December 1, 2016

The Honorable Maggie Hassan  
Governor of New Hampshire  
State House, Room 208  
Concord, NH 03301

The Honorable Chuck Morse  
President of the Senate  
State House, Room 302  
Concord, NH 03301

The Honorable Shawn Jasper  
Speaker of the House  
State House, Room 308  
Concord, NH 03301

RE: SB 135: Childhood Lead Poisoning Prevention and Screening Commission

Dear Governor Hassan, Senate President Morse and Speaker Jasper:

Please find enclosed the First Annual Report of the Childhood Lead Poisoning Prevention and Screening Commission. Thank you very much for your time and attention.

Sincerely,

[Signature]

Senator Dan Feltes  
Chair, Childhood Lead Poisoning Prevention and Screening Commission

cc: Christopher Sununu, Governor-elect  
Tammy L. Wright, Senate Clerk  
Paul C. Smith, Clerk of the House  
Michael York, State Librarian
FIRST ANNUAL REPORT
OF THE
CHILDHOOD LEAD POISONING PREVENTION & SCREENING COMMISSION
TO
THE PRESIDENT OF THE SENATE
THE SPEAKER OF THE HOUSE OF REPRESENTATIVES
THE GOVERNOR
AND
THE STATE LIBRARY

December 1, 2016
Introduction

As a result of New Hampshire’s substantial housing stock pre-dating the 1978 prohibition on lead-based paint, the problem of childhood lead poisoning persists in the Granite State. The problem is particularly concerning because, as the U.S. Centers for Disease Control has concluded, there is no safe level of lead exposure, particularly during childhood development between birth and the age of six.\textsuperscript{1} Even low levels of lead exposure in developing children have been found to have permanent, irreversible effects, including loss of I.Q. and cognitive impairment, such as attention deficits. Accordingly, it has been recognized that the best approach to the problem of childhood lead poisoning is to prevent children from becoming exposed to lead in the first place, as opposed to only managing the problem after a child has become exposed. Screening children through blood tests – to determine whether lead exposures are occurring – also is a critical tool.

In New Hampshire, each year several hundred additional children are diagnosed with childhood lead poisoning. According to N.H. Department of Health and Human Services Surveillance Data, for example, 855 New Hampshire children were diagnosed with a blood lead level equal to or greater than 5 micrograms per deciliter (µg/dL) whole blood in 2014, and 1,096 children were diagnosed with such blood lead levels in 2013.\textsuperscript{2} Importantly, because these data are based on children who had blood lead level tests, and because many children in New Hampshire who should be tested are not actually tested,\textsuperscript{3} the incidence of childhood blood poisoning among New Hampshire children is likely higher than documented.

In 2015, Senate Bill 135, relative to lead poisoning in children, was enacted to make certain amendments to RSA Chapter 130-A, including the establishment of the Childhood Lead Poisoning Prevention and Screening Commission (“Commission”). See RSA 130-A:19. The legislation provided that “[t]here is established a childhood lead poisoning prevention and screening commission to assess and recommend measures for preventing childhood lead poisoning and improving screening rates among New Hampshire children ages 6 years old and younger,” described a number of issues to be considered by the Commission; provided that the Commission shall elect a chairperson from among its members; and authorized the chairperson to establish a subcommittee addressing childhood lead poisoning prevention strategies and a subcommittee relative to improving screening rates. RSA 130-A:19.

\textsuperscript{1} In 2012, the U.S. Centers for Disease Control, while recognizing that there is no safe level of lead exposure in children, adopted a blood lead level reference value of 5 micrograms per deciliter whole blood. U.S. Centers for Disease Control, \textit{Morbidity and Mortality Weekly Report}, “Response to the Advisory Committee on Childhood Lead Poisoning and Prevention Report, Low Level Lead Exposure Harms in Children: A Renewed Call for Primary Prevention” (May 25, 2012).

\textsuperscript{2} NH DHHS, Healthy Homes & Lead Poisoning Prevention Program, 2014 \textit{Lead Exposure Surveillance Report}, Table 3; NH DHHS, Healthy Homes & Lead Poisoning Prevention Program, 2013 \textit{Lead Exposure Surveillance Report}, Table 2.

\textsuperscript{3} In 2014, 26 percent of one-year-old children who, according to NH DHHS guidelines, should have been tested were not tested, and 63 percent of two-year-olds who should have been tested were not tested. NH DHHS, Healthy Homes & Lead Poisoning Prevention Program, 2014 \textit{Lead Exposure Surveillance Report}, Chart 1.
The legislation further provides: "The commission shall submit an annual report of its activities, together with recommendations for legislation commencing on December 1, 2016 to the president of the senate, the speaker of the house of representatives, the governor, and the state library." RSA 130-A:19, X.

**Activities of the Commission (2015 to November 30, 2016)**

The Commission held its inaugural meeting on August 27, 2015, at which it elected Senator Dan Feltes to chair the Commission. The Commission held five subsequent meetings, on: October 5, 2015; January 25, 2016; September 6, 2016; October 26, 2016; and November 30, 2016. With the exception of minutes for the Commission’s November 30, 2016 meeting (which will not be approved until the Commission’s next meeting), the minutes for the Commission’s meetings are appended collectively as Attachment A. During the course of its work, the Commission benefitted from the work of its two subcommittees (see below) as well as from the testimony of various experts, such as Sarah Pillsbury, N.H. Department of Environmental Services, regarding issues related to lead in drinking water, and members of the landlord community.

At its October 5, 2015 meeting, the Commission established two subcommittees: a subcommittee to address childhood lead poisoning prevention strategies, and a subcommittee relative to improving childhood lead poisoning screening rates in New Hampshire. Tom Irwin, public member appointee of the governor, was elected to chair the childhood lead poisoning prevention subcommittee ("prevention subcommittee"), and Christine Lavallee, designee of the executive director of the New Hampshire Housing Finance Authority, was elected to chair the childhood lead poisoning screening subcommittee ("screening subcommittee").

The prevention subcommittee held four meetings, on: November 30, 2015, April 1, 2016, June 7, 2016, and August 22, 2016. At its first meeting, the prevention subcommittee was provided a presentation by Ronald Rupp, Director, Vermont Healthy Homes & Lead Hazard Control, regarding the State of Vermont’s Essential Maintenance Practices program. Over the course of its meetings, the prevention subcommittee discussed benefits and burdens of a potential Essential Maintenance Practice program tailored to New Hampshire; strategies to enhance compliance with the federal Renovation, Repair & Painting program designed to ensure lead-safe practices when pre-1978 residences and daycare facilities containing lead-based paint are renovated, repaired and/or painted; and mechanisms to generate funds to support landlords in eliminating lead hazards.

