

ASSEMBLY, No. 4311

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED JUNE 25, 2020

Sponsored by:

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

Assemblyman ANTHONY S. VERRELLI

District 15 (Hunterdon and Mercer)

SYNOPSIS

Revises and codifies schedule for childhood lead screening along with other immunization and wellness checks as precondition of child's initial entry into school system.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 7/2/2020)

1 AN ACT concerning childhood lead poisoning prevention, amending
2 P.L.1995, c.316, and amending and supplementing P.L.1995,
3 c.328.

4
5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:

7
8 1. (New section) a. Every physician, registered professional
9 nurse, or health care facility, agency, or program that is subject to
10 the provisions of section 3 of P.L.1995, c.328 (C.26:2-137.4) shall
11 perform lead screening on each patient between six months and six
12 years of age, in accordance with the schedule specified in this
13 section.

14 b. A child shall be screened for lead poisoning, during the
15 regular course of a well visit:

16 (1) when the child is between nine and 18 months of age;
17 preferably on the date of, or as close as possible to, the child's first
18 birthday;

19 (2) at least six months after the first lead screening test, when
20 the child is between 18 and 26 months of age; preferably on the date
21 of, or as close as possible to, the child's second birthday; and

22 (3) immediately prior to the child's initial enrollment in school.

23 c. Notwithstanding the provisions of the "Clinical Laboratory
24 Improvement Act," P.L.1975, c.166 (C.45:9-42.26 et seq.), and the
25 regulations adopted thereunder, to the contrary, a physician,
26 registered professional nurse, or health care facility, agency, or
27 program performing lead screening in accordance with the
28 provisions of this section and the provisions of P.L.1995, c.328
29 (C.26:2-137.2 et seq.) may perform the screening on-site, at the
30 point of care, during the course of a well visit, without the need to
31 obtain a laboratory license pursuant to the "Clinical Laboratory
32 Improvement Act." However, any such person, facility, agency, or
33 program that performs point-of-care lead screening tests without a
34 laboratory license, as provided by this subsection, shall remain
35 subject to, and shall continue to comply with, the other applicable
36 provisions of P.L.1975, c.166 (C.45:9-42.26 et seq.), and the
37 regulations adopted pursuant thereto, which relate to laboratory
38 performance, quality control, and proficiency testing; laboratory
39 sanitation, safety, and staffing; the maintenance of laboratory
40 equipment; the acceptance, collection, transportation, identification,
41 and examination of laboratory specimens; and laboratory reporting.

42 d. The physician, registered professional nurse, or health care
43 facility, agency, or program performing lead screening in
44 accordance with the provisions of this section and the provisions of
45 P.L.1995, c.328 (C.26:2-137.2 et seq.) shall record, in the child's

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 permanent health record, the date the test was administered and the
2 results of the test. Any such information, which has been
3 incorporated into the child's permanent health record, shall also be
4 noted on any physical examination form that a public or private
5 school or school system requires parents or guardians to submit as a
6 condition of school admission or enrollment.

7 e. The principal, director, or other person in charge of a public
8 or private school in this State shall not knowingly admit or enroll in
9 a pre-kindergarten or kindergarten class, as appropriate, any child
10 whose parent or guardian has failed to submit acceptable
11 documentation showing the child's test results for lead screening
12 conducted in accordance with the provisions of paragraph (3) of
13 subsection b. of this section. If the documentation submitted by the
14 child's parent or guardian indicates that the child has not yet been
15 screened for lead poisoning in accordance with the provisions of
16 paragraph (3) of subsection b. of this section, the child's initial
17 enrollment in school shall be deferred until such time as the child
18 has been screened for lead poisoning, in accordance with the
19 provisions of that paragraph, and acceptable documentation
20 showing the results of that test have been submitted to the school.

21 f. As used in this section:

22 "Acceptable documentation" means a paper or electronic copy of
23 a health record or other official medical documentation that
24 indicates the child's lead screening results. "Acceptable
25 documentation" includes, but is not limited to, a physical
26 examination form that is prepared by a physician or other health
27 care practitioner and is submitted to a school specifically to verify a
28 child's medical and vaccination history for the purposes of school
29 enrollment and attendance.

