Assemblywoman JOANN DOWNEY
District 11 (Monmouth)
Assemblywoman SHAVONDA E. SUMTER
District 35 (Bergen and Passaic)
Assemblyman BENJIE E. WIMBERLY
District 35 (Bergen and Passaic)

Co-Sponsored by:
Assemblywoman Vainieri Huttle, Assemblymen Holley, Eustace, Assemblywoman McKnight, Assemblyman Johnson, Assemblywoman Mosquera, Assemblymen Houghtaling, O'Scanlon, Wisniewski, Assemblywomen Lampitt, Tucker and Assemblyman Conaway

SYNOPSIS

Requires DOH regulations regarding elevated blood lead levels in children, and appropriate responses thereto, to be consistent with latest Centers for Disease Control and Prevention recommendations.

CURRENT VERSION OF TEXT

As introduced.

(Sponsorship Updated As Of: 12/20/2016)

AN ACT concerning childhood lead poisoning, and amending P.L.1985, c.84, P.L.1995, c.316, and P.L.1995, c.328.

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

1. Section 2 of P.L.1985, c.84 (C.26:2-131) is amended to read as follows:

2. As used in this act:

[a.**]** "Child" means a person one through five years of age **[**;**]** .

[b.**]** "Commissioner" means the Commissioner of Health **[**;**]** .

[c.**]** "Department" means the Department of Health **[**;**]** .

[d.**]** "Lead poisoning" means **[**a concentration of lead as defined in Chapter XIII of the State Sanitary Code established pursuant to section 7 of P.L. 1947, c. 177 (C. 26:1A-7)**]** the poisoning of the bloodstream that results from prolonged exposure to lead or lead-based substances in water, paint, building materials, or the environment, and which causes uncorrectable developmental delay and decreased mental functioning capacity in children, and in severe cases, can lead to a child's premature death.

(cf: P.L.1985, c.84, s.2)

2. Section 7 of P.L.1995, c.316 (C.26:2-137.1) is amended to read as follows:

7. The Department of Health shall specify by regulation, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.):

a. The lead screening requirements provided for under P.L.1995, c.316 (C.17:48E-35.10 et al.), including the age of the child when initial screening should be conducted, the time intervals between screening, when follow-up testing is required, the methods that shall be used to conduct the lead screening, and , in accordance with the latest recommendations of the federal Centers for Disease Control and Prevention and the provisions of P.L.1995, c.328 (C.26:2-137.2 et seq.), the level of lead in the bloodstream that shall **[**be considered to be "lead poisoning"**]** necessitate the undertaking of responsive action; and

b. The childhood immunizations recommended by the Advisory Committee on Immunization Practices of the United States Public Health Service and the Department of Health.

(cf: P.L.1995, c.316, s.7)

3. Section 1 of P.L.1995, c.328 (C.26:2-137.2) is amended to read as follows:

1. The Legislature finds and declares that:

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 underlined thus is new matter.

a. According to the New Jersey Department of Health, 630,000 children under the age of six are at risk of lead poisoning in New Jersey and should be screened for elevated blood lead levels. Of this number, the Department of Health estimates that 177,000 pre-school children are at particularly high risk of lead poisoning;

b. Approximately 70,000 pre-school children, or almost 10[%] percent of the population of children under age six, are currently screened for lead poisoning;

c. Screening is an essential element [of] in the fight to reduce and eventually eliminate childhood lead poisoning, and identification of children in the early stages of lead exposure can prevent children from suffering severe cases of lead poisoning;

d. There is no safe level of lead exposure in children, and even low levels of lead in the bloodstream have been shown to affect IQ, attention span, and academic achievement, in a manner that cannot be corrected;

e. Although lead can be found in many sources, lead exposure is entirely preventable, and the federal Centers for Disease Control and Prevention recognizes that the best way to address the problem of lead poisoning is to take action to prevent children from coming into contact with lead, while providing appropriate treatment and case management to those children who are found to have elevated blood lead levels;

f. A universal lead screening program will identify which children require medical evaluation and treatment , and will alert parents about the need to identify and abate lead hazards in their [home] homes;

