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HEALTH

PUBLIC HEALTH SERVICES BRANCH

DIVISION OF FAMILY HEALTH SERVICES

MATERNAL AND CHILD HEALTH SERVICES

CHILD AND ADOLESCENT HEALTH PROGRAM

Childhood Elevated Blood Lead Levels

Proposed Amendments: N.J.A.C. 8:51-1.1, 1.3, 1.4, 2, 3, 4, 7.1, 7.5, and 10.1

Proposed Repeals and New Rules: N.J.A.C. 8:51 Appendices A through K

Proposed New Rules: N.J.A.C. 8:51 Appendices L and M

Authorized By: Cathleen D. Bennett, Commissioner, Department of Health (in consultation with the Public Health Council).

Authority: N.J.S.A. 26:2-137.2 et seq., particularly 26:2-137.7.

Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2016-199.

Submit electronic comments to http://www.nj.gov/health/legal/ecomments.shtml, or written comments to the address below, by February 3, 2017, to:

Joy L. Lindo, Director

Office of Legal and Regulatory Compliance

Office of the Commissioner

New Jersey Department of Health

PO Box 360

Trenton, NJ 08625-0360

The agency proposal follows:

Summary

The Department of Health (Department) proposes to amend the rules at N.J.A.C. 8:51 and to rename the chapter Childhood Elevated Blood Lead Levels, pursuant to the authority of and in order to implement N.J.S.A. 24:14A-1 et seq., particularly 24:14A-11; 26:1A-7; 26:2-137 et seq., particularly 26:2-137.7; and 26:2Q-1 et seq., particularly 26:2Q-12; and Executive Order No. 100 (2008).

Following is a summary of the proposed amendments and new rules:

The Department proposes to amend N.J.A.C. 8:51-1.1 to delete language referencing “lead poisoning”: and to replace it with language referencing “elevated blood lead levels” in order to incorporate the language most frequently used by experts in the field of child and adolescent health.

The Department proposes to amend N.J.A.C. 8:51-1.3(a)3 to update the edition of the publication “Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing,” to the 2012 edition. The Department proposes to incorporate the publication, “Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention,” by the Advisory Committee on Childhood Lead Poisoning Prevention, Centers for Disease Control and Prevention (CDC), as new N.J.A.C. 8:51-1.3(a)4. The Department proposes to incorporate the publication, “CDC Response to Advisory Committee on Childhood Lead Poisoning Prevention Recommendations in ‘Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention,’” by the Centers for Disease Control and Prevention, as new N.J.A.C. 8:51-1.3(a)5. The

Department proposes to incorporate by reference new N.J.A.C. 8:51 Appendix L, which would serve to assist local health departments in conducting preliminary environmental evaluations of the homes of children who have been identified as having elevated blood lead levels, as new N.J.A.C. 8:51-1.3(b)9.

The Department proposes several new definitions and amendments to existing definitions at N.J.A.C. 8:51-1.4, in order to make the rule text more understandable. In this section and throughout the chapter, the Department proposes to correct its name from the "Department of Health and Senior Services" and/or "DHSS" to the "Department of Health" and/or "DOH." The Department proposes to add a definition for "Advisory Committee on Childhood Lead Poisoning Prevention," to explain the source of the recommendation to the U.S. Centers for Disease Control and Prevention that five micrograms per deciliter (µg/dL) of lead in the blood should be regarded as an elevated blood lead level. The Department proposes to amend the definition of "case management" to remove language referencing "level of concern" because it is a term no longer used by the CDC and to replace it with more definitive language referencing five µg/dL.

The Department proposes to replace the definition of "elevated blood lead level" to mean a blood lead level test result equal to or greater than 5 µg/dL. The Department proposes to amend the definition "hazard assessment" to include collection of background information regarding physical characteristics, residential use patterns upon notification of a confirmed blood lead level of five µg/dL or higher, and delete language referring to women of child bearing age and replace it with language more aptly referring to pregnant women. The Department proposes to amend the definition of

“HUD guidelines” to refer to the most recent edition of the guidelines, which is 2012. The Department proposes to add a new definition for “local board of health” or “local boards of health” as these terms are, and would continue to be, used frequently throughout the chapter. The Department proposes to add a new definition for “preliminary environmental evaluation,” which would describe the public health action that would be taken by local health departments in response to a child who has a confirmed elevated blood lead level in the five to nine µg/dL range.

The Department proposes to amend N.J.A.C. 8:51-2.1(a) and (b) to delete language referring to children under six years of age and insert language referring to children less than 72 months in order to more precisely prescribe the age range of children to which the rule applies. The Department proposes to amend N.J.A.C. 8:51-2.3(a) and (a)1 to lower the intervention level for conducting an environmental intervention or a preliminary environmental evaluation, to a confirmed blood lead level of five µg/dL. In addition, the Department proposes to amend N.J.A.C. 8:51-2.3(b) to lower the reference blood lead level to five µg/dL.

The Department proposes to amend N.J.A.C. 8:51-2.4(a) to eliminate the requirement of a confirmed blood lead level, to lower the intervention level for case management to a blood lead level of five ug/dL or greater, and to eliminate language referring to two consecutive test results between 10 and 14 µg/dL. The Department proposes to add new N.J.A.C. 8:51-2.4(b) to establish minimum case management requirements for local health departments to follow whenever a child has a capillary blood lead level of five µg/dL to 9 µg/dL. These would include education for parents and guardians, recommending follow up venous blood screenings of other children and

pregnant women living in the household, follow up with the child's health care provider, education on how to reduce blood lead levels, and referrals to appropriate community resources to obtain assistance with health insurance, transportation services, and/or supplemental nutrition services. The Department proposes to amend recodified N.J.A.C. 8:51-2.4(c) by lowering the threshold blood lead level that would trigger case management to five µg/dL or greater and eliminating language regarding two consecutive blood lead level test results between 10 and 14 µg/dL within a one- to three-month time period. Recodified N.J.A.C. 8:51-2.4(c)3 would be amended to provide that the public health nurse shall review the Hazard Questionnaire in the case of a child who has two confirmed blood lead levels of five to nine µg/dL or one confirmed blood lead level of 10 µg/dL, or the Preliminary Environmental Evaluation in the case of a child with a single confirmed blood lead level five to nine µg/dL. Recodified N.J.A.C. 8:51-2.4(c)4 would be amended to delete language referring to CDC recommendations and replace it with language referencing N.J.A.C. 8:51A, which would follow a five µg/dL blood lead level case management standard. The Department proposes to amend recodified N.J.A.C. 8:51-2.4(c)7 to delete language referring to children between six months and six years of age and insert language referring to children at least six months and less than 72 months in order to more precisely prescribe the age range of children to which the rule applies. Recodified N.J.A.C. 8:51-2.4(c)8 would be amended to delete subparagraphs (c)8i and ii, which refer to a fund at the Department of Community Affairs that no longer exists. Recodified N.J.A.C. 8:51-2.4(c)14 would be amended to delete language referencing the child health conference and the Division of Youth and Family Services and replace it with language referencing the Department of