The screening subcommittee held three meetings, on: November 24, 2015, March 28, 2016, and June 21, 2016. During the course of its work, the screening subcommittee heard from a number of experts, including Commission member Beverly Drouin (Department of Health & Human Services) regarding the agency’s 2014 surveillance data relative to screening; Robb Morse, of Magellan Diagnostics, regarding technology for capillary blood lead level testing; Susan Wnuk, of the Belknap-Merrimack Community Action Program, regarding use of capillary blood lead

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4 Pursuant to SB 135, the Commission will "sunset" on November 1, 2018.
5 Summaries of the prevention subcommittee’s first three meetings are appended collectively as Attachment B. The subcommittee’s fourth meeting was devoted solely to discussing potential legislative approaches to preventing childhood lead poisoning.
level testing machines in their clinics; and Dr. Walter Hoerman, regarding the use of capillary blood lead level testing in his Rochester, New Hampshire pediatric practice. During the course of its work, the screening subcommittee concluded that requiring blood tests for all one- and two-year-olds in New Hampshire is a critical tool for increasing the state’s screening rate and thereby better protecting children. It also explored potential “gatekeeper” opportunities to ensure that children obtain necessary blood lead level testing.

Commission Recommendations for Legislation:

Having explored various strategies for preventing childhood lead poisoning and increasing screening rates among New Hampshire children, the Commission recommends the following legislative solutions (not listed by priority):

1. Adopting the requirement that all one- and two-year-old children be tested for blood lead levels, with certain related provisions to ensure such children are in fact tested, as set forth in the provisions in Attachment C, with the qualification that the term “documentation of an appointment within thirty days” be inserted following the words “test of” in section 4.I. (Recommendation adopted by Commission voice vote, with one member opposing).

2. Involving the municipal building permitting process in educating the contractor community about, and improving compliance with, lead-safe practices under the renovation, repair and painting program, as set forth in Attachment D. ( Recommendation adopted by Commission roll call vote – 13 supporting, 1 opposing).

3. Amending existing statutory provisions pertaining to notification of purchasers of real property to enhance notice about the lead hazards associated with lead-based paint and lead in drinking water, as set forth in Attachment D. ( Recommendation adopted by Commission roll call vote – 14 supporting, 0 opposing).

4. Addressing lead in drinking water in schools and child care facilities, and in public water systems, as set forth in Attachment D. ( Recommendation adopted by Commission roll call vote – 11 supporting, 2 opposing, 1 abstaining).

5. Appropriating $3 million annually for lead remediation by landlords. The Commission recommends funding such appropriation through a combination of the General Fund and a paint can fee. ( Recommendation adopted by Commission roll call vote – 12 supporting, 1 opposing, 1 abstaining).

6. Requiring tenants to comply with landlord instructions when landlords engage in remediation of lead. ( Recommendation adopted by Commission roll call vote – 14 supporting, 0 opposing).
7. Establishing a new eviction action for tenants who willfully create a lead exposure hazard. (Recommendation adopted by Commission roll call vote – 14 supporting, 0 opposing).

8. Modifying the whole-building enforcement approach to cover only the units with children and common areas immediately, and all other units at tenant turnover over time. (Recommendation adopted by Commission roll call vote – 7 supporting, 4 opposing, 3 abstaining).


11. Requiring landlords to test for lead in drinking water and install filters for drinking water if necessary, unless the landlord can demonstrate they are not responsible for the lead present in water. (Recommendation adopted by Commission roll call vote – 9 supporting, 3 opposing, 2 abstaining).

12. Reducing the action level from a blood lead level of 10 µg/dL to a blood lead level of 5 µg/dL. (Recommendation adopted by Commission roll call vote – 10 supporting, 3 opposing, 1 abstaining).

Sincerely submitted,

[Signature]

Senator Dan Feltes
Chair, Childhood Lead Poisoning Prevention and Screening Commission
ATTACHMENT A
August 27, 2015 Meeting of
Childhood Lead Poisoning Prevention and Screening Commission

Minutes

Commission Attendees: Senator Dan Feltes; Rep. Dan Eaton (for Rep. Frank Kotowski); Christine Lavallae, NH Housing Finance Authority; William McKinney, NH Building Officials Association; Mike Dumond, NH Department of Health and Human Services; Tom Irwin, public member appointed by the Governor; John DeJoie, NH Kids Count; Elliott Berry, Housing Action New Hampshire; Debbie Valente, NH Property Owners Association; Sarah Blodgett, NH Board of Medicine; Betsey Andrews Parker, public member appointed by the Speaker (participating by phone).¹

After establishing a quorum of eleven members, the meeting commenced at approximately 10:05 a.m.

1. Introductions

Commission members introduced themselves, the manner in which they were appointed to the Commission, and their place of work.

Nick Norman, a property owner, also introduced himself.

2. Election of Chair

Elliott Berry moved the nomination of Senator Feltes to chair the Commission. Tom Irwin seconded the motion. The Commission voted unanimously in support of the motion.

3. Election of Clerk

Chairman Feltes asked for nominations for the position of Clerk and, hearing none, for volunteers. Hearing none, he volunteered to be elected to the position of Clerk, moving for nomination of himself to the role of Clerk. Christine Lavallee seconded the motion, and the Commission voted unanimously in support thereof.

Mike Dumond indicated that DHHS would provide support for purposes of the logistics and related matters.

Tom Irwin indicated that he would be pleased to relieve Senator Feltes of the duties of Clerk. Senator Feltes called for a motion for reconsideration. Elliott Berry so moved, Christine Lavallee seconded, and all Commission members present voted in support of the motion.

Elliott Berry moved to nominate Tom Irwin to the position of Clerk. John DeJoie seconded. The Commission voted unanimously in support of the motion.

4. Overview of provisions passed

¹ Before commencing the meeting, Senator Feltes asked, and received answers to, the requisite questions for purposes of enabling Ms. Andrews Parker to participate telephonically in compliance with RSA Chapter 91-A.
Tom Irwin provided a brief overview of key provisions of the new childhood lead poisoning statutory provisions established by SB 135. A copy of SB 135 was distributed to the Commission.

5. Overview of Commission duties

Tom Irwin provided an overview of the statutory charges of the Commission, as established by the passage of SB 135.

6. Creation of Subcommittees

Chairman Feltes recommended, and the Commission agreed, that subcommittees be established at the next meeting of the Commission, when all Commission appointments have been completed. He urged that each Commission member serve on at least one of the subcommittees to be established.

7. Scheduling of Subcommittees and full Commission meetings

Chairman Feltes suggested that the Commission meet on a quarterly basis, with subcommittee meetings occurring in between full-Commission meetings. Commission members indicated their agreement with the approach.

No date for the next Commission meeting was established. It was agreed that after all appointments to the Commission are made, the Clerk will coordinate scheduling of the next Commission meeting.