30 "Initial enrollment in school" means the enrollment of a child in
31 a public or private pre-kindergarten class, or the enrollment of a
32 child in a public or private kindergarten class, whichever occurs
33 first.
34

35 2. Section 7 of P.L.1995, c.316 (C.26:2-137.1) is amended to
36 read as follows:

37 7. The Department of Health shall specify by regulation,
38 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
39 (C.52:14B-1 et seq.):

40 a. The lead screening requirements provided for under
41 P.L.1995, c.316 (C.17:48E-35.10 et al.), including the age of the
42 child when initial screening should be conducted, the time intervals
43 between screening, when follow-up testing is required, the methods
44 that shall be used to conduct **the** lead screening, and, in
45 accordance with the latest recommendations of the federal Centers
46 for Disease Control and Prevention and the provisions of P.L.1995,
47 c.328 (C.26:2-137.2 et seq.), the level of lead in the bloodstream
48 that shall necessitate the undertaking of responsive action . Any

1 regulations adopted pursuant to this subsection shall be consistent
2 with the provisions of P.L.1995, c.328 (C.26:2-137.2 et seq.) and
3 section 1 of P.L. , c. (C.) (pending before the Legislature
4 as this bill); and

5 b. The childhood immunizations recommended by the
6 Advisory Committee on Immunization Practices of the United
7 States Public Health Service and the Department of Health.
8 (cf: P.L.2017, c.7, s.2)

9
10 3. Section 3 of P.L.1995, c.328 (C.26:2-137.4) is amended to
11 read as follows:

12 3. a. A physician or registered professional nurse, as
13 appropriate, shall perform lead screening on each patient under six
14 years of age to whom the physician or registered professional nurse
15 provides health care services, in accordance with the timeframes
16 established pursuant to section 1 of P.L. , c. (C.) (pending
17 before the Legislature as this bill), unless the physician or registered
18 professional nurse has knowledge that the child has already
19 undergone lead screening in accordance with the requirements of
20 **【this act】** P.L.1995, c.328 (C.26:2-137.2 et seq.) and section 1 of
21 P.L. , c. (C.) (pending before the Legislature as this bill). If
22 the physician, registered professional nurse, or an authorized staff
23 member cannot perform the required lead screening, the physician
24 or registered professional nurse may refer the patient, in writing, to
25 another physician, registered professional nurse, health care facility,
26 or designated agency or program which is able to perform the lead
27 screening.

28 b. A health care facility that serves children and is licensed
29 pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), and any other
30 agency or program that serves children and is designated by the
31 commissioner to perform lead screening, shall perform lead
32 screening on each child under six years of age that the facility,
33 agency, or program serves, in accordance with the timeframes
34 established pursuant to section 1 of P.L. , c. (C.) (pending
35 before the Legislature as this bill), unless the facility, agency, or
36 program has knowledge that the child has already undergone lead
37 screening in accordance with the requirements of **【this act】**
38 P.L.1995, c.328 (C.26:2-137.2 et seq.) and section 1 of P.L. ,
39 c. (C.) (pending before the Legislature as this bill). If the
40 health care facility, agency, or program cannot perform the required
41 lead screening, the facility, agency, or program may refer the
42 patient, in writing, to another health care facility, physician,
43 registered professional nurse, or other designated agency or
44 program which is able to perform the lead screening.

45 c. If **【a physician, registered professional nurse, or health care**
46 **facility, agency, or program receives laboratory】** lead screening test
47 results **【indicating】** indicate that a child has an elevated blood lead

1 level, the physician, registered professional nurse, or health care
2 facility, agency, or program shall notify the parent or guardian of
3 the child, in writing, about the test results, and shall additionally
4 provide the parent or guardian with an explanation, in plain
5 language, of the significance of lead poisoning. The physician,
6 registered professional nurse, or health care facility, agency, or
7 program shall also take appropriate measures to ensure that any of
8 the child's siblings or other members of the household who are
9 under the age of six either are, or have been, screened for lead
10 exposure.

11 d. A physician, registered professional nurse, or health care
12 facility, agency, or program shall not be required to conduct lead
13 screening **【under this act】** of a child if the parent or guardian of the
14 child objects to the testing in writing.

15 e. (1) The department shall specify, by regulation, **【the**
16 parameters for lead screening required under this act, including the
17 age of the child when initial screening shall be conducted, the time
18 intervals between screening, when follow-up testing is required,
19 and**】** the methods that shall be used by physicians, registered
20 professional nurses, and health care facilities, agencies, or programs
21 to conduct **【the】** lead screening in accordance with the provisions
22 of P.L.1995, c.328 (C.26:2-137.2 et seq.) and section 1 of P.L. ,
23 c. (C.) (pending before the Legislature as this bill), and the
24 conditions and circumstances that will necessitate the use of follow-
25 up testing.