Children and Families. In addition, the Department proposes to capitalize each word of "Federally Qualified Health Center" at recodified N.J.A.C. 8:51-2.4(c)14. The Department proposes to amend recodified N.J.A.C. 8:51-2.4(d)2 to update cross-references based on the above discussed recodifications. The Department proposes to add new N.J.A.C. 8:51-2.4(d)3xii, which would recommend that the primary care provider communicate with the New Jersey Poison Information and Education System concerning medical treatment. The Department proposes to amend recodified N.J.A.C. 8:51-2.4(f)2 to incorporate a five µg/dL blood lead level case management standard. The Department proposes to amend recodified N.J.A.C. 8:51-2.4(f)7 to delete the archaic term "lead-burdened" and replace it with descriptive language referencing a child with an elevated blood lead level.

The Department proposes to amend N.J.A.C. 8:51-2.5(a) to establish a case management schedule for each child with an elevated blood lead level. The Department proposes to delete the requirement that case management is for confirmed blood lead levels by venous samples only in all cases. The Department proposes to add language that capillary testing resulting in blood lead levels from five to nine µg/dL shall trigger case management intervals within four weeks. The Department proposes to add language that venous sample testing resulting in blood lead levels of five to 14 µg/dL shall trigger case management intervals within three weeks. The Department proposes to add language that venous sample testing resulting in blood lead levels of 15 to 19 µg/dL shall trigger case management intervals within two weeks, that venous sample testing resulting in blood lead levels of 20 to 44 µg/dL shall trigger case management intervals within one week, that venous sample testing resulting in blood

lead levels of 45 to 69 µg/dL shall trigger case management intervals within 48 hours, and that venous sample testing resulting in blood lead levels greater than or equal to 70 µg/dL shall trigger case management intervals within 24 hours. In addition, the Department proposes to delete language referencing two consecutive test results between 10 and 14 µg/dL for case management purposes.

The Department proposes to amend the blood lead level at N.J.A.C. 8:51-3.1 and 3.2(a) to five µg/dL or greater, which would require the Department to notify a local board of health of a case and the local board of health to report actions to the Department through the database. The Department proposes new N.J.A.C. 8:51-3.2(a)3, which would require local boards of health to conduct preliminary environmental evaluation activities. The Department proposes to amend N.J.A.C. 8:51-3.3(a) to direct local boards of health not to disclose records of preliminary environmental evaluation activities to protect patient confidentiality. The Department proposes to amend the heading of N.J.A.C. 8:51-4 to include preliminary environmental evaluation. The Department proposes to amend the heading at N.J.A.C. 8:51-4.1 to indicate that the section prescribes procedures for environmental intervention for children with confirmed blood lead levels of five µg/dL or greater. The Department proposes to amend N.J.A.C. 8:51-4.1(a) to provide that whenever a child has a confirmed blood lead level of 10 µg/dL or greater, or two consecutive test results within a one- to four-month period of five to nine µg/dL, that the local board of health in the jurisdiction where the child resides shall provide environmental intervention. The Department proposes to amend language from the environmental intervention schedule at N.J.A.C. 8:51-4.1(e) that refers to “Following two consecutive test results between 10 and 14” to “Following two

consecutive test results 5 to 9." Similarly, the Department proposes to delete language from the environmental intervention schedule at N.J.A.C. 8:51-4.1(e) that refers to "venous samples only" and to list this criterion individually for each blood lead level in the schedule in order to improve the readability of the rule. The Department proposes to further amend N.J.A.C. 8:51-4.1(e) to include the new term, "preliminary environmental evaluation." The Department proposes to add new N.J.A.C. 8:51-4.1(g) to prescribe that whenever a child has a confirmed blood lead level of five to nine µg/dL, the local board of heath shall provide a preliminary environmental evaluation to identify possible lead hazards. The Department proposes to add new N.J.A.C. 8:51-4.1(h) to prescribe that the local board of health shall conduct the preliminary environmental evaluation at the primary residence of the child. Proposed new N.J.A.C. 8:51-4.1(h)1 through 6 would specify procedures that local health departments shall follow to ensure that the preliminary environmental evaluation shall be conducted at the residence where the child resided at the time of the blood lead test and the residence where the child now resides in the case of a child who moves subsequent to being tested. Proposed new N.J.A.C. 8:51-4.1(h)6 would provide that, in the case of a child who resides in a multi-unit dwelling, the local board of health shall conduct a preliminary environmental evaluation in the dwelling unit where the child resides and also provide Health Insurance Portability and Accountability Act (HIPAA) compliant written lead educational materials to tenants of all units in that multi-unit dwelling. The Department proposes to add new N.J.A.C. 8:51-4.1(i), which would require local board of health staff members to complete preliminary environmental evaluation training and would set forth the notice and registration requirements for the training.

The Department proposes to amend N.J.A.C. 8:51-4.2(a) to provide that whenever a child less than 72 months of age has a confirmed blood lead level of 10 µg/dL or greater, or two consecutive test results within a one- to four-month period of five to nine µg/dL, that the local board of health in the jurisdiction where the child resides shall conduct a hazard assessment of the child's primary residence to identify lead sources in the child's environment. The Department proposes to amend N.J.A.C. 8:51-4.3(a) to provide that whenever a child aged 72 months or greater has a confirmed blood lead level of 10 µg/dL or greater, or two consecutive test results within a one- to four-month period of five to nine µg/dL, that the local board of health in the jurisdiction where the child resides shall conduct a limited hazard assessment of the child's primary residence to identify lead sources in the child's environment.