8. Distribution of background information

DHHS provided hard copies of the following background information to Commission members:
- Organizational Diagram of Division of Public Health Services, Bureau of Public Health Protection, Healthy Homes & Environments Section (as of 8/27/15)
- NH Healthy Homes & Lead Poisoning Prevention Program 2013 Lead Poisoning Surveillance Report

Chairman Feltes urged Commission members to review the materials in advance of the Commission’s next meeting.

9. Adjournment

Chairman Feltes requested a motion to adjourn. Tom Irwin so moved. Sarah Blodget seconded the motion. All Commission members voted in support of the motion. The meeting adjourned at 10:25 a.m.
October 5, 2015 Meeting of
Childhood Lead Poisoning Prevention and Screening Commission

Minutes

Commission Attendees: Senator Dan Feltes (Chair), John Cronin, William McKinney, Dr. David Fredenburg, Betsey Andrews Parker, Gloria Paradise (NH Housing, for Christine Lavallee), Beverly Drouin, Elliott Berry, Sarah Blodgett, Tom Irwin, Debbie Valente, Wesley Fletcher.

After establishing a quorum, the meeting commenced at approximately 3:05 p.m.

1. Introductions

Chairman Feltes welcomed Commission members, thanking them for their participation and emphasizing the importance of the Commission’s charge relative to the problem of childhood lead poisoning. The Commission engaged in a brief round of introductions.

2. Approval of minutes of August 27, 2015 meeting

William McKinney moved to approve the minutes of the Commission’s August 27, 2015 meeting. Senator Feltes seconded the motion. The Commission voted to approve the minutes.

3. Presentation by Department of Health & Human Services (DHHS)

Beverly Drouin, director of DHHS’s childhood lead prevention program, provided an overview presentation regarding the problem of childhood lead poisoning in New Hampshire. Her presentation included discussion of the most recent standards relative to lead exposure and blood lead levels (BLLs); the nature and scope of the childhood lead poisoning problem; DHHS’s screening and management guidelines and recent NH screening rates; and actions DHHS has begun to take following enactment of SB 135. Dr. Fredenburg supplemented Ms. Drouin’s presentation with a brief presentation of GIS-based data relative to cases of childhood lead poisoning, noting that the data provides compelling data at the neighborhood scale.

Key observations made by Commission members included: the problem that some BLL laboratories have not been reporting test results; problems relative to state and federal authority to stop projects that are violating the Renovation, Repair and Painting program and lead abatement standards; ambiguity around the term “knowingly removing lead”; the reactive nature of NH’s approach to addressing lead hazards; the need for better communication to improve NH’s screening rates.

4. Establishment of Subcommittees / Review of Subcommittee Duties

Chairman Feltes reviewed provisions of SB 135 relative to the establishment of subcommittees: one to address prevention strategies, the other to address screening. Reviewing the provisions of RSA-A:19, establishing the Commission, he identified sections V, VI, VIII and IX as related to prevention, and sections VII and VIII as related to screening (he noted that section VIII implicates both prevention and screening.
Chairman Feltes asked Commission members to identify the Subcommittee(s) on which they would like to participate. Commission members responded as follows:

**Childhood Lead Poisoning Prevention Subcommittee:** John Cronin, William McKinney, Christine Lavallee, Beverly Drouin, Elliott Berry, Tom Irwin, Debbie Valente, Wesley Fletcher, Sen. Feltes

**Childhood Lead Poisoning Screening Subcommittee:** Dr. David Fredenburg, Christine Lavallee, Beverly Drouin, Betsey Andrews Parker, Sarah Blodgett, Debbie Valente, Wesley Fletcher, Sen. Feltes

It was agreed that Commission members not present at the meeting would be polled to determine their preferred Subcommittee assignment. Chairman Feltes requested that Commission members inform him of their interest in chairing a Subcommittee.

5. **Scheduling next Subcommittee and Commission meetings**

The Commission agreed that the next meetings to take place would be meetings of the Subcommittees, this fall. Senator Feltes emphasized that while there is no quorum requirement for Subcommittee meetings, attendance and participation, with the goal of working together to identify solutions, will be essential.

It was agreed that the full Commission will next convene early in 2016.

Scheduling of meetings will be done by “Doodle” polls.

6. **Adjournment**

Betsey Andrew Parker moved to adjourn. Debbie Valente seconded the motion. The meeting adjourned at approximately 4:30 p.m.
January 25, 2016 Meeting of
Childhood Lead Poisoning Prevention and Screening Commission

Minutes

Commission Attendees: Senator Dan Feltes (Chair), John DeJoie, Betsey Andrews Parker, Debbie Valente, Tom Irwin, Christine Lavallee, Michael Dumond, John Cronin, Betsey Andrews Parker, Sarah Blodgett, Dr. William Storo.

After establishing a quorum, the meeting commenced at approximately 3:05 p.m.

1. Introductions

Chairman Feltes welcomed the Commission. The Commission engaged in a brief round of introductions.

2. Approval of minutes of October 5, 2015 meeting

Betsey Andrews Parker moved to approve the minutes of the Commission’s October 5, 2015 meeting. John DeJoie seconded the motion. The Commission voted to approve the minutes.

3. Report and Discussion Regarding Prevention Subcommittee Meeting

Tom Irwin reported that the Prevention Subcommittee met on November 30, 2015. Supplementing the written meeting summary distributed to the Commission, he provided a brief recap of a discussion led by Ron Rupp, Director, VT Healthy Homes & Lead Hazard Control, regarding Vermont’s Essential Maintenance Practices (EMP) program. The Commission identified concrete next steps for advancing discussion around a potential EMP program, namely: identifying the most critical elements of an EMP program; developing a simplified compliance form (i.e., a form much simpler than what is used in VT’s program); connecting with members of the insurance industry to determine whether/how insurers could incentivize compliance; exploring approaches to provide legal protections to property owners who comply with EMPs, as an incentive for compliance; considering mandatory vs. voluntary models; exploring models to help fund an EMP program, including enabling legislation for municipalities to pursue innovative funding mechanisms; identifying opportunities to educate tenants as a component of an EMP program; and considering RSA 48-A as a potential mechanism. Senator Feltes reported that at the Prevention Subcommittee meeting, Bill McKinney stated that he is exploring a potential pilot project involving a building department in efforts to inform applicants/contractors about the Renovation, Repair and Painting program to increase compliance with that program.

