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Introduced by Sens. RIVERA, KENNEDY, BIAGGI, BROUK, GAUGHRAN, GOUNARDES, HOYLMAN, JACKSON, MAY, RAMOS, SANDERS, SEPULVEDA -- 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 -- reported favorably from said committee, ordered to first and second report, amended on second report, ordered to a third reading, and to be reprinted as amended, retaining its place in the order of third reading -- recommitted to the Committee on Health in accordance with Senate Rule 6, sec. 8 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- reported favorably from said committee, ordered to first and second report, ordered to a third reading, amended and ordered reprinted, retaining its place in the order of third reading

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:

Section 1. This act shall be known and may be cited as "Dakota's Law".

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

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

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

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(d) develop and implement public education and community outreach programs on lead exposure, detection and risk reduction[~~.~~]; **(e) require primary health care providers to provide the parent or guardian of each child under six years of age anticipatory guidance on lead poisoning prevention as part of routine care, including but not limited to contact information for the state-designated childhood lead poisoning primary prevention program serving their county; and**

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

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

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

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

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

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

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

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

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

(d) The following authorized users shall have access to the statewide immunization information system and the blood lead information in such system and the citywide immunization registry for the purposes stated in this paragraph: (i) schools for the purpose of verifying immunization status for eligibility for admission, for the purpose of confirming a

student has been screened for lead when enrolling in child care, pre-school**, pre-kindergarten** or kindergarten, and for the provision of appropriate educational materials developed by the department pursuant to section thirteen hundred seventy-a of this chapter on the dangers of lead exposure, and the health risks associated with elevated blood lead levels to the parents or legal guardians of the student with an elevated blood lead level, as such term is defined in subdivision six of section thirteen hundred seventy of this chapter, as well as information on programs that may be available to the student and the parents or legal guardians of the student, provided that, for every school that has applied for and been granted access to identifiable registrant information pursuant to this subdivision, the department shall make available the capability to batch download sets of immunization records of only those children under their administrative responsibility; (ii) colleges for verifying immunization status for eligibility for admission; (iii) professional and technical schools for verifying immunization status for eligibility for admission; (iv) children's overnight camps and summer day camps for verifying immunization status of children attending camp; (v) third party payer for performing quality assurance, accountability and outreach, relating to enrollees covered by the third party payer; (vi) commissioners of local social services districts with regard to a child in his/her legal custody; (vii) the commissioner of the office of children and family services with regard to children in their legal custody, and for quality assurance and accountability of commissioners of local social services districts, care and treatment of children in the custody of commissioners of local social services districts; and (viii) WIC programs for the purposes of verifying immunization and lead testing status for those seeking or receiving services.

§ 6. This act shall take effect immediately.