26 (2) (a) The department shall additionally specify, by regulation,
27 in accordance with the most recent recommendations of the federal
28 Centers for Disease Control and Prevention, the elevated blood lead
29 levels that require responsive action **【under this act】**, and the types
30 of responsive action, including environmental follow-up, notice to
31 the family, additional screening of family members, the provision of
32 case management services, and the provision of medical treatment
33 such as chelation therapy, that shall be undertaken when a screening
34 test reveals an elevated blood lead level. The levels of responsive
35 action required by the department pursuant to this paragraph may
36 vary, consistent with the latest recommendations of the federal
37 Centers for Disease Control and Prevention, based on the severity
38 of the elevated blood lead level.

39 (b) Within 30 days after the enactment of P.L.2017, c.7, and on
40 a biennial basis thereafter, the department shall review and
41 appropriately revise its rules and regulations pertaining to elevated
42 blood lead levels, in order to ensure that they appropriately reflect,
43 and are consistent with, the latest guidance from the federal Centers
44 for Disease Control and Prevention.

45 f. The department shall develop a mechanism, such as
46 distribution of lead screening record cards or other appropriate
47 means, by which children who have undergone lead screening can

1 be identified by physicians, registered professional nurses, and
2 health care facilities, agencies, and programs that perform lead
3 screening, so as to avoid duplicate lead screening of children.

4 g. The department shall continuously engage in a public
5 information and educational outreach campaign to inform the
6 parents and guardians of young children, as well as physicians,
7 registered professional nurses, and other health care providers, **[of]**
8 about the lead screening requirements **[of this act]** established by
9 P.L.1995, c.328 (C.26:2-137.2 et seq.), and about the lead screening
10 schedule, and conditions for initial school enrollment, which have
11 been established by section 1 of P.L. , c. (C.) (pending
12 before the Legislature as this bill). Any information or
13 documentation that is prepared for purposes of the public
14 information and educational outreach campaign shall also be posted
15 at a publicly accessible location on the department's Internet
16 website.

17 At a minimum, the public information and educational outreach
18 campaign shall: (1) highlight the importance of lead screening, and
19 encourage parents and guardians, especially those who have not yet
20 complied with the lead screening **[provisions]** requirements of **[this**
21 act] P.L.1995, c.328 (C.26:2-137.2 et seq.) and section 1 of P.L. ,
22 c. (C.) (pending before the Legislature as this bill), to have
23 their children screened for lead poisoning at regular intervals, **[in**
24 accordance with the age-based timeframes established by
25 department regulation] in accordance with the schedule established
26 pursuant to section 1 of P.L. , c. (C.) (pending before the
27 Legislature as this bill); **[and]** (2) provide for the widespread
28 dissemination of information to parents, guardians, and health care
29 providers on the dangers of lead poisoning, the factors that
30 contribute to lead poisoning, the **[recommended]** ages at which
31 children should be tested for lead poisoning pursuant to section 1 of
32 P.L. , c. (C.) (pending before the Legislature as this bill),
33 and the elevated blood lead levels that require responsive action
34 **[under this act]** ; and (3) highlight the fact that school admission
35 will be deferred, as provided by subsection e. of section 1 of P.L. ,
36 c. (C.) (pending before the Legislature as this bill), until such
37 time as a child is screened for lead poisoning. If the department
38 changes the elevated blood lead levels that require responsive
39 action **[under this act]**, as may be necessary to conform its
40 regulations to federal guidance, the information disseminated
41 through the public information and educational outreach campaign
42 shall be appropriately revised to reflect the new action levels, and
43 shall be reissued to parents and health care providers, within 30
44 days after the change is implemented.

45 h. The department, to the greatest extent possible, shall
46 coordinate payment for lead screening **[required pursuant to this**
47 **act]** with the State Medicaid program established pursuant to

1 P.L.1968, c.413 (C.30:4D-1 et seq.) and other federal children's
2 health programs, **【so as】** in order to ensure that the State receives
3 the maximum amount of federal financial participation available for
4 the lead screening services provided pursuant to **【this act】**
5 P.L.1995, c.328 (C.26:2-137.2 et seq.) and section 1 of P.L. _____,
6 c. (C. _____) (pending before the Legislature as this bill).
7 (cf: P.L.2017, c.7, s.5)

8
9 4. The Commissioners of Health and Education, in consultation
10 with each other, shall adopt rules and regulations, pursuant to the
11 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et
12 seq.), as may be necessary to implement the provisions of this act.

