

CHAPTER 7

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:

C.26:2-131 Definitions.

2. As used in this act:

"Child" means a person one through five years of age.

"Commissioner" means the Commissioner of Health.

"Department" means the Department of Health.

"Lead poisoning" means 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.

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

C.26:2-137.1 Specifications for lead screening of children, immunizations.

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 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.

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

C.26:2-137.2 Findings, declarations relative to lead exposure of children.

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 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 homes;

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, encourage parents to take preventive steps to make their homes lead-safe, and encourage communities to strengthen lead exposure prevention programs; and

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

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

C.26:2-137.3 Definitions relative to lead exposure.

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 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.

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

C.26:2-137.4 Lead screening performed; requirements.

3. a. A physician or registered professional nurse, as appropriate, shall perform lead screening on each patient under six years of age to whom 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, registered professional nurse, or 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,

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.), and any other agency or program that serves children and 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 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 indicating that a child has an elevated blood lead level, the physician, registered professional nurse, or health care facility, agency, or program shall notify 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 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.2017, c.7, 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 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.

6. This act shall take effect immediately.

Approved February 6, 2017.