

Date of Hearing: June 2, 2020

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Lorena Gonzalez, Chair

AB 2277 (Salas) – As Amended May 20, 2020

Policy Committee: Health

Vote: 15 - 0

Urgency: No

State Mandated Local Program: No

Reimbursable: No

SUMMARY:

This bill establishes contractual requirements on Medi-Cal managed care (MCMC) plans related to blood lead screening for children enrolled in Medi-Cal and specifies enforcement of these requirements. Specifically, this bill:

- 1) Requires an MCMC plan to inform a child's parent or guardian if a child misses a required blood lead screening test at 12 or 24 months of age, and specifies the notification shall be included in an annual notification to each family of a child who has not used preventive services over the course of the year.
- 2) Requires a contract between DHCS and an MCMC plan to impose requirements that the MCMC plan:
 - a) Identify, on a quarterly basis, every enrollee who is a child without any record of completing required blood lead screening tests at 12 and 24 months of age.
 - b) Remind the contracting health care provider who is responsible for performing a periodic health assessment of a child of the need to perform required blood lead screening tests.
- 3) Requires DHCS to develop and implement procedures, and take enforcement action pursuant to existing law to terminate, impose sanctions or impose corrective action plans to ensure that a Medi-Cal managed care plan is held accountable for the requirements specified in the bill.

FISCAL EFFECT:

\$600,000 in administrative staff costs annually to the Department of Health Care Services (GF/federal) to implement and oversee compliance with the required contracting and contractual monitoring activities. The infrastructure for many of these requirements is already in place pursuant to existing DHCS activities undertaken prior to and in response to a recent state audit, described more fully below. This bill would codify these activities, requiring them to continue in future years.

COMMENTS:

- 1) **Purpose.** This bill is intended to implement recommendations from a recent state audit to ensure children enrolled in Medi-Cal receive blood lead screening as required by law. This bill is sponsored by Environmental Working Group.
- 2) **Background.** Lead is harmful to neural development of children and no level of lead in the blood is safe. Because there is no safe level of lead and no treatment for lead poisoning, two

main public health strategies are employed: educating parents and caregivers about identifying and keeping children safe from lead hazards, and preventing lead poisoning through environmental remediation.

Blood lead screening alerts providers, parents and public health officials to elevated levels of blood lead, but there is unfortunately no effective treatment. The California Department of Public Health (CDPH) maintains a web-based system whereby blood lead test results are reported electronically to the department. This system has been mostly used to identify cases of high blood levels for individual case management, but CDPH and DHCS have recently begun collaborating to match Medi-Cal data with data in CDPH's system.

If a blood test shows a high blood lead level, a child is contacted by a state-contracted, locally administered case management program that includes public health nursing and environmental follow-up to detect and eliminate lead exposure pathways. The case management function is overseen by CDPH. Case management includes finding and eliminating the source of the lead, instruction in personal and household hygiene measures, optimizing the child's diet and nutritional status, and close follow-up.

Blood lead screening is one of a large number of recommended children's preventive health services. DHCS is responsible for ensuring the delivery of these recommended services and does so largely through contracts with MCMC plans, who in turn contract with individual health care providers.

All children enrolled in publicly funded health care programs (e.g., Medi-Cal) are considered part of the target population for blood lead screening, which also includes children living in older homes. Blood lead screening is recommended for children who are at-risk and at certain ages. Current law and regulation requires providers to administer such tests.

Providers, MCMC plans, DHCS and CDPH all have either legal or contractual mandates related to blood lead screening, complicating the question of which entity is ultimately responsible to ensure screening occurs and at what level a "missed" screening test should be identified and followed up on.

- 3) **California State Audit on Childhood Lead Levels.** In January 2020, the California State Auditor released an audit entitled "Childhood Lead Levels – Millions of Children in Medi-Cal Have Not Received Required Testing for Lead Poisoning." The audit is critical of DHCS and CDPH, finding millions of children who should have been tested for elevated lead levels have not received all of the recommended tests because DHCS and CDPH have failed to adequately accomplish their respective duties. The State Auditor made a large number of recommendations to improve accountability.

According to the audit responses, a number of initiatives have already been undertaken to address the issues raised. DHCS provided the following responses to State Auditor recommendations:

- a) DHCS will include a Blood Lead Screening measure in the first version of its Preventive Services Utilization Report by December 2020.

