

## Assembly Bill No. 2276

### CHAPTER 216

An act to amend Section 105285 of, and to add Section 105301 to, the Health and Safety Code, and to add Section 14197.08 to, the Welfare and Institutions Code, relating to public health.

[Approved by Governor September 28, 2020. Filed with  
Secretary of State September 28, 2020.]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 2276, Reyes. Childhood lead poisoning: screening and prevention.

Existing law establishes the Childhood Lead Poisoning Prevention Program, which is administered by the State Department of Public Health. Existing law requires the department to adopt regulations establishing a standard of care that include the determination of specified risk factors for lead exposure, including a child's time spent in a home, school, or building built before 1978. Existing law requires the department to ensure appropriate case management for children who have been identified with lead poisoning, and authorizes the department to contract with any public or private entity, including any local agency, to perform that duty.

This bill would add several risk factors to be considered as part of the standard of care specified in regulations, including a child's residency in or visit to a foreign country. The bill would require the department to update its formula for allocating funds to a local agency that contracts with the department to administer the Childhood Lead Poisoning Prevention Program, and to revise funding allocations before each contract cycle.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law authorizes the department to enter contracts with managed care plans to provide Medi-Cal services, and imposes requirements on the Medi-Cal managed care plans, including network adequacy standards. Under existing law, Medi-Cal covers early and periodic screening, diagnostic, and treatment services for individuals under 21 years of age, consistent with federal law.

Existing regulations of the department require a health care provider who performs a periodic health assessment of a child who receives services from a publicly funded program for low-income children, to order the child screened for lead poisoning, as specified, unless a parent or guardian of the child, or other person with legal authority to withhold consent, refuses to consent to the screening or if the risk of screening is a greater risk to the child's health than the risk of lead poisoning. Existing regulations also

require the health care provider to provide oral or written guidance to a parent or guardian that includes information relating to the risk of childhood lead poisoning.

This bill would require a contract between the department and a Medi-Cal managed care plan to require the Medi-Cal managed care plan, on a quarterly basis, to identify every enrollee who is a child without a record of completing the blood lead screening tests, and to remind the contracting network provider of the requirement to perform the required blood lead screening tests and the requirement to provide the oral or written guidance to a parent or guardian relating to risk of childhood lead poisoning. The bill would require the department to develop and implement procedures to ensure compliance with those requirements would authorize the department to impose sanctions for a violation of those requirements. The bill would authorize the department to implement these provisions by means of plan or county letters, or other similar instructions.

*The people of the State of California do enact as follows:*

SECTION 1. Section 105285 of the Health and Safety Code is amended to read:

105285. (a) It is the goal of the state that all children at risk of lead exposure receive blood lead screening tests.

(b) (1) The department shall adopt regulations establishing a standard of care, at least as stringent as the most recent federal Centers for Disease Control and Prevention screening guidelines, whereby all children are evaluated for risk of lead poisoning by health care providers during each child's periodic health assessment. The regulations shall meet the goals of subdivision (a) and shall include the determination of risk factors for whether a child is "at risk."

(2) When determining the risk factors, the department shall consider the most significant environmental risk factors, including, but not limited to, all of the following:

- (A) A child's time spent in a home, school, or building built before 1978.
- (B) A child's proximity to a former lead or steel smelter or an industrial facility that historically emitted or currently emits lead.
- (C) A child's proximity to a freeway or heavily traveled roadway.
- (D) Other potential risk factors for lead exposure, and known sources of lead contamination.
- (E) A child's residency in or visit to a foreign country.
- (F) A child's residency in a high-risk ZIP Code.
- (G) A child who has a sibling or playmate with lead poisoning.
- (H) The likelihood of a child placing nonfood items in the mouth.
- (I) A child's proximity to current or former lead-producing facilities.
- (J) The likelihood of a child using food, medicine, or dishes from other countries.

(3) By July 1, 2019, the regulations on the specified factors in subparagraphs (A) to (D), inclusive, of paragraph (2) shall be developed in consultation with medical experts, environmental experts, appropriate professional organizations, the public, and others as determined by the department.

(c) The standard of care shall require a child who is determined to be “at risk” for lead poisoning, according to the regulations adopted pursuant to subdivision (b), to be screened.

