

STATE OF NEW YORK

9078

IN SENATE

June 15, 2018

Introduced by Sen. HANNON -- read twice and ordered printed, and when printed to be committed to the Committee on Rules

AN ACT to amend the public health law, in relation to the definition of elevated blood lead levels

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Subdivision 6 of section 1370 of the public health law, as
2 amended by chapter 485 of the laws of 1992, is amended to read as
3 follows:

4 6. "Elevated lead levels" means a blood lead level greater than or
5 equal to [~~ten~~] five micrograms of lead per deciliter of whole blood or
6 such lower blood lead level as may be established by the department
7 pursuant to rule or regulation.

8 § 2. Paragraphs (c) and (d) of subdivision 2 of section 1370-a of the
9 public health law, paragraph (c) as amended by section 4 of part A of
10 chapter 58 of the laws of 2009, paragraph (d) as added by chapter 485 of
11 the laws of 1992, are amended and a new paragraph (e) is added to read
12 as follows:

13 (c) establish a statewide registry of lead levels of children provided
14 such information is maintained as confidential except for (i) disclosure
15 for medical treatment purposes; (ii) disclosure of non-identifying
16 epidemiological data; and (iii) disclosure of information from such
17 registry to the statewide immunization information system established by
18 section twenty-one hundred sixty-eight of this chapter; [~~and~~]

19 (d) develop and implement public education and community outreach
20 programs on lead exposure, detection and risk reduction; and

21 (e) provide for the conduct of lead case management by both the
22 department and local departments of health based on the blood lead level
23 of a child as follows:

24 (i) a blood lead level greater than or equal to five micrograms of
25 lead per deciliter of whole blood shall require a routine assessment of
26 nutritional and developmental milestones, along with an environmental
27 assessment based on a detailed history to identify potential sources of
28 lead exposure, include nutritional counseling related to calcium and

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[~~-~~] is old law to be omitted.

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1 iron intake and follow-up blood lead level monitoring at recommended
2 intervals based on the child's age;

3 (ii) a blood lead level greater than or equal to ten micrograms of
4 lead per deciliter of whole blood shall require a routine assessment of
5 nutritional and developmental milestones, along with an environmental
6 assessment based on a detailed history and an environmental investi-
7 gation with a home visit to identify potential sources of lead exposure,
8 include nutritional counseling related to calcium and iron intake,
9 consider lab work to assess iron status and follow-up blood lead level
10 monitoring at recommended intervals;

11 (iii) a blood level greater than or equal to twenty micrograms of lead
12 per deciliter of whole blood shall require a complete history and phys-
13 ical examination, a neurodevelopmental assessment, along with an envi-
14 ronmental investigation of the home and lead hazard reduction, lab work
15 on iron status, hemoglobin or hematocrit, also an abdominal x-ray with
16 bowel decontamination if indicated, and follow-up blood lead level moni-
17 toring at recommended intervals;

18 (iv) a blood lead level greater than or equal to forty-five micrograms
19 of lead per deciliter of whole blood shall require a complete history
20 and physical examination, a complete neurological exam including neuro-
21 development assessment, an environmental investigation of the home and
22 lead hazard reduction, lab work on iron status, hemoglobin or hemato-
23 crit, an abdominal x-ray with bowel decontamination if indicated, also
24 oral chelation therapy with consideration of hospitalization if a lead
25 safe environment cannot be assured, and follow-up blood lead level moni-
26 toring at recommended intervals; and

27 (v) a blood lead level greater than or equal to seventy micrograms of
28 lead per deciliter of whole blood shall require hospitalization with
29 chelation therapy in conjunction with consultation with a medical toxi-
30 cologist or a pediatric environmental health specialty unit and follow-
31 ing additional actions according to interventions for blood lead level
32 greater than or equal to forty-five micrograms of lead per deciliter as
33 set forth in subparagraph four of this paragraph.

34 § 3. This act shall take effect on the one hundred twentieth day after
35 it shall have become a law.