4. Report and Discussion Regarding Screening Subcommittee Meeting

Christine Lavallee reported on the Screening Subcommittee’s meeting of November 24, 2015. Supplementing the written meeting summary distributed to the Commission, she provided an overview of the meeting and the points discussed, including potential strategies for increasing awareness about the need to test more kids and increasing blood lead level (BLL) testing rates. Dr. Storo reported that he hopes to include a story about the importance of BLL testing in the March
newsletter of the N.H. Pediatric Society, and that he is hoping to develop a pilot project at one of the Dartmouth Hitchcock Medical Clinic sites. Additionally, the State's Healthy Homes and Lead Poisoning Prevention Program is strategizing ways to have evening meetings with pediatric and family practice doctors to discuss the importance of lead testing and discussing the barriers doctors/medical practices face in increasing testing rates. The Commission identified concrete issues to be further discussed by the Subcommittee, namely: strategies for getting more Lead Care II BLL testing units in place in New Hampshire (the cost is approximately $2,000 per unit and $7 per test); strategies to use "sunlight" to incentivize medical practitioners to increase BLL testing rates; the potential role of insurance carriers; identification of "gates" (e.g., immunization requirements) and "gatekeepers" (e.g., childcare, schools, ob/gyns) and strategies to include BLL testing. With respect to the latter, Dr. Storo stated that because vaccination reports are not required until approximately age 5, this "gate" may be too late (i.e., would come several years after a child is potentially being exposed to lead). He also mentioned that it would be easiest if universal testing was required across all NH communities.

5. Scheduling next Subcommittee and Commission meetings

The Commission agreed that the next meetings to take place would be meetings of the Subcommittee. The Subcommittee chairs discussed potential dates, which will be confirmed by email and with the potential use of a Doodle poll.

6. Adjournment

Upon a motion that was seconded and voted in the affirmative by all, the meeting adjourned at approximately 4:40 p.m.
September 6, 2016 Meeting of
Childhood Lead Poisoning Prevention and Screening Commission

Minutes

Commission Attendees: Senator Dan Feltes (Chair), Beverly Drouin, Nicole Losier, Tom Irwin, Nick Norman (proxy for Wesley Fletcher), Arickey Bounds (proxy for Dennis Parker), Debbie Valente, John Cronin, William McKinney, Dr. David Fredenburg, Elliott Berry, Christine Lavallee.

Others Attending: Michael Dumond, Knatalie Vetter, Gail Gettens, Kate Kirkwood

The meeting commenced at approximately 11:05 a.m.

1. 
   Introductions

   Chairman Feltes welcomed the Commission. The Commission engaged in a brief round of introductions.

2. Approval of minutes of January 25, 2016 meeting

   Elliott Berry moved to approve the minutes of the Commission's January 25, 2016 meeting. Beverly Drouin seconded the motion. The Commission voted to approve the minutes.

3. Brief Reports from the Prevention and Screening Subcommittees

   Tom Irwin provided a brief report regarding four meetings of the Prevention Subcommittee that have taken place since the Commission's last meeting (April 1, 2016, June 7, 2016, July 27, 2016 and August 22, 2016). Christine Lavallee provided a brief report regarding two meetings of the Screening Subcommittee occurring since the Commission last met.

4. Discussion of Legislative Solutions

   The Commission discussed proposed legislative language to increase childhood lead poisoning / blood lead level screening rates in New Hampshire. (Attach. 1). Elliott Berry recommended that the last sentence of section 4, I be amended by adding the words “documentation of an appointment within thirty days” following the words “test or”. John Cronin asked questions about section 3, relative to insurance; Chairman Feltes stated that he intends to obtain input from the Insurance Department. Dr. Fredenburg moved for adoption of the proposed legislative language (Attach. 1) as amended with Elliott Berry’s recommended change. Debbie Valente seconded the motion. The Commission voted in support of the motion by voice vote.

   The Commission discussed a spreadsheet provided by the Department of Health & Human Services (DHHS) outlining requests for additional staff positions for additional program elements addressing childhood lead poisoning, including state implementation of the Renovation, Repair and Painting program, decreasing the state’s action level from 10 mcg/dl to 5 mcg/dl, and Essential Maintenance Practices.
The Commission discussed proposed legislative language involving municipal building officials and local health officials in efforts to improve compliance with Renovation, Repair and Painting requirements, including collaborating with the state in enforcement, such as by alerting the state to violations and stopping projects that are not in compliance [Attach. 2]. Bill McKinney indicated that the outlined approach makes sense. John Cronin identified certain concerns. Senator Feltes asked Messrs. Cronin and McKinney to meet and provide any proposed changes for consideration at the Commission's next meeting and stated he would reach out to the Health Officials Association.

The Commission briefly discussed various sections of the draft legislative framework previously discussed at its last meeting, including sections related to lead in drinking water, and various strategies for generating funds to support lead-paint remediation. Nick Norman then presented a legislative framework he developed in coordination with John Cronin, Wesley Fletcher and Dennis Parker.

5. Other Business

The Commission discussed meeting next in late October, with no intervening Subcommittee meetings, to discuss and vote on legislative language or concepts.

6. Adjournment

Upon a motion that was seconded and voted in the affirmative by all, the meeting adjourned at approximately 1:00 p.m.
1. Universal Testing for Blood Lead Levels; Amend RSA 130-A:5-a to read as follows:

   130-A:5-a Universal Testing; Health Care Providers; Not Liable. All health care
   providers who provide primary medical care shall conduct blood testing of all one- and
   two-year-old patients to determine a blood lead level ensure that parents and
   guardians of children 6 years of age or younger are advised of the availability and
   advisability of screening and testing their children for lead in accordance with this
   chapter. A health care provider shall not be liable for not performing a screening or
   confirmation a test for blood lead level when a parent or guardian has been informed of
   the blood test requirement availability and advisability of screening and has refused to
   consent or has failed to follow through in response to a referral for a screening or
   confirmation test. Nothing in this section shall prevent a health care provider from
   recommending blood testing for children younger than 1 year or older than two years
   should circumstances, including potential lead hazard exposures, warrant such testing.

2. Section 1 shall become effective September 1, 2017.

3. New Section; Insurance Coverage of Blood Lead Testing. Amend RSA 415:6 by inserting the
   following new section:

   415:6-c. Coverage of Blood Lead Testing. An insurer issuing, continuing or renewing
   accident and health insurance policies shall provide coverage for the costs of blood lead
   testing conducted pursuant to RSA 130-A:5-a.

4. New Section; Blood Lead Testing Requirement for Children. Amend RSA 130-A by inserting
   the following new section:

I. All parents or legal guardians shall have their children who are residing in this state tested for blood lead level at the ages of one and two. Effective July 1, 2019, no child six years old or younger shall be admitted or enrolled in any school or child care agency, public or private, unless it is demonstrated that such child has been tested for blood lead level at the ages of one and two or, should it not be possible to demonstrate testing at these ages, testing on at least one occasion prior admission or enrollment must be performed. Notwithstanding the foregoing, parents shall be provided a period of thirty days following admission or enrollment to obtain a blood lead level test or to obtain and provide proof of testing.

