

# STATE OF NEW YORK

7325--B

2021-2022 Regular Sessions

## IN ASSEMBLY

May 5, 2021

Introduced by M. of A. PEOPLES-STOKES, REYES, OTIS, GALEF -- read once and referred to the Committee on Health -- reported and referred to the Committee on Ways and Means -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- recommitted to the Committee on Ways and Means in accordance with Assembly Rule 3, sec. 2 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to prevention and screening for elevated lead levels in children

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

1 Section 1. This act shall be known and may be cited as "Dakota's Law".  
2 § 2. Paragraphs (c) and (d) of subdivision 2 of section 1370-a of the  
3 public health law, paragraph (c) as amended by section 4 of part A of  
4 chapter 58 of the laws of 2009, and paragraph (d) as added by chapter  
5 485 of the laws of 1992, are amended and two new paragraphs (e) and (f)  
6 are added to read as follows:  
7 (c) establish a statewide registry of lead levels of children provided  
8 such information is maintained as confidential except for (i) disclosure  
9 for medical treatment purposes; (ii) disclosure of non-identifying  
10 epidemiological data; and (iii) disclosure of information from such  
11 registry to the statewide immunization information system established by  
12 section twenty-one hundred sixty-eight of this chapter; [~~and~~]  
13 (d) develop and implement public education and community outreach  
14 programs on lead exposure, detection and risk reduction[~~-~~];  
15 (e) require primary health care providers to provide the parent or  
16 guardian of each child under six years of age anticipatory guidance on  
17 lead poisoning prevention as part of routine care, including but not  
18 limited to their right to an inspection if the child is in an area of  
19 high risk; and

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

LBD09876-10-2

1 (f) develop and update as necessary, in consultation with the New York  
2 state advisory council on lead poisoning prevention, a standardized lead  
3 exposure risk assessment questionnaire that shall be available on the  
4 department's website for primary health care providers to utilize pursu-  
5 ant to subdivision two-a of section thirteen hundred seventy-c of this  
6 title.

7 § 3. Section 1370-c of the public health law is amended by adding a  
8 new subdivision 2-a to read as follows:

9 2-a. Every primary health care provider shall conduct a lead exposure  
10 risk assessment questionnaire provided by the department beginning at  
11 least six months and continuing until the age of six at each routine  
12 well-child visit, or at least annually if a child has not had routine  
13 well-child visits.

14 § 4. Section 1370-d of the public health law, as added by chapter 485  
15 of the laws of 1992, is amended to read as follows:

16 § 1370-d. Lead screening of child care [~~or~~], pre-school, pre-kinder-  
17 garten or kindergarten enrollees. 1. Except as provided pursuant to  
18 regulations of the department, each child care provider, public and  
19 private nursery school [~~and~~], pre-school, and pre-kindergarten or  
20 kindergarten licensed, certified or approved by any state or local agen-  
21 cy shall, prior to or within three months after initial enrollment of a  
22 child under six years of age, obtain from a parent or guardian of the  
23 child evidence that said child has been screened for lead.

24 2. Whenever there exists no evidence of lead screening as provided for  
25 in subdivision one of this section or other acceptable evidence of the  
26 child's screening for lead, the child care provider, principal, teacher,  
27 owner or person in charge of the nursery school [~~or~~], pre-school, or  
28 pre-kindergarten or kindergarten shall provide the parent or guardian of  
29 the child with information on lead poisoning in children and lead  
30 poisoning prevention and refer the parent or guardian to a primary care  
31 provider or the local health authority.

32 3. (a) If any parent or guardian to such child is unable to obtain  
33 lead testing, such person may present such child to the health officer  
34 of the county in which the child resides, who shall then perform or  
35 arrange for the required screening.

36 (b) The local public health district shall develop and implement a fee  
37 schedule for households with incomes in excess of two hundred percent of  
38 the federal poverty level for lead screening pursuant to section six  
39 hundred six of this chapter, which shall vary depending on patient  
40 household income.

41 § 5. Paragraph (d) of subdivision 8 of section 2168 of the public  
42 health law, as amended by chapter 154 of the laws of 2013, subparagraph  
43 (i) as amended by chapter 733 of the laws of 2021, is amended to read as  
44 follows:

45 (d) The following authorized users shall have access to the statewide  
46 immunization information system and the blood lead information in such  
47 system and the citywide immunization registry for the purposes stated in  
48 this paragraph: (i) schools for the purpose of verifying immunization  
49 status for eligibility for admission, for the purpose of confirming a  
50 student has been screened for lead when enrolling in child care, pre-  
51 school, pre-kindergarten or kindergarten, and for the provision of  
52 appropriate educational materials developed by the department pursuant  
53 to section thirteen hundred seventy-a of this chapter on the dangers of  
54 lead exposure, and the health risks associated with elevated blood lead  
55 levels to the parents or legal guardians of the student with an elevated  
56 blood lead level, as such term is defined in subdivision six of section

1 thirteen hundred seventy of this chapter, as well as information on  
2 programs that may be available to the student and the parents or legal  
3 guardians of the student, provided that, for every school that has  
4 applied for and been granted access to identifiable registrant informa-  
5 tion pursuant to this subdivision, the department shall make available  
6 the capability to batch download sets of immunization records of only  
7 those children under their administrative responsibility; (ii) colleges  
8 for verifying immunization status for eligibility for admission; (iii)  
9 professional and technical schools for verifying immunization status for  
10 eligibility for admission; (iv) children's overnight camps and summer  
11 day camps for verifying immunization status of children attending camp;  
12 (v) third party payer for performing quality assurance, accountability  
13 and outreach, relating to enrollees covered by the third party payer;  
14 (vi) commissioners of local social services districts with regard to a  
15 child in his/her legal custody; (vii) the commissioner of the office of  
16 children and family services with regard to children in their legal  
17 custody, and for quality assurance and accountability of commissioners  
18 of local social services districts, care and treatment of children in  
19 the custody of commissioners of local social services districts; and  
20 (viii) WIC programs for the purposes of verifying immunization and lead  
21 testing status for those seeking or receiving services.

22 § 6. This act shall take effect immediately.