The Department proposes to amend N.J.A.C. 8:51-4.3(c) to provide that whenever a child with an effective developmental age less than 72 months has a confirmed blood lead level of 10 µg/dL or greater, or two consecutive test results within a one- to four-month period of five to nine µg/dL, the local board of health in the jurisdiction where the child resides shall conduct a hazard assessment of the child's primary residence to identify lead sources in the child's environment. The Department proposes to amend N.J.A.C. 8:51-4.4(b) to delete the archaic term "lead-burdened" and replace it with descriptive language referencing a child with an elevated blood lead level. The Department proposes to add new N.J.A.C. 8:51-4.4(f), which would require the local board of health to provide a preliminary environmental evaluation report to the parents or guardian describing the findings using new Appendix L.

The Department proposes to delete N.J.A.C. 8:51-7.1(a)1i, which refers to a fund at the Department of Community Affairs that no longer exists. The Department proposes to amend N.J.A.C. 8:51-10.1(b)2 and 3 to include a central location for local boards of health to document, track, collect, and maintain preliminary environmental evaluation activities. The Department proposes to amend N.J.A.C. 8:51-10.1(i)3 to provide that users shall document preliminary environmental evaluation activities in corresponding sections of the database. The Department proposes to amend N.J.A.C. 8:51-10.1(k) to delete the outdated reference to August 18, 2010, and add language indicating that each user shall sign the updated User Confidentiality Agreement at Appendix E in accordance with N.J.A.C. 8:51-10.1(l).

The Department proposes to repeal and replace existing Appendix E, which contains the User Confidentiality Agreement. The Department proposes to amend Appendix F to delete the term, “lead burdened child/ren” and replace it with the more current term, “child with an elevated blood lead level.” In addition, the Department proposes to delete language from Appendix F that refers to a fund at the Department of Community Affairs that no longer exists. The Department proposes to amend Appendix G to refer to the Department of Children and Families, instead of “DYFS,” which is no longer a division in the Department of Human Services, and to change the name of the form from “Childhood Lead Poisoning Home Visit” to “Childhood Lead Exposure Prevention Home Visit.” The Department proposes to amend Appendix H to update the name of the “Immunization Program” to “Vaccine Preventable Disease Program” and to update the telephone number of the program. The Department proposes to repeal existing Appendix K, which contains the Childhood Lead Poisoning Case Closure, and

replace it with new Appendix K, which contains an updated Childhood Lead Exposure Case Closure. The Department proposes to add a new rule at Appendix L that would serve as an assessment tool for local boards of health in the exercise of their responsibility to perform preliminary environmental evaluations as required by N.J.A.C. 8:51-4.1(g). The Department proposes to add new Appendix M that would summarize local public health actions in response to elevated blood lead levels. The amendments to the appendices are effectuated through the proposed repeal and replacement of each appendix as each appendix is a form and that is the only way to clearly show the changes to a form.

As the Department has provided a 60-day comment period on this notice of proposal, this notice is excepted from the rulemaking calendar requirements pursuant to N.J.A.C. 1:30-3.3(a)5.

Social Impact

The Department anticipates that the proposed amendments, repeals, and new rules would continue to have a positive social impact on the health and well-being of children who are tested for elevated blood lead levels. Lead is a heavy metal that has been widely used in industrial processes and consumer products. When absorbed into the human body, lead affects the brain, nervous system, blood, and other organs. Lead's effects on the nervous system are particularly serious to young children. At low blood levels, lead can cause learning disorders, decreased IQ, developmental delays, and hyperactivity. At high blood levels lead can cause decreased hearing, intellectual disabilities, seizures, coma, and possibly death. Children who have suffered from the adverse effects of lead exposure for an extended period of time are frequently in need

of special health and education services in order to assist them to develop to their potential as productive members of society. The focus of this chapter is on children less than 72 months of age because this age group is at a time for peak growth and development and, therefore, exposure to lead can produce the most significant impacts.

The primary method for lead to enter the body is through the ingestion or inhalation of lead containing substances by children less than 72 months of age. Some common lead containing substances include: lead-based paint and its dust, soil in which children play, tap water, food stored in lead soldered cans or improperly glazed pottery, and some cultural remedies and consumer products. Because these and other lead containing substances are present throughout the environment in New Jersey, all children in the State are at risk. Some children, however, are at particularly high risk due to exposure to high dose sources of lead in their immediate environment. These potential high dose sources include lead-based paint that is peeling, chipping, or otherwise in a deteriorated condition; lead-contaminated dust created during removal or disturbance of lead-based paint in the process of home renovation; and lead contaminated dust brought into the home by household members who work in occupations that involve lead or materials containing lead, or whom engage in hobbies where lead is used. The primary lead hazard to children comes from lead-based paint. In recognition of the danger that lead-based paint presents to children, such paint was prohibited for residential use in New Jersey in 1971 and nationwide in 1978. These actions have effectively reduced the risk of lead exposure for children who live in houses built after 1978, but any house built before 1978 may contain lead-based paint. A significant percentage of housing in New Jersey (68 percent according to the Census)

was built before 1980. Every county in the State has more than 20,000 housing units built before 1980. Therefore, it is necessary to safeguard children from the dangers of lead exposure from paint.

Approximately 6,000 children under the age of 17 were identified in New Jersey in fiscal year 2015 with blood lead levels greater than or equal to five µg/dL. The well-being of these children is dependent on early detection of elevated blood lead levels, followed by prompt case management, environmental intervention and, as appropriate, medical management. In New Jersey, local boards of health have the responsibility for investigating cases of elevated blood lead levels in children and the authority to order the removal of any lead hazards they detect. The rules contained in this chapter would continue to have a positive social impact on residents of this State and on local boards of health by continuing to establish the framework for local boards of health to investigate cases of elevated blood lead levels in children and complete environmental assessments. The rules in this chapter would continue to set forth uniform standards for local boards of health to follow in identifying lead hazards, thus enabling them to consistently, effectively, and efficiently carry out their responsibilities. The rules would also continue to provide local boards of health with standard protocols for assuring appropriate public health, environmental, and medical interventions.

The proposed amendments to define new words and terms used throughout the chapter would better allow the public and local boards of health to understand the requirements of the rules, therefore, having the positive social impact of making compliance easier. The proposed amendment to provide environmental intervention to children that have two venous screening results of five to nine µg/dL or a single venous

screening result of 10 µg/dL or greater would have a positive social impact on these children and their families because they would receive public health intervention at lower blood lead reference levels, thereby reducing their lead exposure and negative health effects.

