

ASSEMBLY, No. 216

STATE OF NEW JERSEY

219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

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SYNOPSIS

Requires various measures to address effects of low levels of lead exposure.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



1 **AN ACT** concerning childhood lead poisoning, amending P.L.1995,
2 c.328, and supplementing chapter 40 of Title 18A of the New
3 Jersey Statutes, chapter 1A of Title 26 of the Revised Statutes,
4 and P.L.1983, c.492 (C.30:5B-1 et seq.).

5
6 **WHEREAS**, Childhood lead poisoning remains a critical environmental
7 health concern in New Jersey; and

8 **WHEREAS**, Childhood lead exposure has been linked to a number of
9 adverse cognitive outcomes, including reduced performance on
10 standardized intelligence quotient tests, decreased performance on
11 cognitive functioning tests, adverse neuropsychological outcomes,
12 neurobehavioral deficits, decreased end-of-grade test scores, and
13 classroom attention deficit behaviors; and

14 **WHEREAS**, Many health and education providers today are not
15 knowledgeable about the continuing existence of lead poisoning
16 among children in New Jersey or the current research that provides
17 evidence of neurotoxic effects of lead on the developing brain, even
18 at low levels of exposure previously considered safe; and

19 **WHEREAS**, Primary prevention of lead poisoning and early
20 intervention in the case of those affected by the presence of lead in
21 the environment require a broad community approach; and

22 **WHEREAS**, There are important steps that the State of New Jersey can
23 take to contribute to both lead poisoning prevention and early
24 intervention efforts; now, therefore,

25
26 **BE IT ENACTED** *by the Senate and General Assembly of the State*
27 *of New Jersey:*

28
29 1. (New section) a. The entry-examination documentation
30 required to be provided upon enrollment in a public school shall
31 include information on whether the student has a history of a blood
32 lead level equal to or greater than 5 micrograms of lead per deciliter
33 of blood.

34 b. The school nurse shall maintain a list of students who have a
35 history of a blood lead level equal to or greater than 5 micrograms
36 of lead per deciliter of blood. The list shall be maintained in a
37 manner consistent with State and federal laws concerning the
38 privacy of student records.

39
40 2. (New section) Each school district and charter school shall,
41 in consultation with parents and community partners, adopt a
42 written policy addressing students affected by lead poisoning. The
43 policy shall be designed to assist in identifying students who have
44 been exposed to lead and in providing early intervention. The
45 policy shall include, but not be limited to:

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

- 1 a. Staff education;
- 2 b. Parent education strategies; and
- 3 c. Referral of identified students, as appropriate, for
- 4 monitoring, for enrichment opportunities and other services, or for
- 5 an evaluation to determine eligibility for special education
- 6 programs and services.
- 7
- 8 3. (New section) The parent education component of the
- 9 policy adopted by a school district pursuant to section 2 of
- 10 P.L. , c. (C.) (pending before the Legislature as this bill)
- 11 shall include, but not be limited to, information regarding:
- 12 a. Sources of lead exposure;
- 13 b. Lead exposure prevention strategies;
- 14 c. The importance of lead screening;
- 15 d. The importance of enrichment and effective parenting in
- 16 improving learning and behavior outcomes for students affected by
- 17 lead poisoning; and
- 18 e. Resources for education and intervention strategies to
- 19 counteract the effects of lead poisoning.
- 20
- 21 4. (New section) The State Board of Education shall, as part of
- 22 the professional development requirement established by the State
- 23 board for public school teaching staff members, require each public
- 24 school teaching staff member to complete instruction on lead
- 25 poisoning in children. The instruction on lead poisoning in children
- 26 shall include, but not be limited to: information on the neurotoxic
- 27 effects of lead on the developing brain; the responsibilities of the
- 28 school community in the identification of children exposed to lead;
- 29 and the multifaceted approaches for providing early interventions to
- 30 counteract the harmful effects of lead poisoning.
- 31
- 32 5. (New section) a. A school district or charter school
- 33 employee who knows that a student has been exposed to lead shall
- 34 immediately inform the school nurse. Upon notification, the school
- 35 nurse shall:
- 36 (1) inform the student's parent or guardian and provide the
- 37 parent or guardian with an explanation in plain language of the
- 38 significance of lead poisoning;
- 39 (2) inform the student's medical home, if known, or the medical
- 40 inspector of the school district employed pursuant to N.J.S.18A:40-
- 41 1, for the purpose of a medical evaluation; and
- 42 (3) refer the student and his family to the local health
- 43 department for environmental intervention, as appropriate.
- 44 b. The provisions of this section shall be conducted in a
- 45 manner that complies with State and federal laws protecting the
- 46 privacy of the student and his family.