II. The requirements for admission or enrollment contained in this section shall not apply if the parent or guardian executes and provides to the school or child care agency a form prepared by the department of health and human services acknowledging that he or she understands the benefits of blood lead testing and is affirmatively refusing such testing. Such form shall be prepared by the department in coordination with the department of education no later than March 1, 2019 and shall contain information regarding the health risks associated with childhood lead poisoning and the health benefits of blood lead testing.

III. A child shall be exempt from this required blood lead level testing if a parent or legal guardian objects to such testing because of religious beliefs and provides sworn statement to such effect or if a physician licensed under RSA 329, or a
physician exempted under RSA 329:21, III, certifies that blood lead level testing may be detrimental to the child's health. The latter exemption shall exist only for the length of time that, in the opinion of the physician, testing would be detrimental to the child.
1. **New Paragraph; Local Enforcement Authority; Activities Disturbing Lead-Based Paint.**

Amend RSA 155-A:7, Enforcement Authority, by inserting after paragraph IV the following new paragraph:

I. The local enforcement agency appointed pursuant to RSA 674:51 or RSA 47:22 shall have the authority in collaboration with the department of health and human services to enforce the requirements of the renovation, repair and painting program pertaining to the disturbance of surfaces containing lead-based paint. Such authority shall include ordering activities not in compliance with the renovation, repair and painting program to cease unless and until lead hazards resulting from non-compliance have been eliminated and program compliance is achieved.

2. **New Paragraph; Authority of Town Health Officers; Activities Disturbing Lead-Based Paint.**

Amend RSA 128:5, duties of town health officer, by inserting after paragraph V the following new paragraph:

II. May, upon reasonable information, personal knowledge or belief, in order to safeguard public health, order activities not in compliance with the renovation, repair and painting program pertaining to the disturbance of lead-based paint to cease unless and until lead hazards resulting from non-compliance are eliminated and program compliance is achieved. Under such circumstances, the town health officer shall alert the department of health and human services to the potential violation or violations.
3. New Paragraph; Building Permits Restricted; Disturbance of Lead-Based Paint. Amend RSA 676:13 by adding the following new paragraph after RSA 676:13,IV:

III. The building inspector shall not issue any building permit for the renovation or remodeling of a home, rental housing, school, or day care center constructed before 1978 without first providing to the applicant a standard form prepared by the department of health and human services describing lead-safe practices and the renovation, repair and painting program, and without obtaining a signed acknowledgment of receipt by the applicant.

IV. Until January 1, 2020, the governing body, legislative body or building inspector of any municipality is hereby empowered and authorized to require, as a condition for the issuance of a building permit for renovation or remodeling activities in homes, rental housing, schools or day care centers constructed before 1978, receipt of a signed statement by the contractor demonstrating either that the contractor is certified under, and will comply with, the renovation, repair and painting program administered by the department of health and human services relative to the disturbance of lead-based paint, or that the project will not involve activities subject to such program. After January 1, 2020, no building inspector shall issue a building permit for the renovation or remodeling of a home, rental housing, school, or day care center constructed before 1978 absent certification by the contractor that it is certified under and shall comply with the renovation, repair and painting program or that the project will not involve activities subject to such program. Nothing in this paragraph
shall establish liability or a duty to inspect or enforce for the municipality,

including its building inspector and local enforcement authority.
October 26, 2016 Meeting of
Childhood Lead Poisoning Prevention and Screening Commission

Minutes

Commission Attendees: Senator Dan Feltes (Chair), Beverly Drouin, Tom Irwin, Debbie Valente, Nicole Losier, Dennis Parker, Dr. Heather Wright Williams (for N.H. Pediatrics Society), Elliott Berry, Betsy Andrews Parker, John Cronin, Wesley Fletcher, William McKinney, Dr. David Fredenburg, Christine Lavallee.

Others Attending: Michael Dumond, Knatalie Vetter, Gail Gettens, Krista Morris, Sarah Pillsbury, Kate Kirkwood, Nick Norman, Jeff Kelley, Matt Menning, Philip Bilodeau

The meeting commenced at approximately 10:05 a.m.

1. Introductions

Chairman Feltes welcomed the Commission. The Commission engaged in a brief round of introductions.

2. Approval of minutes of September 6, 2016 meeting

William McKinney moved to approve the minutes of the Commission’s September 6, 2016 meeting. Tom Irwin seconded the motion. The Commission voted to approve the minutes.

3. Update on Piping Fee Discussions

Philip Bilodeau, P.E., Deputy Director of General Services for the City of Concord, spoke about Concord’s experience successfully removing lead components from the City’s drinking water system, including “gooseneck” components connecting the City’s water lines to privately-owned service lines. Discussing a legislative concept discussed at the Commission’s prior meeting, he expressed concern with a requirement that public water systems identify lead components in their systems within 365 days, and then remove all such components within 365 days, stating that a more phased-in approach, sensitive to the scale of the problem on an individual system basis, would be preferable. Senator Feltes thanked Mr. Bilodeau for his testimony and requested that he consult with the N.H. Municipal Association regarding section 23 of the draft legislative framework provided to the Commission. Sarah Pillsbury, of the Department of Environmental Services (DES), provided an overview about approaches that other states are taking for addressing lead in drinking water in public water systems and schools. She explained the DES has asked schools in New Hampshire to voluntarily sample their water for the presence of lead. Chairman Feltes stated that he spoke with a representative of the Plumbers and Steamfitters Local Union about the idea of a fee on pipes to support childhood lead poisoning prevention, and that he learned that as a result of the many types of pipes used, including PVC pipes, the fee concept would be both complex and met with resistance.

4. Update from NH DHHS about reducing threshold blood lead level from 10 mcg/dl to 5 mcg/dl
Beverly Drouin reported to the Commission that a DHHS epidemiologist had reviewed data and projected that lowering the threshold blood lead level from 10 mcg/dl to 5 mcg/dl would increase the number of cases requiring investigation from the current level of approximately 70 per year to approximately 600 per year. She stated that this analysis included the assumption that screening rates would increase to 85 percent. She was not certain whether the estimated number filtered-out owner-occupied homes.

5. Input from the Public and Invited Landlords

Matt Menning and Jeff Kelley, of rental property owner Elm Grove, provided input to the Commission from the perspective of managing their 1200 rental units in New Hampshire. They testified about the importance of preventing childhood lead poisoning, and about the need to change the current “whole building approach” – i.e., the manner in which an entire building is required to reduce lead hazards when a child in a unit of the building is found to have suffered. They advocated a more tailored approach focused on units in which children reside, with the flexibility to abate other units at the time of tenant turnover. Mr. Kelley also expressed concern that current programs should award funds in ways that promote prevention, encouraging property owners to eliminate lead hazards before children are poisoned and properties become subject to lead abatement orders. Kate Kirkwood provided input regarding ways to improve landlord participation in HUD-funded programs that support lead abatement.