The proposed amendments would have a positive social impact on children identified with elevated blood lead levels and for local boards of health because they would establish timeframes for providing environmental interventions, which would allow for more expedient intervention and resolution. Generally, the Department anticipates a positive social impact regarding the proposed amendments.

Economic Impact

The Department anticipates that the proposed amendments, repeals, and new rules would have an economic impact on local boards of health and owners of housing units where a lead hazard exists. Enforcement of this chapter has and would continue to impose costs on local boards of health for the investigation of reported cases of elevated blood lead levels in children, the enforcement of environmental intervention orders and the provision of case management. These costs are only partially covered by Department grants. All of these costs are associated with actions required by N.J.S.A. 24:14A-1 et seq., and it is the position of the Department that, given the current state of knowledge about lead hazards, the protection of children cannot be achieved without these activities. The Division of Medical Assistance and Health Services of the New Jersey Department of Human Services has established a reimbursement process for local boards of health for inspections performed in response to a report of an elevated blood lead level in a child who is enrolled in Medicaid. This revenue partially

offsets the costs created by the requirements of this chapter. N.J.S.A. 24:14A-9 permits local boards of health to recover their expenses for carrying out an order for abatement and/or interim controls and making necessary repairs in a civil action against the owner, which could possibly reduce the economic impact on local boards of health.

The proposed amendment to provide environmental intervention to children that have venous blood lead levels of two venous screening results of five to nine µg/dL or a single venous screening result of 10 µg/dL would lead to an increase in the need for case management, inspection, and environmental intervention. The costs to the local boards of health would vary depending on the location of the board of health and the prevalence of elevated blood lead levels in that area, the number of existing staff that are skilled to complete these requirements, and whether the board of health needs to contract with other agencies to complete these functions. Based on those factors, local boards of health may need to contract for public health nurses or lead inspectors/risk assessors certified by the Department, which would present additional costs. The mandatory use of the electronic database may require costs to the local boards of health in terms of the additional staff time necessary for routinely entering data into the database. Property owners may also incur additional costs, as discussed below, because they would have to abate or use interim controls when a lead hazard exists as determined by the blood levels set forth above and an inspection, whereas in the existing rules this would not have been determined unless there was a blood lead level of two venous screening results of 10 to 14 µg/dL or a single venous screening result of 15 µg/dL or above to generate an investigation.

Ultimately, detection of lead hazards requires property owners to pay for the cost of removal of these hazards. These costs can vary widely, depending on the extent of the hazards found, extent of the required intervention, and need for maintenance. The cost of lead hazard abatement can range from a few hundred dollars for spot repairs and clean-up to $20,000 or more for removal of all lead-based paint from a unit. However, because this chapter emphasizes lead hazard detection and removal, in some cases, the cost of abatement is less than if removal of all lead-based paint were required. Lead hazard screening and interim controls are estimated by the President's Task Force on Environmental Health Risks and Safety Risks to Children (2000) to cost around $1,200 per housing unit.

Owners are also responsible for the costs of temporary relocation of a child with an elevated blood lead level and his or her family when relocation is determined to be necessary. Owners would also be responsible for the costs of hiring a licensed abatement or evaluation contractor to complete the required abatement work and develop a maintenance plan.

The Department believes that in the long-term, the proposed amendments would have a positive economic impact on the families of children with elevated blood lead levels and the residents of this State. A report published by the Partnership for America's Economic Success stated that nationally, the costs of lead hazard control range from $1.2 to $11.0 billion. The benefit to lead hazard control is the sum of the costs for medical treatment ($11 to $53 billion), lost earnings ($165 to $233 billion), tax revenue ($25 to $35 billion), special education ($30 to $146 million), lead-linked ADHD cases ($267 million), and lead-linked criminal activity ($1.7 billion) for a total of $192 to

$270 billion. The net benefit of lead hazard control ranges from $181 to $269 billion, resulting in a return of $17.00 to $221.00 for each dollar invested in lead hazard control. (Elise Gould, Childhood Lead Poisoning: Conservative Estimates of the Social and Economic Benefits of Lead Hazard Control, June 30, 2009, available at http://www.partnershipforsuccess.org/uploads/20090630_GouldLeadPaper.pdf) The Department also believes that the economic savings that stem from the actions required by this chapter over time will outweigh the costs necessary to complete case management, investigation, environmental interventions, abatement and/or interim controls and maintenance.

Federal Standards Statement

The Department is not proposing amendments, repeals, and new rules under the authority of, or in order to implement, comply with, or participate in any program established under Federal law. The Department's authority for this chapter is N.J.S.A. 24:14A-1 et seq., particularly 24:14A-11; 26:1A-7; 26:2-137 et seq., particularly 26:2-137.7; and 26:2Q-1 et seq., particularly 26:2Q-12, and Executive Order No. 100 (Corzine, April 29, 2008). The Department is not proposing amendments under any other State statute that incorporates Federal law, standards or requirements.

However, in order to establish standards consistent with existing Federal recommendations applicable to public health interventions to prevent elevated blood lead levels in children, the Department has elected to incorporate by reference, as amended and supplemented, the following policies and guidelines in the rules: “Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention” and “CDC Response to Advisory Committee on Childhood Lead Poisoning Prevention

Recommendations in ‘Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention’.” The rules in this chapter do not impose requirements that exceed Federal policies and guidelines, therefore, a Federal standards analysis is not required.

Jobs Impact

The Department anticipates that the proposed amendments, repeals, and new rules may have an impact on the number of staff required to perform public health interventions in certain municipalities. The Department estimates that Statewide, an additional 4,000 children annually would be identified as having elevated blood lead levels due to the proposed change in public health intervention levels. Municipalities that have higher populations of at-risk children may require additional staff to perform public health interventions. Local boards of health affected most by children identified as having elevated blood lead levels may address a possible need for additional staff by entering into contracts for shared services, hiring additional full-time or temporary staff, entering into contracts with private providers, or some other solution. Accordingly, the Department cannot say with reasonable certainty to what degree the proposed amendments would result in the generation of jobs. The Department believes that the proposed amendments would not result in the loss of jobs.

Agriculture Industry Impact

The Department anticipates that the proposed amendments, repeals, and new rules would not have an impact on agriculture in New Jersey.

