

Baldwin's Kentucky Revised Statutes Annotated Currentness

Title XVIII. Public Health

▢ Chapter 211. State Health Programs (Refs & Annos)

➔ Lead Poisoning Prevention

211.900 Definitions for KRS 211.900 to 211.905 and KRS 211.994

As used in KRS 211.900 to 211.905 and KRS 211.994, unless the context otherwise requires:

- (1) "Cabinet" shall mean the Cabinet for Health and Family Services;
- (2) "Secretary" shall mean the secretary for health and family services or his authorized representative;
- (3) "Lead-based hazard" shall mean levels contained in the federal Residential Lead-based Paint Hazard Reduction Act of 1992 [FN1];
- (4) "Dwelling" shall mean any structure or child-occupied facility, all or a part of which is designed for human habitation;
- (5) "Dwelling unit" shall mean any room or group of rooms or other interior areas of a dwelling or child-occupied facility designed or used for human habitation;
- (6) "Owner" shall mean any person who, alone, jointly, or severally with others, has legal title to, charge, care, or control of any dwelling or dwelling unit as owner, agent of the owner, or as executor, administrator, trustee, conservator, or guardian of the estate of the owner;
- (7) "At-risk persons" shall mean all children seventy-two (72) months of age and younger and pregnant women who reside in dwellings or dwelling units which were constructed and painted prior to 1978, or reside in geographic areas defined by the cabinet as high risk, or possess one (1) or more risk factors identified in a lead poisoning verbal risk assessment approved by the cabinet;
- (8) "Outreach programs" shall mean those efforts to locate, screen, and diagnose for elevated lead blood levels, those at-risk persons who are not utilizing existing screening and diagnostic programs or those programs which may be established after June 21, 1974;
- (9) "Elevated blood lead level" means any blood lead level greater than or equal to ten (10) micrograms per deciliter of whole blood or a level consistent with recommendations by the Centers for Disease Control and Prevention and the American Academy of Pediatrics; and
- (10) "Confirmed elevated blood lead level" means a first venous blood lead test or a second capillary blood lead test taken within the time frames specified by the cabinet where the blood lead test result is greater than or equal to fifteen (15) micrograms per deciliter of whole blood.

[FN1] [42 U.S.C.A. § 4851 et seq.](#)

211.901 Statewide program for prevention, screening, diagnosis, and treatment of lead poisoning; duties of secretary; authorization of local regulations and programs

- (1) The secretary shall establish a statewide program for the prevention, screening, diagnosis, and treatment of lead poisoning, including identification of the sources of such poisoning through such research, educational, epidemiological, and clinical activities as may be necessary.
- (2) The secretary shall also initiate activities which:
 - (a) Will either provide for or support the monitoring of all medical laboratories, private and public hospitals which perform lead determination tests on human blood or other tissues, so as to insure the accuracy of such tests;
 - (b) Will develop or encourage the development of appropriate programs and studies to identify sources of lead intoxication and assist other entities in the identification of lead in children's blood and the sources of that intoxication; and
 - (c) Will provide for or support the development of outreach programs to identify, screen, and diagnose for elevated lead blood levels, at-risk persons not otherwise utilizing existing screening and diagnostic programs.
- (3) The secretary may contract with any agencies, individuals, or groups for the provision of services necessary to administer [KRS 211.900](#) to [211.905](#) and [KRS 211.994](#).
- (4) The secretary may provide financial and technical assistance and consultation to local, county, or district governmental or private agencies for the promotion, establishment and maintenance of lead poisoning prevention, screening, diagnostic, and treatment programs.
- (5) The secretary shall have the power to adopt, amend, or rescind such rules and regulations as deemed necessary or suitable for the proper administration of [KRS 211.900](#) to [211.905](#) and [KRS 211.994](#). The regulation shall include, but not be limited to, those which govern permissible limits of lead-based hazards in and about dwellings and dwelling units.
- (6) Local boards of health may, by the adoption of local regulations, establish programs for the prevention, screening, diagnosis, and treatment of lead poisoning; provided that such regulations are the same as the provisions of [KRS 211.900](#) to [211.905](#) and [KRS 211.994](#) and the regulations promulgated by the secretary pursuant to subsection (5) of this section.

211.902 Reports on persons with excess level of lead in blood; duty to transmit electronic report to cabinet; records of reports to be indexed and analyzed; information to local organizations

- (1) Every physician, nurse, hospital administrator, director of a clinical laboratory, or public health officer who receives information of the existence of any person found or suspected to have a two and three-tenths (2.3) micrograms per deciliter of whole blood level of lead in his or her blood shall report the information to the cabinet and to the local or district health officer in approved electronic format as prescribed by administrative regulations promulgated by the cabinet in accordance with KRS Chapter 13A. The contents of the report shall include but not be limited to the following information:

- (a) The full name and address of the person tested;
- (b) The date of birth of such person;
- (c) The type of specimen and the results of the appropriate laboratory tests made on such person; and
- (d) Any other information about such person deemed necessary by the cabinet to carry out the provisions of this section.

Any physician, nurse, hospital administrator, director of clinical laboratory, public health officer, or allied health professional making such a report in good faith shall be immune from any civil or criminal liability that otherwise might be incurred from the making of such report.