[e. A universal lead screening program that is integrated with education] g. The integration of educational and community outreach programs , as part of a universal lead screening program, will raise public consciousness about the insidious dangers of childhood lead poisoning, [and] encourage parents to take preventive steps to make their homes lead-safe , and encourage communities to strengthen lead exposure prevention programs; and

[f.] h. Universal lead screening and [the] universal reporting of lead test results will [provide] allow the Department of Health and local boards of health [with] to obtain information on [high risk] neighborhoods and communities that are at a high risk for lead exposure, and [can result in] thereby allow for the implementation of targeted lead hazard reduction programs in the areas of greatest need.

(cf: P.L.1995, c.328, s.1)

4. Section 2 of P.L.1995, c.328 (C.26:2-137.3) is amended to read as follows:

2. As used in this act:

"Commissioner" means the Commissioner of Health [;] .

"Department" means the Department of Health [;] .

"Elevated blood lead level" means a level of lead in the bloodstream that equals or exceeds five micrograms per deciliter or other such amount as may be identified in the most recent recommendations from the federal Centers for Disease Control and Prevention, and that necessitates the undertaking of responsive action.

"Lead poisoning" means [an elevated level of lead in the bloodstream, as established by regulation of the department pursuant to this act;] the poisoning of the bloodstream that results from prolonged exposure to lead or lead-based substances in water, paint, building materials, or the environment, and which causes uncorrectable developmental delay and decreased mental functioning capacity in children, and in severe cases, can lead to a child's premature death.

"Lead screening" means the application of a detection technique to measure a child's blood lead level and determine the extent of a child's recent exposure to lead.

(cf: P.L.1995, c.328, s.2)

5. Section 3 of P.L.1995, c.328 (C.26:2-137.4) is amended to read as follows:

3. a. A physician or registered professional nurse, as appropriate, shall perform lead screening on each [of his patients] patient under six years of age to whom [he] the physician or registered professional nurse provides health care services , unless the physician or registered professional nurse has knowledge that the child has already undergone lead screening in accordance with the requirements of this act. If the physician [or] , registered professional nurse , or [his] an authorized staff member cannot perform the required lead screening, the physician or registered professional nurse may refer the patient, in writing, to another physician [or] , registered professional nurse, health care facility , or designated agency or program which is able to perform the lead screening.

b. A health care facility that serves children and is licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) [which serves children] , and any other agency or program that serves children and [that] is designated by the commissioner to perform lead screening, shall perform lead screening on each child under six years of age that the facility, agency , or program serves, unless the facility, agency , or program has knowledge that the child has already undergone lead screening in accordance with the requirements of this act. If the health care facility , agency, or program cannot perform the required lead screening, the [health care] facility , agency, or program may refer the patient, in writing, to another health care facility, physician, registered professional

nurse, or other designated agency or program which is able to perform the lead screening.

c. If a physician, registered professional nurse, or health care facility, agency , or program receives laboratory test results [that indicate] indicating that a child has [lead poisoning] an elevated blood lead level, the physician, registered professional nurse, or health care facility, agency , or program shall notify [, in writing,] the parent or guardian of the child , in writing, about the test results , and shall additionally provide the parent or guardian with an explanation , in plain language , of the significance of lead poisoning. The physician, registered professional nurse, or health care facility, agency , or program [also] shall also take appropriate measures to ensure that any of the child's siblings or other members of the household who are under the age of six either are , or have been , screened for lead exposure.

d. A physician, registered professional nurse, or health care facility, agency , or program shall not be required to conduct lead screening under this act if the parent or guardian of the child objects to the testing in writing.

e. (1) The department shall specify, by regulation, the parameters for lead screening required under this act, including the age of the child when initial screening shall be conducted, the time intervals between screening, when follow-up testing is required, and the methods that shall be used to conduct the lead screening.