Regulatory Flexibility Analysis

This chapter establishes actions applicable to local boards of health Statewide. However, compliance with this chapter by local boards of health may require corrective

actions to be taken by the owners of rental properties in which children with elevated blood lead levels reside. Some in this regulated group may be considered small businesses, as the term is defined in the Regulatory Flexibility Act at N.J.S.A. 52:14B-16 et seq.

The compliance requirements for small businesses incident to these rules are set forth in the Summary above. The Department is not able to accurately estimate the cost of compliance with this chapter due to the varying impact of the requirements on each individual property owner. Depending on the condition of the property and the degree of the hazard identified, some property owners may be able to comply with little or no expense. Other property owners may incur expenses for the removal and disposal of lead-based paint, building components (windows and doors) covered with lead-based paint, and associated clean-up costs. Particular compliance costs are described in the Economic Impact above.

At the same time, this chapter may potentially benefit another group of small businesses. N.J.S.A. 26:2Q-1 et seq., requires that all lead abatement work must be done by business firms licensed by the New Jersey Department of Community Affairs, using workers who have certifications from the New Jersey Department of Health. Many of the contractors who will perform this work may be considered small businesses.
The presence of lead in paint or in other items can create a hazard, as defined in this chapter, and can pose a serious threat to the health and well-being of children exposed to the hazard as described in the Social Impact statement above. It is not possible to impose less restrictive criteria for small businesses without leaving children exposed to these hazards. The Department believes that, in the interest of the health and welfare of

children potentially affected by lead-based paint hazards and non-paint lead hazards, it is not appropriate to establish different requirements for small businesses.

Housing Affordability Impact Analysis

The Department anticipates that the proposed amendments, repeals, and new rules would have an insignificant impact on the affordability of housing in New Jersey and there is an extreme unlikelihood that the proposed amendments would evoke a change in the average costs associated with housing because the rules apply to fewer than one percent of the State's over 3.5 million housing units. Accordingly, a housing affordability impact analysis is not required.

Smart Growth Development Impact Analysis

The proposed amendments, repeals, and new rules would have an insignificant impact on smart growth and there is an extreme unlikelihood that they would evoke a change in housing production in Planning Areas 1 or 2, or within designated centers, under the State Development and Redevelopment Plan in New Jersey because the rules apply to fewer than one percent of the State's over 3.5 million housing units. Accordingly, a smart growth development impact analysis is not required.

Full text of the rules proposed for repeal may be found in the New Jersey Administrative Code at N.J.A.C. 8:51 Appendices A through K.

Full text of the proposed amendments and new rules follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

CHAPTER 51

CHILDHOOD **ELEVATED BLOOD** LEAD [POISONING] **LEVELS**

SUBCHAPTER 1. GENERAL PROVISIONS

8:51-1.1 Scope

The rules of this chapter shall apply to all local boards of health, owners of properties in which children who have been identified with **elevated blood** lead [poisoning] **levels** live, owners of any other properties that constitute a lead hazard to children who have been identified with **elevated blood** lead [poisoning] **levels**, and to laboratories who perform blood lead tests of children.

8:51-1.3 Incorporated materials

(a) The Department incorporates by reference, as amended and supplemented, in this chapter, the following policies and guidelines:

1. (No change.)

2. "Preventing Lead Poisoning in Young Children," (published August 2005).

i. The policy statements in (a)1 and 2 above are published by the U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, GA 30333 and are available electronically from the Centers for Disease Control and Prevention**, and available** at http://www.cdc.
gov/nceh/lead/publications/; [and]

3. "Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing," ([June 1995] **2012**), published by the U.S. Department of Housing and Urban Development, Office of Healthy Homes and Lead Hazard Control, 451 Seventh Street, S.W., Washington, DC 20410**,** and available at
http://www.hud.gov/offices/lead/lbp/hudguidelines/index.cfm[.]**;**

4. “Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention,” Advisory Committee on Childhood Lead Poisoning Prevention, Centers for Disease Control and Prevention, January 2012, and available at <u>www.cdc.gov/nceh/lead/acclpp/final_document_030712.pdf</u>; and

5. “CDC Response to Advisory Committee on Childhood Lead Poisoning Prevention Recommendations in ‘Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention,’” Centers for Disease Control, June 2012, and available at

<u>www.cdc.gov/nceh/lead/acclpp/cdc_response_lead_exposure_rec.pdf</u>.

(b) The Department incorporates by reference the following forms and assessments in this chapter:

1.– 2. (No change.)

3. User Confidentiality Agreement (N.J.A.C. 8:51 Appendix E) is the required agreement that each user of the Childhood Lead [Poisoning] Information Database makes to maintain confidentiality of the information, in any format, collected and maintained pursuant to this chapter;

4. Childhood Lead [Poisoning] **Exposure** Prevention Home Visit Assessment (N.J.A.C. 8:51 Appendix G) is one of the required case management assessments used to determine the plan of care by the public health nurse case manager during home visits and to document issues not captured through the Hazard Assessment Questionnaire**, found at N.J.A.C. 8:51 Appendix A**.

5. – 6. (No change.)

7. Quality Assurance and Improvement (N.J.A.C. 8:51 Appendix J) is the form required to assure the accuracy of the data entered into the Childhood Lead [Poisoning] Information Database and to educate staff on the quality of the data; [and]

8. Childhood Lead [Poisoning Prevention] **Exposure** Case Closure (N.J.A.C. 8:51 Appendix K) is the form required to be used by the public health nurse case manager to discharge children from case management[.]**; and**

9. Preliminary Environmental Evaluation (N.J.A.C. 8:51 Appendix L) is the form required to be used by the public health nurse case manager to identify lead sources in a child's environment.

(c) (No change.)

(d) The Department incorporates by reference the following materials in this chapter:

1. (No change.)

2. Protocol for Data Entry in the Childhood Lead [Poisoning] Information Database and Communication (N.J.A.C. 8:51 Appendix D) is the document that contains requirements for the time-frame for data to be entered in the database, as well as the protocol for maintaining data quality and communication with the Department and other users; and

3. (No change.)

(e) (No change.)

8:51-1.4 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

...

“Advisory Committee on Childhood Lead Poisoning Prevention” means a chartered body that advises and guides the Secretary and Assistant Secretary of the U.S. Department of Health and Human Services and the Director of the Centers for Disease Control and Prevention, regarding new scientific knowledge and technical developments and their practical implications for childhood lead exposure prevention efforts. The charter expired on October 31, 2013.

...