- (2) Every director of a clinical or research laboratory who has any blood lead test result shall, within seven (7) calendar days of receipt thereof, report the information to the cabinet in approved electronic format. The cabinet shall promulgate administrative regulations in accordance with KRS Chapter 13A to prescribe the format and content of the electronic report.
- (3) Notwithstanding the requirements of subsections (1) and (2) of this section, a clinical or research laboratory shall not be fined or otherwise disciplined for failure to report required information to the cabinet if the information was not provided by the medical professional obtaining the blood sample.
- (4) The secretary shall maintain comprehensive records of all reports submitted pursuant to [KRS 211.900](#) to [211.905](#) and [211.994](#). Records shall be analyzed and geographically indexed by county annually in order to determine the location of areas with a high incidence of elevated blood lead levels reported. The records and analysis shall be public record and provided annually by October 1 to the Governor, the General Assembly, the Legislative Research Commission, and the Lead Poisoning Prevention Advisory Committee; provided, however, that the name of any individual shall not be made public unless the secretary determines that such inclusion is necessary to protect the health and well-being of the affected individual.
- (5) When an elevated blood lead level is reported to the cabinet, it shall inform such local boards of health, local health departments, and other persons and health organizations as deemed necessary.

211.903 Testing for lead poisoning

- (1) Testing for lead poisoning shall be an eligible benefit for recipients of the Commonwealth's Medical Assistance Program. In addition, testing for lead poisoning shall be made available as part of the regular immunization program offered by the cabinet and shall be provided without charge by the cabinet and by local health departments.
- (2) The secretary shall establish programs throughout the Commonwealth, with priority given to high-risk areas, for the voluntary screening and diagnosis of at-risk persons. Such programs shall systematically test for elevated lead blood levels in all at-risk persons seventy-two (72) months of age and younger and shall include an outreach program if necessary. Priority shall be given to at-risk persons who are one (1) year of age through three (3) years of age. Such programs shall not apply to those persons having religious objections to such testing. Such testing shall be made by such means and at such intervals as the secretary shall by regulation de-

termine may be medically necessary and proper.

- (3) The secretary shall be responsible for providing follow-up screening and diagnostic programs for those persons who were previously diagnosed and treated for lead poisoning or were previously diagnosed as having an elevated lead blood level. The frequency with which follow-up shall be performed shall be determined by the secretary.

211.904 Educational programs

The secretary shall establish an educational program to inform parents, teachers, personnel of human resource agencies, owners of dwellings and dwelling units, health service personnel and the general public, of the dangers, frequency, and sources of lead poisoning and the methods of preventing such poisoning.

211.905 Inspection of dwelling or dwelling unit of occupant with confirmed elevated lead blood level; procedure; duties of cabinet; effect

- (1) When notified that an occupant of a dwelling or dwelling unit is a child seventy-two (72) months of age or younger found to have a confirmed elevated blood level, an authorized representative of the cabinet shall inspect the dwelling and dwelling unit or other places the child routinely spends more than six (6) hours per week, at reasonable times, for the purpose of ascertaining the existence of lead-based hazards. The representative of the cabinet shall present proper credentials to the owner or occupant of the dwelling or dwelling unit prior to inspection of the premises. Such representative may remove samples necessary for laboratory analysis, in the determination of the presence of lead-based hazards in the designated dwelling or dwelling unit.
- (2) Upon determination by the cabinet that there are lead-based substances in or upon any dwelling or dwelling unit which may be hazardous to children, or upon receipt of confirmation that an occupant has an elevated blood lead level as set out in regulations promulgated by the secretary, the cabinet shall:
 - (a) In the event that children seventy-two (72) months of age or younger reside in the premises, notify the owner and occupant that lead-based hazards are present on the surfaces of the dwelling or dwelling unit and may constitute a hazard to the health of children;
 - (b) Inform the local health officers of the results of such determination and provide suitable recommendations for elimination of the problem areas;
 - (c) Notify the owner of the dwelling or dwelling unit, in writing, advising of the existence of these lead-based hazards with instructions that these lead-based hazards, if accessible to children under the age of seventy-two (72) months, shall be removed, replaced, or securely and permanently covered within a time period not to exceed sixty (60) days and in a manner prescribed by the cabinet.
- (3) The removal of the lead-based hazards from the dwelling or dwelling unit shall be accomplished by the owner in a manner which will not endanger the health or well-being of its occupants, and result in the safe removal from the premises, and the safe disposition, of flakes, chips, debris, and other potentially harmful materials.
- (4) In the event that the owner of the dwelling or dwelling unit does not remove, replace, or securely and permanently cover the lead-based substances designated as hazardous within sixty (60) days, the cabinet shall

cause to be posted upon the dwelling or dwelling unit identified as containing lead-based hazards, a notice of the existence of such hazards and the declaration that the dwelling or dwelling unit is unfit for human habitation for those persons under seventy-two (72) months of age. The dwelling or dwelling unit shall remain posted until the owner has complied with the orders of the cabinet.

- (5) Determination by the cabinet that a child under seventy-two (72) months of age is in immediate danger from the presence of lead-based hazards in or upon a dwelling or dwelling unit shall be cause for release from a rental agreement without prejudice to the occupant.

Current through end of 2008 legislation

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