

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



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

M. Jodi Rell
Governor

December 1, 2008

Dear Laboratory Director,

On June 26, 2007, Governor Rell signed Public Act 07-2, which will require mandatory universal blood lead screening of children. Beginning January 1, 2009, medical Primary Care Providers (PCPs) will be required to perform annual blood lead screening of all children less than 3 years of age and to screen any child between the ages of 36 and 72 months who has not been previously screened.

As a result of this legislation, we want you to be aware that you may see an increase in blood lead samples at your laboratory. When reporting blood lead analysis results please be sure to include all of the required information as outlined in Connecticut General Statutes (CGS) Section 19a-110.

Summary of Section 48 of the Legislation that may directly affect hospital and private laboratories is as follows:

Section 48 requires primary care providers to conduct annual blood lead screening of every child age 9 months through 35 months and to conduct blood lead screening of any child age 36 through 72 months who has not been previously screened. Additionally, children are to be screened when clinically indicated as determined by the provider in accordance with established recommendations for childhood lead screening in Connecticut. Also, primary care providers are to conduct a medical risk assessment of each child age 36 through 71 months in accordance with the established recommendations and may conduct a medical risk assessment of any younger child upon determination of need by the provider in accordance with the established recommendations.

Section 49 of the Legislation amends CGS Section 19a-110. However, the laboratory reporting requirement in Subsection (a) that stipulates that clinical laboratories report to the Commissioner of Public Health and the director of health of the town, city or borough in which the person resides any child with a blood lead analysis result that is greater than or equal to 10 micrograms per deciliter within 48 hours after determining the result, was unaffected and remains unchanged. *Laboratory Report of Significant Findings* forms (Form OL-15C) can be obtained from the Connecticut Department of Public Health, Epidemiology Program (telephone 860-509-7994).



Additionally, the legislative changes do not affect subsection (b) of CGS 19a-110 that describes additional laboratory reporting requirements related to lead testing. Enclosed is the complete CGS Section 19a-110 as modified by the Legislation.

For further information regarding the new statute or reporting requirements, please contact the Lead Poisoning Prevention and Control Program at (860) 509-7299.

Respectfully,

A handwritten signature in black ink, appearing to read "Robert Galvin M.D. M.P.H. M.B.A.", with a long horizontal flourish extending to the right.

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

JRG/kg

CONNECTICUT GENERAL STATUTES SECTION 19a-110¹

(a) Not later than forty-eight hours after receiving or completing a report of a person found to have a level of lead in the blood equal to or greater than ten micrograms per deciliter of blood or any other abnormal body burden of lead, each institution licensed under sections 19a-490 to 19a-503, inclusive, as amended, and each clinical laboratory licensed under section 19a-30 shall report to (1) the Commissioner of Public Health, and to the director of health of the town, city or borough in which the person resides: (A) The name, full residence address, date of birth, gender, race and ethnicity of each person found to have a level of lead in the blood equal to or greater than ten micrograms per deciliter of blood or any other abnormal body burden of lead; (B) the name, address and telephone number of the health care provider who ordered the test; (C) the sample collection date, analysis date, type and blood lead analysis result; and (D) such other information as the commissioner may require, and (2) the health care provider who ordered the test, the results of the test. With respect to a child under three years of age, not later than seventy-two hours after the provider receives such results, the provider shall make reasonable efforts to notify the parent or guardian of the child of the blood lead analysis results. Any institution or laboratory making an accurate report in good faith shall not be liable for the act of disclosing said report to the commissioner or to the director of health. The commissioner, after consultation with the Chief Information Officer of the Department of Information Technology, shall determine the method and format of transmission of data contained in said report.

(b) Each institution or laboratory that conducts lead testing pursuant to subsection (a) of this section shall, at least monthly, submit to the Commissioner of Public Health a comprehensive report that includes: (1) The name, full residence address, date of birth, gender, race and ethnicity of each person tested pursuant to subsection (a) of this section regardless of the level of lead in the blood; (2) the name, address and telephone number of the health care provider who ordered the test; (3) the sample collection date, analysis date, type and blood lead analysis result; (4) laboratory identifiers; and (5) such other information as the commissioner may require. Any institution or laboratory making an accurate report in good faith shall not be liable for the act of disclosing said report to the commissioner. The commissioner, after consultation with the Chief Information Officer, shall determine the method and format of transmission of data contained in said report.

(c) Whenever an institutional laboratory or private clinical laboratory conducting blood lead tests pursuant to this section refers a blood lead sample to another laboratory for analysis, the laboratories may agree on which laboratory will report in compliance with subsections (a) and (b) of this section, but both laboratories shall be accountable to insure that reports are made. The referring laboratory shall insure that the requisition slip includes all of the information that is required in subsections (a) and (b) of this section and that this information is transmitted with the blood specimen to the laboratory performing the analysis.

(d) The director of health of the town, city or borough shall provide or cause to be provided, to the parent or guardian of a child reported, pursuant to subsection (a) of this section, with information describing the dangers of lead poisoning, precautions to reduce the risk of lead poisoning and laws and regulations concerning lead abatement. Said information shall be developed by the Department of Public Health and provided to each local and district director of health.

¹ As modified by Public Act 07-2