

ASSEMBLY, No. 4827

STATE OF NEW JERSEY 220th LEGISLATURE

INTRODUCED OCTOBER 24, 2022

Sponsored by:

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District 15 (Hunterdon and Mercer)

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District 35 (Bergen and Passaic)

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SYNOPSIS

Revises and codifies schedule for childhood lead screenings; requires lead screenings as precondition of child's initial entry into school system.

CURRENT VERSION OF TEXT

As introduced.



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 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
47 P.L.1995, c.328 (C.26:2-137.2 et seq.), the level of lead in the
48 bloodstream that shall necessitate the undertaking of responsive

1 action . Any regulations adopted pursuant to this subsection shall
2 be consistent with the provisions of P.L.1995, c.328 (C.26:2-137.2
3 et seq.) and section 1 of P.L. , c. (C.) (pending before the
4 Legislature 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).
22 If 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
39 P.L. , c. (C.) (pending before the Legislature as this bill).
40 If the health care facility, agency, or program cannot perform the
41 required lead screening, the facility, agency, or program may refer
42 the 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
48 level, the physician, registered professional nurse, or health care

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

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

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

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

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

44 f. The department shall develop a mechanism, such as
45 distribution of lead screening record cards or other appropriate
46 means, by which children who have undergone lead screening can
47 be identified by physicians, registered professional nurses, and

1 health care facilities, agencies, and programs that perform lead
2 screening, so as to avoid duplicate lead screening of children.

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

16 At a minimum, the public information campaign shall: (1)
17 highlight the importance of lead screening, and encourage parents,
18 especially those who have not yet complied with the lead screening
19 provisions of this act, to have their children screened for lead
20 poisoning at regular intervals, in accordance with the age-based
21 timeframes established by department regulation; and (2) provide
22 for the widespread dissemination of information to parents and
23 health care providers on the dangers of lead poisoning, the factors
24 that contribute to lead poisoning, the recommended ages at which
25 children should be tested for lead poisoning, and the elevated blood
26 lead levels that require responsive action under this act. If the
27 department changes the elevated blood lead levels that require
28 responsive action under this act, as may be necessary to conform its
29 regulations to federal guidance, the information disseminated
30 through the public information campaign shall be appropriately
31 revised to reflect the new action levels, and shall be reissued to
32 parents and health care providers, within 30 days after the change is
33 implemented.

34 h. The department, to the greatest extent possible, shall
35 coordinate payment for lead screening **[required pursuant to this**
36 **act]** with the State Medicaid program established pursuant to
37 P.L.1968, c.413 (C.30:4D-1 et seq.) and other federal children's
38 health programs, **[so as]** in order to ensure that the State receives
39 the maximum amount of federal financial participation available for
40 the lead screening services provided pursuant to **[this act]**
41 P.L.1995, c.328 (C.26:2-137.2 et seq.) and section 1 of
42 P.L. , c. (C.) (pending before the Legislature as this
43 bill).

44 (cf: P.L.2017, c.7, s.5)

45

46 4. The Commissioners of Health and Education, in consultation
47 with each other, shall adopt rules and regulations, pursuant to the

1 “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et
2 seq.), as may be necessary to implement the provisions of this act.

3

4 5. This act shall take effect immediately.

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6

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STATEMENT

8

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

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

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

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

33 (3) immediately prior to, and as a precondition of, the child’s
34 initial enrollment in school.

35 “Initial enrollment in school” is defined to mean the enrollment
36 of a child in a public or private pre-kindergarten class, or the
37 enrollment of a child in a public or private kindergarten class,
38 whichever occurs first.

39 A physician, registered professional nurse, or health care facility,
40 agency, or program performing lead screening in accordance with
41 this schedule would be authorized to perform the screening on-site,
42 at the point of care, during the course of a well visit, without the
43 need to obtain a laboratory license pursuant to the State’s “Clinical
44 Laboratory Improvement Act” (NJCLIA) P.L.1975, c.166 (C.45:9-
45 42.26 et seq.). However, any such person, facility, agency, or
46 program that performs point-of-care lead screening tests without a
47 laboratory license would remain subject to, and would be required
48 to comply with, the other applicable provisions of NJCLIA, and the

1 regulations adopted pursuant thereto, which relate to laboratory
2 performance, quality control, and proficiency testing; laboratory
3 sanitation, safety, and staffing; the maintenance of laboratory
4 equipment; the acceptance, collection, transportation, identification,
5 and examination of laboratory specimens; and laboratory reporting.

6 The physician, registered professional nurse, or health care
7 facility, agency, or program performing lead screening in
8 accordance with the bill's provisions would be required to record in
9 the child's permanent health record, the date on which any such test
10 was administered, and the results of the test. Any such information,
11 which has been incorporated into the child's permanent health
12 record, would also need to be noted on any physical examination
13 form that a public or private school or school system requires
14 parents or guardians to submit as a condition of school admission or
15 enrollment.

16 The principal, director, or other person in charge of a public or
17 private school in this State would be prohibited from knowingly
18 admitting or enrolling in a pre-kindergarten or kindergarten class, as
19 appropriate, any child whose parent or guardian fails to submit
20 acceptable documentation showing the child's test results for lead
21 screening. If the documentation submitted by the child's parent or
22 guardian indicates that the child has not yet been screened for lead
23 poisoning in accordance with that testing requirement, the child's
24 initial enrollment in school is to be deferred until such time as the
25 child has been so screened, and acceptable documentation showing
26 the results of that screening test have been submitted to the school.

27 The bill would require the DOH to modify its existing public
28 information campaign, in order to inform the parents and guardians
29 of small children, as well as physicians, registered professional
30 nurses, and other health care providers, about the lead screening
31 schedule and requirements, and the conditions for initial school
32 enrollment, that have been established by the bill. Any information
33 or documentation that is prepared for these purposes would also be
34 posted at a publicly accessible location on the DOH Internet
35 website.

36 Finally, the bill would clarify that any DOH regulations, which
37 are adopted pursuant to P.L.1995, c.316 (C.17:48E-35.10 et al.) in
38 association with the provision of insurance coverage for lead
39 screening, must be consistent with the revised provisions of
40 P.L.1995, c.328 and the new screening schedule provided by
41 section 1 of the bill.