"Case management" means a public health nurse's coordination, oversight**,** and/or provision of the services required to identify lead sources, eliminate a child's lead exposure**,** and reduce the child's blood lead level below [the level of concern as defined by CDC recommendations] **five micrograms per deciliter (µg/dL)**.

...

"Commissioner" means the Commissioner of the New Jersey Department of Health [and Senior Services], or his or her designee.

...

["Elevated blood lead level" shall have the same meaning as set forth in the CDC recommendations.]

“Elevated blood lead level” means a blood lead test result, from either a venous or capillary sample, equal to or greater than five micrograms per deciliter (µg/dL) of whole blood.

...

"Hazard assessment" means conducting all of the following activities:

1. Collection of background information regarding physical characteristics and residential use patterns including:

i.- iii. (No change.)

iv. The number of children under 72 months of age and **pregnant** women [of child bearing age] residing in the dwelling upon notification of a confirmed blood level of **two results five to nine µg/dL or a single result of** 10 µg/dL or higher; and

v. (No change.)

2. – 10. (No change.)

"HUD guidelines" means the United States Department of Housing and Urban Development's "Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing," [June 1995] **2012**, published by the U.S. Department of Housing and Urban Development, Office of Healthy Homes and Lead Hazard Control, 451 Seventh Street, SW, Washington, DC 20410.

...

"Local board of health" or "local boards of health" means a local board or local boards of health as defined at N.J.S.A. 26:1A-1.

...

"Preliminary environmental evaluation" means the collection of background information regarding physical characteristics by the local board of health using the form provided at N.J.A.C. 8:51 Appendix L, incorporated herein by reference.

...

"Screening" means the taking of a blood sample from an asymptomatic child, and its analysis by **a** medical laboratory, licensed in accordance with N.J.A.C. 8:44, to determine if the child has **elevated blood** lead [poisoning] **levels**.

...

SUBCHAPTER 2. SCREENING AND CASE MANAGEMENT

8:51-2.1 Screening

(a) The local board of health shall work with health care providers in its jurisdiction to ensure that all children [under six years] **less than 72 months** of age are appropriately screened for **elevated blood** lead [poisoning] **levels** in accordance with N.J.A.C. 8:51A.

(b) If a local board of health determines that a child [under six years] **less than 72 months** of age, who is receiving service from one of its child health programs, is in need of lead screening, and it is not able to make arrangements for the child to be screened by a health care provider, the local board of health shall perform a lead screening of the child.

8:51-2.2 Screening methods

(a) All screening for **elevated blood** lead [poisoning] **levels** shall be performed in accordance with N.J.A.C. 8:51A.

(b) (No change.)

8:51-2.3 Confirmation of blood lead test results

(a) A capillary blood screening sample that produces a blood lead level of [10] **five** µg/dL or greater shall be confirmed by a venous blood lead sample before an environmental intervention **or preliminary environmental evaluation** is performed.

1. A venous blood lead level of [10] **five** µg/dL or greater does not require a confirmatory test.

(b) If a child is reported to have a blood lead level of [10] **five** µg/dL or greater on a capillary sample, the local board of health in whose jurisdiction the child resides shall contact the child's parent or guardian to ensure that a timely venous confirmatory blood lead test is performed, in accordance with the CDC recommendations and in cooperation with the child's primary care provider.

1. (No change.)

8:51-2.4 Case management

(a) Whenever a child has a [confirmed] blood lead level of [15] **five** µg/dL or greater, [or two consecutive test results between10 µg/dL and 14 µg/dL that are at least between one month to three months apart,] the local board of health shall provide for case management of the child and his or her family.

(b) Whenever a child has a capillary blood lead level five µg/dL to nine µg/dL, a public health staff member shall perform case management consisting of:

1. Education, both written and verbal, and counseling of the parent(s)/legal guardian about the effects and prevention of elevated blood lead levels;

2. Recommending venous blood lead retesting of the child and, when indicated, blood lead screening of siblings and other children living in the same

household, and of pregnant women living in the same household in cooperation with the health care provider in accordance with N.J.A.C. 8:51A;

3. Determining whether or not the child has a health care provider, and, if not, referral to a health care provider;

4. Education and counseling about nutrition and its role in reducing lead absorption;

5. Education and counseling about personal hygiene, housekeeping, and other risk reduction measures that the parent(s)/legal guardian can take to reduce the child's exposure to sources of lead; and

6. Referrals to appropriate community resources including, but not limited to: health insurance coverage; Women, Infants and Children; transportation services; and other community services.

[(b)] **(c)** Whenever a child has a confirmed blood lead level of [15 to 45] **five** µg/dL or [two consecutive test results between 10 µg/dL and 14 µg/dL that are at least between one month to three months apart] **greater**, a public health nurse shall perform case management consisting of:

1. – 2. (No change.)

3. [A] **In the case of a child with two confirmed blood lead levels of five to nine µg/dL or one confirmed blood lead level of 10 µg/dL, a** review of the lead Hazard Assessment Questionnaire, available at N.J.A.C. 8:51 Appendix A, with the lead inspector/risk assessor certified by the Department to ensure that the child's environment has been evaluated for non-paint lead hazards and that the environmental intervention has been performed in accordance with N.J.A.C. 8:51-4.2; **or, in the case**

of a child with a single confirmed blood lead level of five to nine µg/dL, a review of the Preliminary Environmental Evaluation, available at N.J.A.C. 8:51 Appendix L, to ensure that the child's environment has been evaluated for potential paint and non-paint lead hazards in accordance with N.J.A.C. 8:51-4.1(g);

4. Monitoring blood lead retesting and results in cooperation with the primary care provider according to [CDC recommendations] **N.J.A.C. 8:51A**;

5. - 6. (No change).

7. Arranging for lead screening, when indicated, of siblings and other children [between] **at least** six months and [six years] **less than 72 months** of age living in the same household, in accordance with N.J.A.C. 8:51A, and of pregnant women living in the same household;

8. Assessing the need for emergency relocation funding and initiating collaboration with the appropriate agencies.

[i. Financial assistance through the Department of Community Affairs' (DCA) Emergency Lead Poisoning Relocation (ELPR) Program or the Relocation to End Exposure to Lead (REEL) Program may be available to occupants on a case-by-case basis.

ii. The local board of health shall initiate contact with DCA, or DCA's agent, to facilitate the relocation process through the ELPR or REEL Program, if applicable;]

9. (No change.)