(2) (a) The department shall additionally specify, by regulation, in accordance with the most recent recommendations of the federal Centers for Disease Control and Prevention, the elevated blood lead levels that require responsive action under this act, and the types of responsive action, including environmental follow-up, notice to the family, additional screening of family members, the provision of case management services, and the provision of medical treatment such as chelation therapy, that shall be undertaken when a screening test reveals an elevated blood lead level. The levels of responsive action required by the department pursuant to this paragraph may vary, consistent with the latest recommendations of the federal Centers for Disease Control and Prevention, based on the severity of the elevated blood lead level.

(b) Within 30 days after the enactment of P.L. , c. (pending before the Legislature as this bill), and on a biennial basis thereafter, the department shall review and appropriately revise its rules and regulations pertaining to elevated blood lead levels, in order to ensure that they appropriately reflect, and are consistent with, the latest guidance from the federal Centers for Disease Control and Prevention.

f. The department shall develop a mechanism, such as distribution of lead screening record cards or other appropriate means, by which children who have undergone lead screening can be identified by physicians, registered professional nurses , and

health care facilities, agencies , and programs that perform lead screening , so as to avoid duplicate lead screening of children.

g. The department shall [conduct] continuously engage in a public information campaign to inform the parents of young children, as well as physicians, registered professional nurses , and other health care providers , of the lead screening requirements of this act. At a minimum, the public information campaign shall: (1) highlight the importance of lead screening, and encourage parents, especially those who have not yet complied with the lead screening provisions of this act, to have their children screened for lead poisoning at regular intervals, in accordance with the age-based timeframes established by department regulation; and (2) provide for the widespread dissemination of information to parents and health care providers on the dangers of lead poisoning, the factors that contribute to lead poisoning, the recommended ages at which children should be tested for lead poisoning, and the elevated blood lead levels that require responsive action under this act. If the department changes the elevated blood lead levels that require responsive action under this act, as may be necessary to conform its regulations to federal guidance, the information disseminated through the public information campaign shall be appropriately revised to reflect the new action levels, and shall be reissued to parents and health care providers, within 30 days after the change is implemented.

h. The department, to the greatest extent possible, shall coordinate payment for lead screening required pursuant to this act with the State Medicaid program established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.) and other federal children's health programs , so as to ensure that the State receives the maximum amount of federal financial participation available for the lead screening services provided pursuant to this act.

(cf: P.L.1995, c.328, s.3)

6. This act shall take effect immediately.

STATEMENT

This bill would amend the State statutes related to childhood lead poisoning, in order to clarify that the Department of Health (DOH) regulations regarding elevated blood lead levels and the appropriate responses thereto, are to be consistent with the most recent recommendations of the federal Centers for Disease Control and Prevention (CDC).

The CDC previously recommended that responsive action be taken to address childhood lead poisoning in those cases where a lead screening test showed an elevated blood lead level of 10 micrograms per deciliter or more – designated as a blood lead “level

of concern." In late 2010, however, the CDC's Advisory Committee for Childhood Lead Poisoning Prevention (ACCLPP) formed a working group to evaluate new approaches and strategies for defining elevated blood lead levels among children, and to recommend how best to replace the term "level of concern" in response to the accumulation of scientific evidence showing the adverse effects of blood lead levels that are less than 10 micrograms per deciliter.

In its final report, issued in 2012, the working group concluded, based on existing scientific evidence, that the term "level of concern" should be eliminated from all future CDC policies, guidance documents, and other publications, and that the recommendations as to elevated blood lead levels, which were based on that "level of concern," should be updated to reflect current data showing that there is no safe blood lead level in children. In particular, the working group recommended that the CDC adopt a lower benchmark for responsive action – an elevated blood lead level of only five micrograms per deciliter – which is based on the 97.5th percentile of children. The working group also recommended that the CDC take action, every four years, to update this recommended action level, as appropriate, based on the most recent data available.