(d) The standard of care shall provide that a child shall not be screened pursuant to this chapter if the parent or guardian of the child refuses to consent to the screening.

(e) The standard of care shall provide that health care providers are responsible only for evaluation of all children, for screening of children determined to be at risk, and for medically necessary followup services.

(f) The fee imposed by Section 105310 shall not be used to fund blood lead screening under this section.

SEC. 2. Section 105301 is added to the Health and Safety Code, to read:

105301. (a) To ensure that funds are allocated to each local agency equitably and commensurate with the level of services needed to provide to children with elevated blood levels, the department shall update its formula for allocating funds to a local agency that contracts with the department to administer the Childhood Lead Poisoning Prevention Program, and shall revise funding allocations before each contract cycle. When revising the allocation formula, the department shall take into account the most recent data for the number of children with elevated blood lead levels in each jurisdiction.

(b) For purposes of this section, “elevated blood levels” means a blood lead level that is no higher than the blood lead reference value as specified in the most recent guidelines issued by the federal Centers for Disease Control and Prevention.

SEC. 3. Section 14197.08 is added to the Welfare and Institutions Code, to read:

14197.08. (a) A contract between the department and a Medi-Cal managed care plan shall require the Medi-Cal managed care plan to do both of the following:

(1) Identify, on a quarterly basis, every enrollee who is a child without a record of completing the blood lead screening tests required pursuant to Chapter 9 (commencing with Section 37100) of Division 1 of Title 17 of the California Code of Regulations.

(2) On a quarterly basis, remind the contracting network provider who is a health care provider responsible for performing the periodic health assessment of the child enrollee pursuant to Section 37100 of Title 17 of the California Code of Regulations of the requirement to perform required blood lead screening tests for that child, and the requirement to provide oral or written anticipatory guidance to a parent or guardian of the child, including at a minimum, the information that children may be harmed by exposure to lead.

(b) The department shall develop and implement procedures, and may impose sanctions pursuant to Section 14197.7, to ensure that a Medi-Cal managed care plan is compliant with the requirements specified in subdivision (a).

(1) As part of these procedures, the department shall require a Medi-Cal managed care plan to maintain a record of all child enrollees six years of age or younger who have missed a required blood lead screening and identify the age at which the required blood lead screenings were missed, including which children are without any record of a completed blood lead screening at each age, and provide that record to the department annually and upon request for auditing and compliance purposes.

(2) If the child enrollee, or the child enrollee's parent, guardian, or authorized representative refuses a required blood lead screening test, the Medi-Cal managed care plan shall ensure a statement of voluntary refusal is signed by the child enrollee, if an emancipated minor, or by the child enrollee's parent, guardian, or authorized representative, and is documented in the child enrollee's medical record. If the refusing party declines to sign the statement of voluntary refusal, it shall be noted in the child enrollee's medical record. Documented unsuccessful attempts to provide the blood lead screening tests shall be considered evidence of the Medi-Cal managed care plan meeting the requirements in subdivision (a).

(c) For purposes of this section, the following definitions apply:

(1) "Medi-Cal managed care plan" means an individual, organization, or entity that enters into a contract with the department to provide general health care services to enrolled Medi-Cal beneficiaries pursuant to any of the following:

(A) Chapter 3 (commencing with Section 101675) of Part 4 of Division 101 of the Health and Safety Code.

(B) Article 2.7 (commencing with Section 14087.3), excluding dental managed care programs developed pursuant to Section 14087.46.

(C) Article 2.8 (commencing with Section 14087.5).

(D) Article 2.81 (commencing with Section 14087.96).

(E) Article 2.82 (commencing with Section 14087.98).

(F) Article 2.9 (commencing with Section 14088).

(G) Article 2.91 (commencing with Section 14089).

(H) Chapter 8 (commencing with Section 14200), excluding dental managed care programs developed pursuant to Section 14087.46.

(2) "Network provider" has the same meaning as in Section 438.2 of Title 42 of the Code of Federal Regulations.

(d) Notwithstanding Chapter 3.5 (commencing Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, or make specific this section, in whole or in part, by means of plan or county letters, information notices, plan or provider bulletins, or other similar instructions, without taking any further regulatory action.