10. Education about **elevated blood** lead [poisoning] **levels**, its possible effects on children, and lead hazards that may be present on the premises;

11.-13. (No change.)

14. Referrals to appropriate community resources including, but not limited to: [child health conference; Division of Youth and Family Services] **Department of Children and Families**; Federally [qualified health center] **Qualified Health Center**; New Jersey Family Care/Medicaid; the local subcode official for housing; Special Child Health Services; Women, Infants and Children; transportation services; and other community services;

15.-16. (No change.)

[(c)] **(d)** Whenever a child has a confirmed blood lead level of 45 µg/dL or greater case management shall:

1. (No change.)

2. Comply with [(b)] **(c)** above; and

3. Consist of:

i. – ix. (No change.)

x. Maintaining ongoing communication with the primary care provider and the health insurance carrier case manager regarding the child's response to the treatment regime; neurodevelopmental reassessments, the referral process and the abatement status of the primary residence; [and]

xi. Monitoring of all follow-up activities to ensure that medical, environmental and educational interventions are delivered in a timely, safe and coordinated manner according to current standards of care[.]**; and**

xii. Recommending to the primary care provider to communicate regarding medical treatment with the New Jersey Poison Information and Education System (NJPIES) at 1-800-222-1222 or www.njpies.org.

[(d)] **(e)** (No change in text.)

[(e)] **(f)** The case manager shall discharge children from case management when all of the following conditions are met:

1. (No change).

2. A follow-up venous blood lead level has declined to below [10] **five** µg/dL after three months from the last elevated blood lead level;

3. – 6. (No change.)

7. Completion of a minimum of three documented attempts of contact by the local board of health when a [lead-burdened] child **with an elevated blood lead level** has moved and cannot be located.

i. (No change.)

8:51-2.5 Home visits

(a) Each public health nurse completing case management shall conduct an initial home visit according to the following schedule upon notification by the Department of an elevated blood lead level:

Blood Lead Levels (µg/dL) [(venous samples only)]	Time Frame For Initial Home Visit
-----------------------	-------------

[Following two consecutive test results between 10 and 14]	
5 to 9 capillary	**Within four weeks**
5 to 14 venous sample	Within three weeks
15 to 19 **venous sample**	Within two weeks
20 to 44 **venous sample**	Within one week
45 to 69 **venous sample**	Within 48 hours
>/= 70 **venous sample**	Within 24 hours

(b) (No change.)

SUBCHAPTER 3. REPORTING AND CONFIDENTIALITY

8:51-3.1 Notification to local board of health

Whenever the Department receives a report from a laboratory of a blood lead level of [10] **five** µg/dL or greater in a child, the Department shall notify the local board of health in whose jurisdiction the child resides through the Childhood Lead [Poisoning] Information Database as set forth at N.J.A.C. 8:51-10.

8:51-3.2 Reporting by local boards of health

(a) When a local board of health receives a report of a child with a blood lead level of [10] **five** µg/dL or greater, it shall report to the Department through the Childhood Lead [Poisoning] Information Database as set forth at N.J.A.C. 8:51-10, on the actions it has taken on behalf of the child.

1.- 2. (No change.)

3. The local board of health shall report the following preliminary environmental evaluation information:

i. General information, including the date the case was referred, dwelling type, occupancy, year built;

ii. The local board of health staff member's name, address, and phone number (work office and work mobile); and

iii. Date the preliminary environmental evaluation was started; date the preliminary environmental evaluation was completed; and reported or evidence of conditions that may contribute to elevated blood lead levels.

(b)-(c) (No change.)

8:51-3.3 Confidentiality of records

(a) All medical information or information concerning reportable events pursuant to this chapter, including all written and electronic records maintained by the Department, and by local boards of health, regarding blood lead screening, case management activities, [and] environmental interventions, **and preliminary environmental evaluations** that identify individual children, including address information and laboratory test results, shall not be disclosed**,** except under the following circumstances:

1.-3. (No change.)

(b) (No change.)

(c) Users of the Department's Childhood Lead [Poisoning] Information Database shall sign a User Confidentiality Agreement, available at N.J.A.C. 8:51 Appendix E, as established at N.J.A.C. 8:51-10.1(j).

SUBCHAPTER 4. ENVIRONMENTAL INTERVENTION **AND PRELIMINARY ENVIRONMENTAL EVALUATION**

8:51-4.1 Environmental intervention for all children with confirmed blood lead levels of [15 µg/dL or greater, or two consecutive test results between 10 µg/dL and 14 µg/dL, that are at least between one month to three months apart] **five µg/dL or greater**

(a) Whenever a child has a confirmed blood lead level of [15] **10** µg/dL or greater[,] or two consecutive test results [between 10] **five** µg/dL [and 14] **to nine** µg/dL that are [at least between] one month to [three] **four** months apart, the local board of health in whose jurisdiction the child resided at the time of testing shall provide environmental intervention.

(b) – (d) (No change.)

(e) The local board of health shall conduct the initial environmental intervention **or preliminary environmental evaluation** according to the following schedule upon notification by the Department of an elevated blood lead level:

Blood Lead Levels (µg/dL) [(venous samples only)]	Time Frame For Initial Environmental Intervention
Following two consecutive test	

results [between 10 and 14]

5 to 9 venous sample	Within three weeks
5 to 14 venous sample	**Within three weeks**
15 to 19 **venous sample**	Within two weeks
20 to 44 **venous sample**	Within one week
45 to 69 **venous sample**	Within 48 hours
>/= 70 **venous sample**	Within 24 hours

(f) (No change.)

(g) Whenever a child has a confirmed elevated blood lead level of five to nine µg/dL, the local board of health in whose jurisdiction the child resided at the time of testing shall conduct a preliminary environmental evaluation to identify possible lead hazards, using the form provided at N.J.A.C. 8:51 Appendix L, incorporated herein by reference.

(h) The local board of health shall conduct the preliminary environmental evaluation at the primary residence of the child.

1. The local board of health shall presume the address given on the report of a blood lead test result to be the primary residence of the child.

2. If it is determined that the child no longer resides, never resided, or that the reported address is a previous primary or secondary address, the local board of health shall attempt to determine the child's current address.

3. If it is determined that the child resided at the reported address at the time of the blood lead test, and subsequently moved to another primary address,

then the local board of health shall conduct a preliminary environmental evaluation at the current primary address.