Although the CDC has concurred with the conclusions of the working group, in this regard, and has updated its own agency recommendations on children's blood lead levels to incorporate the recommendations of the working group, the DOH has not similarly revised its regulations to this effect, and it continues to determine the necessity for responsive action based on the outdated blood lead "level of concern" of 10 micrograms per deciliter.

This bill, therefore, would revise the current law pertaining to childhood lead poisoning, in order to reflect the current position of the CDC on elevated blood lead levels and require the DOH to make its regulations consistent with that position. The bill would define the term "elevated blood lead level" to mean a level of lead in the bloodstream that equals or exceeds five micrograms per deciliter or other such amount as may be identified in the most recent CDC recommendations, and that necessitates the undertaking of responsive action.

The bill would expressly require the DOH's rules and regulations regarding elevated blood lead levels to be consistent with the CDC's recommendations, and it would further require the DOH, within 30 days after the bill's date of enactment, and on at least a biennial basis thereafter, to review and revise these rules and regulations, in order to ensure that they comport with the latest CDC guidance on this issue.

The bill would further specify that the department's public information campaign on lead screening is to: (1) highlight the importance of lead screening, and encourage parents, especially

those who have not yet complied with the screening provisions of this act, to have their children screened for lead poisoning at regular intervals, in accordance with the age-based timeframes established by department regulation; and (2) provide for the widespread dissemination of information to parents and health care providers on the dangers of lead poisoning, the factors that contribute to lead poisoning, the recommended ages at which children should be tested for lead poisoning, and the elevated blood lead levels that will necessitate responsive action under this act. If the DOH changes the elevated blood lead levels that are required for responsive action, as may be necessary to conform its regulations to federal guidance, the information disseminated through the public information campaign would need to be revised and reissued within 30 days thereafter.

ASSEMBLY HEALTH AND SENIOR SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 3411

STATE OF NEW JERSEY

DATED: MAY 12, 2016

The Assembly Health and Senior Services Committee reports favorably Assembly Bill No. 3411.

This bill amends the State statutes related to childhood lead poisoning to require that Department of Health (DOH) regulations regarding testing for, and responses to, elevated blood lead levels in children are to be consistent with the most recent recommendations of the federal Centers for Disease Control and Prevention (CDC).

In 2012, the CDC revised its benchmark for when elevated blood lead levels in children should trigger responsive action, lowering the action level from 10 micrograms of lead per deciliter of blood to five micrograms per deciliter. This bill requires DOH to revise its regulations to make them consistent with the current CDC benchmark, and further requires DOH, within 30 days after the bill's date of enactment and on at least a biennial basis thereafter, to review and revise its rules and regulations to ensure that they comport with the latest CDC guidance.

The bill requires DOH to promulgate regulations concerning the responsive action to be taken when a child's blood lead level tests above the CDC benchmark, including performing environmental follow-up, providing notice to the child's family, performing additional screening of family members, providing case management services, and providing medical treatment, such as chelation therapy.

The bill further specifies that the current DOH public information campaign on lead screening is to: (1) highlight the importance of lead screening and encourage parents to have their children screened for lead poisoning at regular intervals, consistent with the age-based timeframes established by DOH; and (2) provide for the widespread dissemination of information to parents and health care providers on the dangers of lead poisoning, the factors that contribute to lead poisoning, the recommended ages at which children should be tested for lead poisoning, and the elevated blood lead levels that will necessitate responsive action. The bill additionally provides that DOH will be required to revise and reissue the information disseminated through the public information campaign within 30 days of making revisions to its blood lead regulations to remain consistent with current federal recommendations.

As reported by the committee, this bill is identical to Senate Bill No. 1830, which the committee also reported on this date.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY, No. 3411

STATE OF NEW JERSEY

DATED: DECEMBER 15, 2016

The Assembly Appropriations Committee reports favorably Assembly Bill No. 3411.

This bill amends the State statutes related to childhood lead poisoning to require that Department of Health (DOH) regulations regarding testing for, and responses to, elevated blood lead levels in children be consistent with the most recent recommendations of the federal Centers for Disease Control and Prevention (CDC).