6. Discussion of Whole Building Approach

Following the comments from Mr. Manning and Mr. Kelley, Commission members discussed the “whole building” approach, including its intended purpose.

7. Discussion of Draft Legislation

Chairman Feltes provided a brief overview of the latest overview of draft legislative concepts circulated to the Commission. The Commission engaged in discussion of various elements of the draft legislation.

8. Adjournment

Upon a motion that was seconded and voted in the affirmative by all, the meeting adjourned at approximately 12:05.
November 30, 2015 Meeting of
Childhood Lead Poisoning Prevention Subcommittee of the
Childhood Lead Poisoning Prevention and Screening Commission

Minutes

Subcommittee Attendees: Tom Irwin (Subcommittee Chair), Senator Dan Feltes (Commission Chair), Debbie Valente, William McKinney, Elliott Berry, Christine Lavallee, Beverly Drouin, Wesley Fletcher.

Others Attending: Gail Gettens (DHHS), Knatalie Vetter (DHHS)

Guest Presenter: Ronald J. Rupp, Director, VT Healthy Homes & Lead Hazard Control

The meeting commenced at approximately 2:05 p.m.

Following introductions, Mr. Rupp presented an overview of Vermont’s Essential Maintenance Practices (EMP) program.

Mr. Rupp described VT’s EMP program establishes a standard of care for owners of rental properties. It was designed for small property owners who are handy and to ensure lead hazards are identified and addressed safely. The EMPs, which apply to all pre-1978 housing, include:

- Visual inspections of the interior and exterior of properties annually and at the time of tenant turnover
- Repair of any deteriorated paint over 1 square foot identified during visual inspection
- Installation of window-well inserts in wooden windows — a low-cost step that reduces lead exposure and improves cleaning and longevity of window systems in places where lead dust commonly accumulates
- Specialized cleaning using a HEPA vacuum and other steps at the time of tenant turnover, after any lead hazard repair, and annually in common areas
- Posting of a notice to tenants, informing them to report deteriorated paint to the landlord
- Removal of all visible paint chips from outdoor areas
- Completion of all EMP work by, or under the direct supervision of, a person who has completed VT’s EMP training course, which is provided free of charge, using HUD funds
- Completion of work that disturbs more than 6 square feet of interior paint, or 20 square feet of exterior paint, by an individual trained and certified under the federal Renovation, Repair and Painting (RRP) program.
- Annual notice to tenants and the property owner’s insurer, of compliance with the EMP program.

Boiling down the program, he described its core elements as visual inspections combined with lead-safe work practices and stated that the EMP program is one of the factors that has led to reduced rates of elevated blood lead levels. He noted that in addition to lower overall rates, he has not seen BLLs greater than 20 mcg/dl in a while now. He provided an overview of anticipated costs associated with EMPs, noting that the overview was prepared many years ago but still provides a fairly accurate assessment.
In terms of “lessons learned,” Mr. Rupp shared the following views from his experience with VT’s EMP program:

- The annual compliance form to be completed by property owners is more complicated than it needs to be. This, he believes, contributes to the 20 percent full-compliance rate within the program. Whereas many individuals have taken the EMP training class (more than 17,000), many do not fill out the form and get into the program. He provided a one-page draft form that, in his view, would accomplish the program’s intended purpose of ensuring safe maintenance.

- There is redundancy between VT’s EMP training course and the training required by the federal RRP program. VT established its program before the federal RRP program was established. Starting from scratch, as NH would be, he recommended that lead-safe training under the RRP program be used, rather than establishing a separate lead-safe training program. He stated that this could be done whether or not the RRP program is delegated to NH.

- The program, in his view, does not adequately address exposures from lead-contaminated soils around the perimeter of buildings — where kids might play, and/or where lead-contaminated dust may be blown around and/or tracked inside. His view is that inexpensive interim measures, such as covering perimeter soils with grass, gravel, or mulch, are important and should be an EMP. Ms. Gettens expressed her strong interest in addressing this issue.

- Vermont does not have a list of property owners, making it difficult to know the universe of property owners who should be complying but are not. It was noted by Subcommittee members (Ms. Valente and Mr. McKinney) that those lists can be assembled relatively easily and cheaply in NH.

An attendee (Ms. Vetter, DHHS) asked whether/how VT’s EMP program draws the line between abatement (requiring work to be done by a licensed abatement contractor) and maintenance. The Subcommittee discussed issues around “intent” — e.g., intent to remove lead — as determining, under current law, whether a licensed lead abatement contractor must be used. It was suggested by Mr. Berry that moving forward, we should look at the EMP model without getting into intent. Mr. Rupp explained that EMPs are exempted from VT’s abatement regulations.

Mr. McKinney suggested there could be a role for the insurance industry in encouraging compliance — such as through lower premiums for property owners who demonstrate compliance. Mr. Rupp explained that initially it was expected that the insurance industry would play a significant role, but that their active involvement never materialized. Ms. Valente and Mr. Irwin mentioned initial discussions with the Insurance Department about ways the insurance industry could encourage prevention activities, such as by requiring contractor insureds to demonstrate that they are RRP-certified.

Ms. Valente asked whether tax incentives could be used to encourage compliance. Mr. Berry suggested the only real option would be the property tax, which would be a challenge. Sen. Feltes suggested that we should consider all ideas.

Sen. Feltes asked whether building officials have a role in ensuring compliance with the RRP program. Mr. Rupp stated Burlington requires permittees to demonstrate that they are RRP-certified, but that otherwise there are few local regulatory/enforcement resources in VT. Mr. McKinney stated that Nashua is exploring a potential pilot and is exploring a model from Rhode Island. Mr. Irwin stated that similar steps may be under consideration soon in Manchester. It was agreed that the Subcommittee
would discuss this issue further at its further meeting, and receive an update from Mr. McKinney regarding Nashua's effort.
April 1, 2016 Meeting of
Childhood Lead Poisoning Prevention Subcommittee of the
Childhood Lead Poisoning Prevention and Screening Commission

Meeting Summary

Subcommittee Attendees: Tom Irwin (Subcommittee Chair), Senator Dan Feltes (Commission Chair), Debbie Valente, Carrie Rouleau-Cote (for William McKinney), Christine Lavallee, Beverly Drouin, Wesley Fletcher, John Cronin, John Daioie, Nicole Losier.

Others Attending: Knatalie Vetter (DHHS)

The meeting commenced at approximately 1:05 p.m.