4. If it is determined that the child has moved, subsequent to being tested, to a primary residence outside of its jurisdiction, then the local board of health shall notify the local board of health in whose jurisdiction the child now resides, which shall conduct a preliminary environmental evaluation at the child's new primary residence.

5. If it is determined that the child did not reside at the reported address at the time of the blood lead test, the local board of health shall attempt to determine the child's address at the time of the blood lead test and conduct a preliminary environmental evaluation at that address.

6. If the primary residence of the child is part of a multi-unit dwelling, the local board of health shall conduct a preliminary environmental evaluation on the dwelling unit in which the child resides.

i. The local board of health shall provide written lead educational materials to tenants of all units of a multi-unit dwelling when a child with an elevated blood lead level is identified in one of the units, in compliance with the Health Insurance Portability and Accountability Act of 1996 Privacy Rule, found at 45 CFR 160 and 45 CFR 164 Subparts A and E, incorporated herein by reference, as amended and supplemented, respectively.

(i) Prior to performing a preliminary environmental evaluation, each local board of health staff member shall attend training as follows:

1. The Department shall post notice of the time and date of each training on the New Jersey Learning Management System, which can be found on the Internet at https://njlmn.rutgers.edu/.

2. Interested persons can register for training on the Internet at https://njlmn.rutgers.edu/.

8:51-4.2 Environmental intervention for children up to 72 months of age

(a) Whenever a child up to 72 months of age has a confirmed blood lead level of [15] **10** µg/dL or greater[,] or two consecutive test results [between 10] **five** µg/dL [and 14] **to nine** µg/dL that are [at least between] one month to [three] **four** months apart, the local board of health in whose jurisdiction the child resides shall conduct a hazard assessment of the child's primary residence to identify lead sources in the child's environment.

1. (No change.)

(b) – (c) (No change.)

8:51-4.3 Environmental intervention for children whose age is 72 months or greater

(a) Whenever a child, whose age is 72 months or greater, has a confirmed blood lead level of [15]**10** µg/dL or greater[,] or two consecutive test results [between 10] **five** µg/dL [and 14] **to nine** µg/dL that are [at least between] one month to [three] **four** months apart, the local board of health in whose jurisdiction the child resides shall conduct a limited hazard assessment of the child's primary residence and any secondary addresses that are determined to be a likely source of exposure to the child.

(b) (No change.)

(c) If the child with confirmed blood lead of [15] **10** µg/dL or greater[,] or two consecutive test results [between 10] **five** µg/dL [and 14] **to nine** µg/dL that are [at least between] one month to [three] **four** months apart, has been medically diagnosed as having a developmental disability or developmental delay, such that the effective developmental age of the child is less than 72 months, the investigation of the child's environment shall be conducted as if the child were less than 72 months of age, in accordance with N.J.A.C. 8:51-4.2.

8:51-4.4 Reporting results of environmental interventions

(a) (No change.)

(b) The local board of health shall be prohibited from including in the report described in (a) above the name of any [lead-burdened] child **with an elevated blood lead level** pursuant to N.J.A.C. 8:51-3.3.

(c) – (e) (No change.)

(f) The local board of health shall provide a Preliminary Environmental Evaluation Report, available at N.J.A.C. 8:51 Appendix L, incorporated herein by reference, to the child’s parent(s)/legal guardian, describing the findings of the preliminary environmental evaluation.

SUBCHAPTER 7. PROCEDURES FOR ABATEMENT AND/OR INTERIM CONTROLS OF LEAD HAZARDS

8:51-7.1 Responsibility for abatement and/or interim controls of lead hazards and ongoing maintenance

(a) The owner, or the owner's agent, if the owner cannot be contacted, of a property found to have lead hazards in violation of this chapter shall be responsible for performing, or arranging for, abatement and/or interim controls of the lead hazards, and the expenses associated therewith, including removal of the hazards, disposal of waste products, protection or relocation of dwelling occupants, if required**,** and ongoing maintenance of any remaining lead-based paint.

1. In cases where a lead hazard condition poses an immediate risk of continuing exposure for children, the property owner shall relocate occupants immediately upon receipt of the determination made by the local board of health to comparable lead safe housing until the completion of abatement and/or interim controls work.

[i. Financial assistance through the Department of Community Affairs, Emergency Lead Poisoning Relocation (ELPR) Fund or the Relocation to End Exposure to Lead (REEL) Program may be available to occupants on a case-by-case basis.]

[ii.] **i.** (No change in text.)

2. – 3. (No change.)

(b) - (c) (No change.)

8:51-7.5 Violations of work practice standards

(a) – (d) (No change.)

(e) If, in the process of monitoring lead interim controls, violations of the standard for interim controls are noted, the local board of health shall issue notices of violation and orders to correct.

1. (No change.)

2. The local board of health shall forward copies of notices and orders referenced in (e) above to the Department of Health [and Senior Services], Child and Adolescent Health Program, PO Box 364, Trenton, New Jersey 08625.

SUBCHAPTER 10. CHILDHOOD LEAD [POISONING] INFORMATION DATABASE

8:51-10.1 Childhood Lead [Poisoning] Information Database

(a) The Department shall implement and operate a web-based [childhood lead poisoning information database] **Childhood Lead Information Database** (the database) applicable to childhood **elevated blood** lead [poisoning] **level** referrals and cases initiated pursuant to this chapter.

(b) The Department's purpose of the database is to:

1 . (No change.)

2. Maintain a central location for local board of health case managers, [public health nurses and] environmental inspectors**, and local board of health staff members** to document and track their case management activities [and]**,** environmental intervention activities**, and preliminary environmental evaluation activities**;

3. Collect, maintain**,** and track Statewide childhood **elevated blood** lead [poisoning] **level** data, case management activities [and]**,** environmental intervention activities**, and preliminary environmental evaluation activities**;

4.-7. (No change.)

(c) - (h) (No change.)

(i) Each user shall utilize the database to:

1. - 2. (No change.)

3. Document case management [and]**,** environmental intervention**, and preliminary environmental evaluation** activities as set forth at N.J.A.C. 8:51-3.2(a) in corresponding sections of the database, including assigning or reassigning cases to case managers;

4. – 6. (No change.)

(j) (No change.)

(k) Each existing database user shall review and sign the User Confidentiality Agreement, available at N.J.A.C. 8:51 Appendix E[, by August 18, 2010].

(l) - (n) (No change.)