In 2012, the CDC revised its benchmark for when elevated blood lead levels in children should trigger responsive action, lowering the action level from 10 micrograms of lead per deciliter of blood to five micrograms per deciliter. This bill requires DOH to revise its regulations to make them consistent with the current CDC benchmark, and further requires DOH, within 30 days after the bill's date of enactment and on at least a biennial basis thereafter, to review and revise its rules and regulations to ensure that they comport with the latest CDC guidance.

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As reported, this bill is identical to Senate Bill No. 1830, as also reported by the committee.

FISCAL IMPACT:

The Office of Legislative Services (OLS) finds that the bill will require a significant increase in spending by local boards of health to provide case management and lead hazard assessments for a much larger number of lead-affected children. Those costs would most likely be concentrated in a relatively small number of municipalities in which lead hazards are most common – typically industrial cities with large stocks of housing built before the 1970s where original lead-based paint has not been removed.

The OLS cannot estimate local costs with precision, but estimates that the Statewide increase would likely be at least $3 million annually (doubling the current amount currently provided in State grants to local governments), and may be as great as $10 million or more.

The OLS notes that the Department of Health published proposed regulations in the New Jersey Register on December 5, 2016 that would update the State's standards for evaluating elevated blood lead levels and related responses to conform to 2012 guidelines published by the federal Centers for Disease Control and Prevention (CDC), effectively obviating any effect of the bill, until new CDC guidelines are published in the future.

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Governor Chris Christie Takes Action On Pending Legislation

Monday, February 6, 2017 Tags: Bill Action

Trenton, NJ – Governor Chris Christie today signed legislation, S-2156/A-3424, requiring medical professionals to educate children and teenagers about addiction risks before issuing prescription drugs.

“This critical prevention legislation will stem the growing tide of drug addiction in New Jersey that has been largely caused by the misuse of prescription drugs or prescription drugs getting into the wrong hands,” Governor Christie said. “Coupled with dozens of other new reforms underway, including a comprehensive in-school curriculum for kindergarteners through 12th graders, we can stop this fatal disease from decimating another generation. Piece by piece, I am proud that my administration, with bipartisan cooperation from the legislature, is creating a holistic model for America to curb this epidemic impacting all residents, families, communities and businesses.”

Governor Christie also took action on the following legislation:

BILL SIGNINGS:

S-602/A-1138 (Cunningham, T. Kean/Holley, Chiaravalloti) - “New Jersey International Arbitration, Mediation, and Conciliation Act”

SCS for S-727/A-3955 (Cruz-Perez, Van Drew/Barclay, Wimberly, Holley) - “New Jersey Open Data Initiative” to require certain information be provided on Internet to public and State agencies

S-879/A-4237 (Greenstein, Bateman/Sumter, Benson) - Prohibits termination of law enforcement officer or firefighter based upon determination that officer or firefighter is physically unable to perform duties under certain circumstances

S-1066/A-3649 (Singer, Beck/S. Kean, Rible, Mukherji, Pinkin, Vainieri Huttle, Schaer) - Allows filing of birth certificate to be delayed for religious reasons, for up to 15 days after birth, in order to allow for naming of child

S-1131/A-3489 (Rice/Tucker, Houghtaling, Mukherji, Wimberly) - Provides for notification of emergency contact in event of death of senior citizen in certain housing facilities

S-1474/A-2786 (Ruiz/Benson, Sumter, Caride, McKnight, Vainieri Huttle, Pintor Marin, Wimberly) - Requires teacher preparation program for instructional certificate to include certain amount of instruction or clinical experience in special education and for students with disabilities endorsement to include credit hours in autism spectrum disorder

S-1830/A-3411 (Rice, Vitale, Turner/Muoio, Benson, Singleton, Greenwald, Pinkin, Downey, Sumter, Wimberly) - Requires DOH regulations regarding elevated blood lead levels in children, and appropriate responses thereto, to be consistent with latest Centers for Disease Control and Prevention recommendations

