

STATE OF NEW YORK

5024--A

2021-2022 Regular Sessions

IN SENATE

February 22, 2021

Introduced by Sen. RIVERA -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- 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 at risk of lead
19 exposure; and

20 (f) develop and update as necessary, in consultation with the New York
21 state advisory council on lead poisoning prevention, a standardized lead
22 exposure risk assessment questionnaire that shall be available on the
23 department's website for primary health care providers to utilize pursu-

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

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1 ant to subdivision two-a of section one thousand three hundred seventy-c
2 of this title.

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

5 2-a. Every primary health care provider shall conduct a lead exposure
6 risk assessment questionnaire provided by the department beginning at
7 least six months and continuing until the age of six at each routine
8 well-child visit, or at least annually if a child has not had routine
9 well-child visits.

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

12 § 1370-d. Lead screening of child care [~~or~~], pre-school, pre-kinder-
13 garten or kindergarten enrollees. 1. Except as provided pursuant to
14 regulations of the department, each child care provider, public and
15 private nursery school [~~and~~], pre-school, and pre-kindergarten or
16 kindergarten licensed, certified or approved by any state or local agen-
17 cy shall, prior to or within three months after initial enrollment of a
18 child under six years of age, obtain from a parent or guardian of the
19 child evidence that said child has been screened for lead.

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

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

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

37 § 5. Paragraph (d) of subdivision 8 of section 2168 of the public
38 health law, as amended by chapter 154 of the laws of 2013, subparagraph
39 (i) as amended by section 7 of part MM of chapter 57 of the laws of
40 2018, is amended to read as follows:

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

1 schools for verifying immunization status for eligibility for admission;
2 (iv) children's overnight camps and summer day camps for verifying
3 immunization status of children attending camp; (v) third party payer
4 for performing quality assurance, accountability and outreach, relating
5 to enrollees covered by the third party payer; (vi) commissioners of
6 local social services districts with regard to a child in his/her legal
7 custody; (vii) the commissioner of the office of children and family
8 services with regard to children in their legal custody, and for quality
9 assurance and accountability of commissioners of local social services
10 districts, care and treatment of children in the custody of commission-
11 ers of local social services districts; and (viii) WIC programs for the
12 purposes of verifying immunization and lead testing status for those
13 seeking or receiving services.

14 § 6. This act shall take effect immediately.