Following introductions, the subcommittee engaged in discussion of the most critical elements of an Essential Maintenance Practices (EMP) program. In doing so, the subcommittee focused primarily on the “simplified” EMP compliance statement prepared by Mr. Rupp (guest presenter at the subcommittee’s first meeting, and director of Vermont’s EMP program), which the subcommittee agreed was a simpler and preferable compliance form as compared to Vermont’s official EMP compliance statement. Using the simplified form enabled the subcommittee to identify key elements, and changes that would be appropriate for a New Hampshire program. The attached mark-up of the simplified form identifies the changes that were discussed, as well as elements identified for further discussion. It was agreed that as compared to Vermont’s EMP program, which pre-dated establishment of the federal Renovation, Repair and Painting (RRP) requirements, a New Hampshire EMP program should be coordinated with and cross-reference RRP.

The subcommittee briefly discussed means of incentivizing/encouraging compliance with an EMP program. Discussion included roles the insurance industry could play; amending RSA 48-A:14 (minimum housing standards) to include reference to pre-1978 structures with loose, peeling, flaking paint and lack of compliance with EMPs, as well as corresponding changes to RSA 540-A which might be necessary; and the possibility of providing landlords who comply with EMPs immunity from individual actions asserting a common law and/or statutory breach-of-warranty-of-habitability claim.

The meeting ended at approximately 3:00.
June 7, 2016 Meeting of
Childhood Lead Poisoning Prevention Subcommittee of the
Childhood Lead Poisoning Prevention and Screening Commission

Meeting Summary

Subcommittee Attendees: Tom Irwin (Subcommittee Chair), Senator Dan Feltes (Commission Chair), Debbie Valente, Nicole Losier, Christine Lavallee, Beverly Drouin, John Cronin, William McKinney

Others Attending: Knatalie Vetter (DHHS), Nick Norman (landlord)

The meeting commenced at approximately 2:05 p.m.

Following introductions, the subcommittee continued its discussion from the April 1 meeting regarding the most critical elements of an Essential Maintenance Practices (EMP) program. In doing so, the subcommittee continued to use the “simplified” EMP compliance statement prepared by Mr. Rupp (guest presenter at the subcommittee’s first meeting, and director of Vermont’s EMP program), which the subcommittee agreed at the April 1 meeting is a simpler and preferable compliance form as compared to Vermont’s official EMP compliance statement. Using the simplified form enabled the subcommittee to discuss key elements, and changes that would be appropriate for a New Hampshire program. The attached mark-up of the simplified form identifies the changes that were agreed upon (see strikeouts and text in blue font, in particular), which included:

- Clarifying that for interior spaces, a cumulative total of more than 1 square foot of deteriorated paint on a room by room basis triggers the need for repair (i.e., if a single room has areas of deterioration totaling more than 1 square foot, the deteriorated paint in that room must be repaired; if areas total less than that amount, the repair requirement for the room is not triggered).
- Changing the timing requirement for repairs from 30 days to “as soon as practicable and no later than 60 days” following the annual inspection.
- Providing notice to tenants by providing the “Protect Your Family From Lead” pamphlet at the beginning of each tenancy, and a copy of the EMP Compliance Statement annually.
- Changing the term “Licensed Lead-Safe Renovation Contractor” (in relation to RRP) to “Certified Lead-Safe Renovation Contractor.”

During discussion of the EMP program, the subcommittee also discussed the following:

- Mr. Norman asked whether the triggering requirements (i.e., more than 1 square foot of deteriorated paint) apply only to lead-based paint. It was agreed that the intent is to address lead-based paint and there was discussion about how best to address the issue without undermining the program (e.g., related to potential challenges with lead testing). The subcommittee discussed and agreed to an approach that presumes paint in/on pre-1978 buildings is lead-based paint, but provides the property owner the opportunity to prove otherwise through testing and to thereby avoid EMP requirements relative to surfaces having no lead-based paint.
• Mr. Cronin flagged his concern about the EMP program being mandatory, as opposed to voluntary. The subcommittee briefly discussed whether the EMP program should be mandatory or voluntary, or something in between (e.g., with carrots and sticks to encourage EMPs), and identified the issue for further discussion. The subcommittee briefly discussed potential carrots and sticks (e.g., related to RSA 48-A minimum standards, RSA 540-A, immunity from certain actions), flagging the issue for further discussion.

• The subcommittee discussed whether/how annual EMP Compliance Statements should be handled. Mr. Irwin suggested an electronic repository would make sense. Ms. Drouin asked who would oversee the repository and expressed concern about DHHS doing so. Mr. McKinney indicated an electronic system would not be a challenge to set up or use, provided the form consisted of electronic fields. Mr. Norman indicated he liked the electronic submission approach but that it would be important to provide landlords the option to file hard copies (i.e., to accommodate landlords without computer access). Mr. Cronin suggested an approach by which landlords would retain their EMP Compliance Statements and have them notarized upon completion.

In addition to the EMP model, the subcommittee discussed the following:

• Senator Feltes raised growing concerns about lead in drinking water and the need to address them, including the potential to include periodic testing of drinking water as an EMP. Concerns were raised about the complexity of the problem — such as whether elevated lead in drinking water may be coming from municipal lines or plumbing within a given property — as well as costs. Mr. McKinnen suggested a possible approach of directing funds from EMP enforcement to a remediation fund that could assist landlords in addressing costs. The subcommittee flagged the issue for further discussion, including the need to address more than rental properties.

• The subcommittee also discussed a paint can fee, such as the $.25/gallon fee in Maine, as a way to generate funds to support remediation. Mr. Norman referenced the work of the Lead Commission that was formed several years ago, which looked into the model. He agreed to research the methodology that was used to determine the volume of paint sold in NH and how that methodology could be updated for more current sales data.

• Senator Feltes raised the issue of engaging municipal officials to improve compliance with the federal Renovation, Repair and Painting program. Mr. McKinney mentioned that Nashua hopes to start a voluntary pilot program in July, which should provide valuable information on the topic.

The meeting ended at approximately 4:00.
1. Universal Testing for Blood Lead Levels; Amend RSA 130-A:5-a to read as follows:

   130-A:5-a Universal Testing; Health Care Providers; Not Liable. All health care providers who provide primary medical care shall conduct blood testing of all one- and two-year-old patients to determine a blood lead level ensure that parents and guardians of children 6 years of age or younger are advised of the availability and advisability of screening and testing their children for lead in accordance with this chapter. A health care provider shall not be liable for not performing a screening or confirmation test for blood lead level when a parent or guardian has been informed of the blood test requirement availability and advisability of screening and has refused to consent or has failed to follow through in response to a referral for a screening or confirmation test. Nothing in this section shall prevent a health care provider from recommending blood testing for children younger than 1 year or older than two years should circumstances, including potential lead hazard exposures, warrant such testing.