S-2156/A-3424 (Weinberg, Vitale/Lagana, Pinkin, Vainieri Huttle, Caride, Caputo, Wimberly, Moriarty) - Requires prescribers to discuss addiction risk associated with certain drugs prior to issuing prescription to minor patient

S-2321/A-3774 (Oroho, Beach/Burzichelli, Wisniewski, Mosquera, Houghtaling, Wimberly) - Concerns excessive price increases during state of emergency

S-2364/A-3946 (Oroho, Stack/Burzichelli, Dancer, Mukherji, Holley, A.M. Bucco) - Establishes pilot program appointing third party vendors to administer commercial driver license testing

S-2370/A-3904 (Whelan/Burzichelli) – Authorizes operation of lottery courier services

S-2477/A-4083 (Sarlo, Oroho/Schaer, Space, Mukherji, Singleton) - Concerns certain unused portions of tax credits issued to insurance premiums taxpayers under the Business Employment Incentive Program; exempts certain purchasers of business development incentives from certain State tax notification requirements

S-2731/A-4326 (Greenstein, Bateman/Muoio, Burzichelli, Mazzeo, Mukherji) - Authorizes New Jersey Environmental Infrastructure Trust to expend additional sums to make loans for environmental infrastructure projects for FY2017

S-2732/A-4327 (Codey, Gill/Zwicker, Conaway, Danielsen, Muoio, Mukherji, Gusciora) - Amends list of environmental infrastructure projects approved for long-term funding for FY2017 to include new projects and revise allowable loan amounts for already approved projects

BILLS VETOED:

S-600/A-3625 **(Cunningham, Stack/McKnight, Chiaravalloti, Mukherji) – CONDITIONAL -** Requires DOH to authorize Jersey City to issue certified copies of birth certificates by September 1, 2017

S-1585/A-3335 **(Rice, Ruiz/Sumter, Pintor Marin, Wimberly, Mukherji, Gusciora) - – CONDITIONAL -** Establishes program allowing certain applicants to perform community service in lieu of paying motor vehicle surcharges

S-2267/A-2771 **(Diegnan, Greenstein/Webber, O'Scanlon, A.M. Bucco) - CONDITIONAL -** Establishes asset forfeiture reporting requirements

S-2347/A-3723 **(Rice, Ruiz/Pintor Marin, Giblin) – CONDITIONAL -** Permits certain municipalities to impose and collect payroll tax of up to 1% of employer's payroll

S-2575/A-4187 **(Sweeney, Whelan/Burzichelli)** – **ABSOLUTE -** Disqualifies casino license applicant for five-year period if person substantially closed casino property in State; revokes license; reinstates license eligibility under certain circumstances

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Press Contact:
Brian Murray
609-777-2600

Tougher N.J. law targets kids' lead paint threat

6:14 p.m. ET Feb. 6, 2017

Scott Fallon

Christie signs law lowering amount of toxic metal allowed in kids' blood before a homeowner must take action.

More landlords and other homeowners likely will be forced to remove lead paint from their properties under a law signed by Governor Christie on Monday designed to limit children's exposure to the toxic metal.

The law requires local health boards to determine lead contamination in a home occupied by a child whose blood tests show at least 5 micrograms of lead per deciliter — a standard recommended by the federal Centers for Disease Control and Prevention. New Jersey's threshold had been 10 micrograms per deciliter.

"This is a huge step in addressing the lead problem in this state," said Elyse Pivnick, a director at Isles Inc., a Trenton-based community and environmental advocacy group that pushed for stronger lead laws. "More children will be caught at a much lower level and at an earlier age because we know lead accumulates over time in blood."

Exposure to lead has long been a problem in New Jersey, especially in communities with homes built before 1978, when the metal was banned from paint. Long-term exposure and the ingestion of paint dust can cause a host of health problems, including stunting the development and learning capabilities of children.