13
14 5. This act shall take effect immediately.

15
16
17 STATEMENT

18
19 This bill would strengthen the existing State requirements for
20 childhood lead screening by: (1) codifying, in the statutory law, the
21 existing schedule for childhood lead screening that appears in
22 regulations adopted by the Department of Health (DOH); (2)
23 requiring a child to undergo three screening tests, as opposed to the
24 two that are currently required by the DOH; (3) allowing doctors to
25 perform lead screening at the point-of-care, in the regular course of
26 a well visit; and (4) requiring a child’s parent or guardian to provide
27 the child’s school with documentation showing the child’s lead
28 screening results, as a precondition of the child’s initial entry into
29 the school system.

30 The bill would specify, in particular, that every physician,
31 registered professional nurse, or health care facility, agency, or
32 program that is subject to the provisions of the State’s childhood
33 lead poisoning prevention act, will be required to perform lead
34 screening on each patient between six months and six years of age
35 to whom services are provided, during the course of a well visit, in
36 accordance with the following schedule:

37 (1) when the child is between nine and 18 months of age;
38 preferably on the date of, or as close as possible to, the child’s first
39 birthday;

40 (2) at least six months after the first lead screening test, when
41 the child is between 18 and 26 months of age; preferably on the date
42 of, or as close as possible to, the child’s second birthday; and

43 (3) immediately prior to the child’s initial enrollment in school.

44 “Initial enrollment in school” is defined to mean the enrollment
45 of a child in a public or private pre-kindergarten class, or the
46 enrollment of a child in a public or private kindergarten class,
47 whichever occurs first.

1 A physician, registered professional nurse, or health care facility,
2 agency, or program performing lead screening in accordance with
3 this schedule would be authorized to perform the screening on-site,
4 at the point of care, during the course of a well visit, without the
5 need to obtain a laboratory license pursuant to the State's "Clinical
6 Laboratory Improvement Act" (NJCLIA) P.L.1975, c.166 (C.45:9-
7 42.26 et seq.). However, any such person, facility, agency, or
8 program that performs point-of-care lead screening tests without a
9 laboratory license would remain subject to, and would be required
10 to comply with, the other applicable provisions of NJCLIA, and the
11 regulations adopted pursuant thereto, which relate to laboratory
12 performance, quality control, and proficiency testing; laboratory
13 sanitation, safety, and staffing; the maintenance of laboratory
14 equipment; the acceptance, collection, transportation, identification,
15 and examination of laboratory specimens; and laboratory reporting.

16 The physician, registered professional nurse, or health care
17 facility, agency, or program performing lead screening in
18 accordance with the bill's provisions would be required to record,
19 in the child's permanent health record, the date on which any such
20 test was administered, and the results of the test. Any such
21 information, which has been incorporated into the child's
22 permanent health record, would also need to be noted on any
23 physical examination form that a public or private school or school
24 system requires parents or guardians to submit as a condition of
25 school admission or enrollment.

26 The principal, director, or other person in charge of a public or
27 private school in this State would be prohibited from knowingly
28 admitting or enrolling in a pre-kindergarten or kindergarten class, as
29 appropriate, any child whose parent or guardian fails to submit
30 acceptable documentation showing the child's test results for lead
31 screening. If the documentation submitted by the child's parent or
32 guardian indicates that the child has not yet been screened for lead
33 poisoning in accordance with that testing requirement, the child's
34 initial enrollment in school is to be deferred until such time as the
35 child has been so screened, and acceptable documentation showing
36 the results of that screening test have been submitted to the school.

37 The bill would require the DOH to modify its existing public
38 information campaign, in order to inform the parents and guardians
39 of small children, as well as physicians, registered professional
40 nurses, and other health care providers, about the lead screening
41 schedule and requirements, and the conditions for initial school
42 enrollment, that have been established by the bill. Any information
43 or documentation that is prepared for these purposes would also be
44 posted at a publicly accessible location on the DOH Internet
45 website.

46 Finally, the bill would clarify that any DOH regulations, which
47 are adopted pursuant to P.L.1995, c.316 (C.17:48E-35.10 et al.) in
48 association with the provision of insurance coverage for lead

A4311 VAINIERI HUTTLE, VERRELLI

9

1 screening, must be consistent with the revised provisions of
2 P.L.1995, c.328 and the new screening schedule provided by
3 section 1 of the bill.