2. Section 1 shall become effective September 1, 2017.

3. New Section; Insurance Coverage of Blood Lead Testing. Amend RSA 415:6 by inserting the following new section:

   415:6-c. Coverage of Blood Lead Testing. An insurer issuing, continuing or renewing accident and health insurance policies shall provide coverage for the costs of blood lead testing conducted pursuant to RSA 130-A:5-a.

4. New Section; Blood Lead Testing Requirement for Children. Amend RSA 130-A by inserting the following new section:

I. All parents or legal guardians shall have their children who are residing in this state tested for blood lead level at the ages of one and two. Effective July 1, 2019, no child six years old or younger shall be admitted or enrolled in any school or child care agency, public or private, unless it is demonstrated that such child has been tested for blood lead level at the ages of one and two or, should it not be possible to demonstrate testing at these ages, testing on at least one occasion prior admission or enrollment must be performed. Notwithstanding the foregoing, parents shall be provided a period of thirty days following admission or enrollment to obtain a blood lead level test or to obtain and provide proof of testing.

II. The requirements for admission or enrollment contained in this section shall not apply if the parent or guardian executes and provides to the school or child care agency a form prepared by the department of health and human services acknowledging that he or she understands the benefits of blood lead testing and is affirmatively refusing such testing. Such form shall be prepared by the department in coordination with the department of education no later than March 1, 2019 and shall contain information regarding the health risks associated with childhood lead poisoning and the health benefits of blood lead testing.

III. A child shall be exempt from this required blood lead level testing if a parent or legal guardian objects to such testing because of religious beliefs and provides sworn statement to such effect or if a physician licensed under RSA 329, or a
physician exempted under RSA 329:21, III, certifies that blood lead level testing may be detrimental to the child's health. The latter exemption shall exist only for the length of time that, in the opinion of the physician, testing would be detrimental to the child.
New Paragraph; Building Permits Restricted; Disturbance of Lead-Based Paint. Amend RSA 676:13 by adding the following new paragraph after RSA 676:13,IV:

I. The building official shall not issue any building permit for the renovation or remodeling of a home, rental housing, school, or day care center constructed before 1978 without first providing to the applicant a standard form prepared by the department of health and human services describing lead-safe practices and the renovation, repair and painting program, and without obtaining a signed acknowledgment of receipt by the applicant.

II. Until January 1, 2020, the governing body, legislative body or building official of any municipality is hereby empowered and authorized to require, as a condition for the issuance of a building permit for renovation or remodeling activities in homes, rental housing, schools or day care centers constructed before 1978, receipt of a signed statement by the applicant demonstrating either that the applicant is certified under, and will comply with, the renovation, repair and painting program relative to the disturbance of lead-based paint, or that the project will not involve activities subject to such program. After January 1, 2020, no governing body, legislative body, or building official shall issue a building permit for the renovation or remodeling of a home, rental housing, school, or day care center constructed before 1978 absent certification by the applicant that it is certified under, and will comply with, the renovation, repair and painting program or that the project will not involve activities subject to such program. Nothing in this paragraph shall establish liability or a duty to inspect or enforce for the municipality, including its building official and local enforcement authority.

Notifying Purchasers of Real Property; Lead in Paint and Water. Amend RSA 477:4-a as follows:

Notification Required; Radon, Arsenic and Lead Paint.

I. Prior to the execution of any contract for the purchase and sale of any interest in real property which includes a building, the seller, or seller's agent, shall provide the following notification to the buyer. The buyer shall acknowledge receipt of this notification by signing a copy of such notification:

"Radon: Radon, the product of decay of radioactive materials in rock, may be found in some areas of New Hampshire. Radon gas may pass into a structure through the ground or through water from a deep well. Testing of the air by a professional certified in radon testing and testing of the water by an accredited laboratory can establish radon's presence and equipment is available to remove it from the air or water."

"Arsenic: Arsenic is a common groundwater contaminant in New Hampshire that occurs at unhealthy levels in well water in many areas of the state. Tests are available to determine whether arsenic is present at unsafe levels, and equipment is available to remove it from water. The buyer is encouraged to consult the New Hampshire department of environmental services private well testing recommendations (www.des.nh.gov) to ensure a safe water supply if the subject property is served by a private well."

"Lead-Paint: Before 1978, paint containing lead may have been used in structures. Exposure to lead from the presence of flaking, chalking,
chipping lead paint or lead paint dust from friction surfaces, or from the disturbance of intact surfaces containing lead paint through unsafe renovation, repair or painting practices, or from soils in close proximity to the building, can present a serious health hazard, especially to young children and pregnant women. *Lead may also be present in drinking water as a result in lead in service lines, plumbing and fixtures.* Tests are available to determine whether lead is present in paint or drinking water."

III. Nothing in this section shall be construed to have any impact on the legal validity of title transferred pursuant to a purchase and sale contract in paragraph I, or to create or place any liability with the seller or seller's agent for failure to provide the notification described in paragraph I.

New Section; Lead in Drinking Water in Schools and Child Care Facilities. Insert a new heading titled "Lead" following RSA 485:16-d and the following new section:

485:17 Lead in Drinking Water in Schools and Child Care Facilities.

I. No later than 180 days after the effective date of this section, and within every five year period thereafter, public and private schools and licensed and license-exempt child care that have not sampled in the prior 2 years shall test for the presence of lead in drinking water at all locations at the facility that is available for consumption by children. Such testing shall be in accordance with guidance from the department of environmental services. In the event test results demonstrate the presence of lead in a concentration that exceeds the applicable standard established by the Environmental Protection Agency, the school or licensed or license-exempt child care facility shall within five business days notify parents and guardians and the department of environmental services of the results and shall develop and implement a remediation plan, as approved by the department within 30 days of notification of parents or as soon as practicable, to comply with the standard as well as an interim plan, approved by the department of environmental services within 10 days of notification to parents, to prevent lead exposure prior to completion of remediation. If three consecutive rounds of sampling performed every five years are below the standard, further testing is not required.

II. Any time the applicable federal standard for lead in drinking water is changed, public and private schools and daycare facilities shall within 30 days compare the results of their most recent testing with such new standard and, in the event any such results exceed the new standard, proceed with the requirements of paragraph I relative to notice, remediation and interim measures.


485:23-b By January 1, 2019, all public water systems and privately owned redistribution systems shall make reasonable efforts to identify and publicly disclose all lead components that are in contact with drinking water supplied to customers from their systems and shall make reasonable efforts to prevent elevated lead levels in their systems. These efforts shall include, at a minimum: reviewing applicable system and public records; consulting with system staff;
requesting information from customers whose drinking water may be affected; and documenting any new information about lead in their systems. This section shall not require any system to perform excavation or conduct inspections on all customer premises to identify lead components. Subject to the availability of funds, portions of the costs of eliminating lead pipes may be eligible for funding from the drinking water and groundwater trust fund established in RSA 6-D:1.