Much attention has been paid to lead poisoning from drinking water after the crisis in Flint, Mich., where water was found to be heavily contaminated with the metal due to a series of cost-saving moves by public officials. Although parts of New Jersey have high levels of lead in their drinking water, the majority of elevated lead levels in New Jersey children comes from exposure to lead-based paint, Pivnick said.

Children can easily inhale or ingest dust and paint chips whenever lead paint deteriorates or is scraped. The most effective treatment for lead poisoning is stopping exposure, health officials say.

A report last year by Isles showed high levels of lead had been found in 225,000 New Jersey children since 2000. More than 3,000 new cases of children under 6 with elevated levels of toxic lead were reported in 2015, the latest data available.

Children are required to be tested for lead when they turn a year old and again a year later. The results are given to a town's health board if they are elevated. The board dispatches a nurse to visit the family and an inspector to determine the source of lead in the home. The board can order the homeowner to remove the lead or place wood, vinyl, tile, stone, plaster or special coatings to cover the paint.

"What this new lower lead level means is that more children will likely be identified as having lead exposure, prompting parents, doctors, health officials and communities to take action earlier to reduce the child's future exposure to lead," said Assemblyman Troy Singleton, D-Burlington.

The Office of Legislative Services estimates the new law will cost local health boards $3 million to $10 million to implement. The state Department of Health provides $1.5 million to local boards for the program.

Pivnick said she's hopeful the state will provide the funding.

Christie came under fire last year when he vetoed a bill that would have provided $10 million to a lead-abatement program. Christie and his predecessors had long diverted sales-tax money slated for the Lead Hazard Control Assistance Fund to support other state government programs. Christie eventually restored the funding.

"The governor did the right thing signing this law," Pivnick said. "We know the caseloads are going to go up, so hopefully there will be money to support it."

http://www.northjersey.com/story/news/environment/2017/02/06/law-takes-aim-lead-paints-threat-children/97561476/

TOUGHER LAW TARGETS LEAD PAINT THREAT - CHRISTIE SIGNS BILL MEANT TO LIMIT KIDS' EXPOSURE

Record, The (Hackensack, NJ) - February 7, 2017

- Author/Byline: Scott Fallon, Staff Writer, @NewsFallon
- Edition: AE = BERGEN, PASSAIC-MORRIS, and HERALD NEWS
- Section: NEWS
- Page: A4

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- *Record: 17020756070268*

NJSPOTLIGHT
NEWS, ISSUES AND INSIGHT FOR NEW JERSEY

GOV. CHRISTIE OK'S TIGHTER LEAD-SCREENING LEVELS BASED ON CDC RECOMMENDATIONS

FEBRUARY 7, 2017

LILO H. STAINTON

Using federal guidelines will cut acceptable levels of lead in kids' blood by half

New Jersey's lead-screening standards for children will soon be twice as strong — and tied to federal guidelines in the future — under a law signed by Gov. Chris Christie Monday.

The law requires state lead-poisoning regulations to reflect the recommendations of the Centers for Disease Control and Prevention, which now require additional testing for children found to have more than 5 micrograms of lead per deciliter of blood. Public health experts are pushing to have the federal threshold lowered even further, to 3.5 micrograms/deciliter, and CDC officials tend to update their guidelines every few years.

New Jersey currently considers 10 micrograms/deciliter to be a lead level of "concern" in children six or younger — a threshold state officials have repeatedly defended as safe. But the Department of Health is now in the process of adopting regulations that would reduce this to 5 micrograms/deciliter to reflect the CDC guidance, last updated four years ago, according to a **draft** published in December.

The law was good news to advocates for the environment, safe housing, and public health, who have worked together over the years to encourage the state to adopt more stringent regulations, guided by CDC scientists. Sponsors of the bill also praised Christie for taking action on the measure (**S-1830**), which was approved by both legislative houses in December.

"What this new lower lead level means is that more children will likely be identified as having lead exposure, prompting parents, doctors, health officials, and communities to take action earlier to reduce the child's future exposure to lead," said Assemblyman Troy Singleton (D-Burlington), one of the bill's champions.