- b) DHCS has already implemented a Value-Based Payment program whereby providers receive an incentive payment meeting certain metrics, one of which DHCS states is blood lead screening.
- c) DHCS is implementing a targeted outreach campaign to inform beneficiaries about the availability of recommended children's preventive services under Medi-Cal and how to access them. Part of this outreach will include highlighting the availability of blood lead screening children in Medi-Cal are entitled to receive. It will be followed by a more targeted outreach notice to be mailed to beneficiaries who have not accessed preventive services during the prior twelve months. MCMC plans will also conduct a call campaign to follow up with families of children who have not used preventive services over the course of a year, including lead testing services for children younger than six years old.
- d) By June of 2020, DHCS will submit a contract amendment to the Centers for Medicare and Medicaid Services (CMS) for approval that will include a requirement for MCMC plans to identify each quarter all children with no record of receiving a required lead test and remind the responsible health care providers of the requirement to test the children. Given CMS has a contract review and approval process, DHCS will release an "All Plan Letter" establishing the policy, pending contract approval from CMS. DHCS will review health plan policies and procedures to ensure compliance with the policy. DHCS will also review the MCMC process related to this contractual requirement during its annual medical audit, and impose a corrective action plan if non-compliance is identified. Since the DHCS annual medical audit is a one-year retrospective audit, DHCS will begin auditing this policy in July 2021.

Responses noted in (c) and (d), above, directly coincide with requirements in this bill related to beneficiary outreach, identification of missed test and reminders to providers.

In addition, in its response to the audit, CDPH states it has drafted the 2019 biennial report, "Update on California's Progress in Preventing and Managing Childhood Lead Exposure," and plans to release it later this year.

- 4) **Related Legislation.** AB 2060 (Holden), pending in this committee, amends the California Safe Drinking Water Act (CSDWA) to define "lead free," for purposes of manufacturing, industrial processing, or conveying or dispensing water for human consumption, to mean not more than one microgram of lead under certain tests and meeting a specified certification when used with respect to end-use devices.

AB 2276 (Reyes), pending in this committee, contains provisions similar to those in this bill that establish notification when a child misses a required blood lead screening test and reminders to health care providers of the need to perform required blood lead screening tests, as well as goals, reporting and a number of other requirements that address blood lead screening.

AB 2278 (Quirk) addresses data matching for blood lead screening laboratory results. AB 2278 is in the Assembly Health Committee but is no longer being pursued by the author.

AB 2279 (Cristina Garcia, Quirk, Reyes and Salas), pending in this committee, adds several additional risk factors required to be considered as part of the standard of care for a lead

poisoning evaluation of children and requires CDPH to update its formula for allocating lead poisoning prevention funds to local agencies.

AB 2422 (Grayson) addresses data matching for blood lead screening laboratory results and requires a public registry of lead-contaminated locations reported to CDPH pursuant to current law. AB 2422 is in the Assembly Health Committee but is no longer being pursued by the author.

AB 2488 (Gonzalez), currently in the Assembly Rules Committee, is a spot bill amending the Lead-Safe Schools Protection Act (the Act requires CDPH to perform various activities related to reducing the risk of exposure to lead hazards in public schools).

AB 2677 (Santiago), pending in the Environmental Safety and Toxics Materials Committee, creates in the California Environmental Protection Agency the position of community liaison, the duties of which would include community outreach and dissemination of information relating to cleanup of the lead contamination in the areas surrounding the Exide Technologies facility in the City of Vernon and coordination with the Department of Toxic Substances Control to address issues raised by residents affected by the lead contamination in the areas surrounding the Exide Technologies facility.

SB 1008 (Leyva), pending in Senate Health Committee, requires CDPH to design, implement, and maintain an online lead information registry and use registry information while protecting privacy and confidentiality of nonpublic information.

- 5) **Prior Legislation.** AB 2122 (Reyes), of the 2017-18 Legislative Session, which was vetoed, was similar to AB 2276 (Reyes), also pending in this committee. The veto message noted Governor Brown's desire to allow DHCS to continue working with MCMC plans, health care providers and public health officials to determine what additional policies and practices may be necessary to improve screening rates.

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