1 6. (New section) The Early Intervention Program in the
2 Department of Health, established pursuant to section 2 of
3 P.L.1993, c.309 (C.26:1A-36.7), shall:

4 a. Identify infants and toddlers with blood lead levels equal to
5 or greater than 5 micrograms of lead per deciliter of blood;

6 b. Evaluate infants and toddlers identified pursuant to
7 subsection a. of this section for developmental delays; and

8 c. Refer families of eligible infants and toddlers for appropriate
9 early intervention services.

10
11 7. (New section) The health record required by law to be
12 maintained by a child care center for an enrolled child shall include
13 information provided by a health care provider on whether or not a
14 child has a history of a blood lead level equal to or greater than 5
15 micrograms of lead per deciliter of blood.

16 As used in this section, "child care center" means a child care
17 center as defined in section 3 of P.L.1983, c.492 (C.30:5B-3).

18
19 8. Section 5 of P.L.1995, c.328 (C.26:2-137.6) is amended to
20 read as follows:

21 5. a. The department shall maintain a central data base which
22 shall include a record of all lead screening conducted pursuant to
23 this act. The data base shall include the name, age and address of
24 the child screened and any other demographic data the department
25 deems necessary. The data base shall be geographically indexed in
26 order to determine the location of areas of relatively high incidence
27 of lead poisoning. The data base shall include information indexed
28 by kindergarten cohort.

29 b. The information reported to and compiled by the department
30 pursuant to this act is to be used only by the department and such
31 other agencies as may be designated by the commissioner and shall
32 not otherwise be divulged or made public so as to disclose the
33 identity of any child to whom it relates without written parental
34 consent; and to that end, the information shall not be included under
35 materials available to public inspection pursuant to P.L.1963, c.73
36 (C.47:1A-1 et seq.). The department may, however, make such
37 statistical reports available using information compiled from the
38 data base if the name or other identifying information of the child
39 screened is not revealed.

40 (cf: P.L.1995, c.328, s.5)

41
42 9. This act shall take effect in the first full school year
43 following the date of enactment.

STATEMENT

Lead poisoning continues to be an issue for the children of New Jersey. Current research provides evidence of the neurotoxic effects of lead on the developing brain, even at low levels of exposure previously considered safe. This bill includes a number of provisions designed to contribute to prevention and early intervention efforts to address the effects of lead poisoning on children.

This bill requires that the entry-examination documentation required to be provided upon enrollment in a public school will include information on whether the student has a history of a blood lead level equal to or greater than 5 micrograms of lead per deciliter of blood. The school nurse will be required to maintain a list of students who have a history of this elevated blood lead level.

The bill also requires each school district and charter school to adopt a written policy addressing students affected by lead poisoning. The policy will include, but not be limited to:

- staff education;
- parent education strategies; and
- referral of identified students, as appropriate, for monitoring, for enrichment opportunities and other services, or for an evaluation to determine eligibility for special education programs and services.

The bill requires a teaching staff member as part of his professional development requirements to complete instruction on lead poisoning in children. The instruction will include information on the neurotoxic effects of lead on the developing brain, the responsibilities of the school community in the identification of children exposed to lead, and the multifaceted approaches for providing early interventions to counteract the harmful effects of lead poisoning.

Under the provisions of the bill, a school district or charter school employee who knows that a student has been exposed to lead must immediately inform the school nurse. Upon notification, the school nurse is required to inform the student's parent or guardian and also to inform the student's medical home, if known, or the medical inspector of the school district. The bill also specifies that the student may be referred to the local health department for environmental intervention as appropriate.

The Early Intervention Program in the Department of Health is a program for locating and determining the eligibility of children, from birth until three years of age, who are potentially eligible to receive early intervention services. The program is also responsible for providing the early intervention services to the children and families deemed eligible. This bill specifically provides for the inclusion of children with lead exposure under the early intervention program. The bill requires that the program will:

- 1 • identify infants and toddlers with blood lead levels equal to
 - 2 or greater than 5 micrograms of lead per deciliter of blood;
 - 3 • evaluate identified infants and toddlers for developmental
 - 4 delays; and
 - 5 • refer families of eligible infants and toddlers for appropriate
 - 6 early intervention services.
- 7 The bill requires the health record which must be maintained by
- 8 each child care center for an enrolled child to include information
- 9 provided by a health care provider on whether or not a child has a
- 10 history of a blood lead level equal to or greater than 5 micrograms
- 11 of lead per deciliter of blood. A "child care center" is a facility
- 12 which is maintained for the care, development, or supervision of six
- 13 or more children.
- 14 The bill also amends the law requiring the Department of Health
- 15 to maintain a central data base that includes a record of all lead
- 16 screenings conducted pursuant to P.L.1995, c.328 (C.26:2-
- 17 137.2 et seq.). Under the bill, this data base will also be required to
- 18 include results of blood screenings indexed by kindergarten cohort.