State officials **have said** that, in 2015, of the roughly 200,000 children tested, fewer than 900 were found to have blood-lead levels higher than 10 micrograms/deciliter and therefore received additional monitoring, education, and other follow-up. But advocates said that some 3,000 children tested higher than 5 micrograms/deciliter that year. And according to the DOH draft regulations, the state anticipates that using the threshold of 5 micrograms/deciliter going forward could result in an additional 4,000 children being flagged for concern each year.

Lead poisoning became national news in 2015, when dangerously high levels were discovered in the Flint, MI, drinking-water system. Last February, lawmakers in New Jersey **held hearings** to determine the risk here. Since then, dozens of school systems have tested positive for lead-pollution in their water, but experts agree that the biggest problems for the Garden State are industrial contamination and lead-tainted paint, wires, and other fixtures in old buildings.

Children can be affected by eating paint chips, inhaling lead-tainted dust, or playing with lead-based toys imported from other countries, where use of the heavy metal is less restricted. Lead poisoning can cause serious, lifelong mental and physical complications, and even death. (Experts agree that, while no level of lead is safe, medical intervention is usually not required for children with blood-lead levels of less than 45 micrograms/deciliter.)

"If it can be said that any good has come out of the crisis in Flint, it's that it reignited the conversation on lead detection and prevention in children nationwide," said Assemblywoman Nancy Pinkin (D-Middlesex), another sponsor. "This bill turns that conversation into action and demonstrates that we, as a state, are committed to eliminating this threat."

The law requires rules and regulations issued by the state health department to keep pace with CDC recommendations — a mandate the draft regulations submitted in December would currently satisfy — and to review these every two years to ensure they are still consistent with the federal guidance. It also calls on the DOH to do more to educate providers and the public on the danger of high lead levels. New Jersey is one of 17 states that requires children to be screened.

"We are glad the governor has finally acted on this issue, and made New Jersey's practice consistent with the best

CONTINUED

available science," said Staci Berger, president and chief executive officer of the **Housing and Community Development Network** of New Jersey. "This is another tool in the toolbox to help us all stop this childhood health epidemic. We should not use children as lead detectors.

Berger and other advocates have also pushed the Christie administration to invest more in lead remediation, particularly in older, low-income communities where there is greater contamination. Critics contend he has diverted between **$50 million and $100 million** in funds dedicated to lead abatement, and collected through a tax on paint products, for other purposes.

While Christie declined to sign a bill last year that would have reinstated $10 million in funding for lead remediation, his administration has **defended its record** on addressing the contamination. The state already spends $22 million to provide blood screenings, education, and abatement efforts, his office has said, and in April he provided $10 million to help low-income communities address the toxic threat.

http://www.njspotlight.com/stories/17/02/06/gov-christie-ok-s-tighter-lead-screening-levels-based-on-cdc-recommendations/

NJ Getting New Lead Screening Standards

February 7, 2017

Phil Gregory

Governor Christie has signed legislation requiring New Jersey regulations on elevated lead levels in children's blood to be consistent with federal guidelines.

Ann Vardeman with New Jersey Citizen Action says that's a good move.

"This is what the science has shown is that smaller levels of lead can caused damage in children than what was previously thought. Previous levels that New Jersey had the actionable level was actually long after damage was being caused in children."

Staci Berger is president and CEO of the Housing and Community Development Network of New Jersey. She says the lower threshold will get more children into treatment quicker, and that will add to health care costs.

“There really ought not to be a price tag on making sure that children are not poisoned. Whatever it costs New Jersey needs to do it. If we can find $300 million to revamp the Statehouse, we should be able to find the same amount of money to make sure are kids aren’t poisoned for life.”

Advocates want the state to spend more to remediate lead-paint hazards in older homes to prevent more children from being exposed to lead.

http://wbgo.org/post/nj-getting-new-lead-screening-standards