

ASSEMBLY THIRD READING

AB 2277 (Salas, et al.)

As Amended May 20, 2020

Majority vote

SUMMARY:

Requires, if a Medi-Cal managed care (MCMC) plan enrollee who is a child misses a required blood lead screening test at 12 and 24 months of age, the MCMC plan to notify the parent, parents, guardian, or other person charged with the support and maintenance of that child about those missed blood lead screening tests. Requires a contract between the Department of Health Care Services (DHCS) and a MCMC plan to identify, on a monthly basis, every enrollee who is a child without any record of completing required blood lead screening tests at 12 and 24 months of age, and to remind the contracting health care provider who is responsible for performing a periodic health assessment of a child pursuant to existing state regulation of the need to perform required blood lead screening tests.

Major Provisions

- 1) Requires the MCMC plan notification of parents/guardians to 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 DHCS to develop and implement procedures, and take enforcement action pursuant to the existing penalty-related provisions for MCMC plans, to ensure that a MCMC plan is held accountable for the requirements in this bill.
- 3) Defines a "health care provider" by reference to the existing definition in the lead-testing provisions in regulation, as a person licensed to practice medicine, a person licensed to practice as a nurse practitioner, or a person licensed to practice as a physician's assistant.

COMMENTS:

In January 2020, the California State Auditor (CSA) released an audit entitled "Childhood Lead Levels – Millions of Children in Medi-Cal Have Not Received Required Testing for Lead Poisoning." The CSA audit is critical of DHCS and the California Department of Public Health (DPH), stating that millions of children who should have been tested for elevated lead levels have not received all of the tests they should have because DHCS and DPH have failed to adequately accomplish the duties with which they have been entrusted. Related to what MCMC plans could do to improve lead screening, the CSA stated DHCS could:

- 1) Require MCMC plans to identify children who have not received lead tests and remind their health care providers of the need to provide the tests – a method other states have successfully used to increase testing rates;
- 2) Prioritize its effort to adopt a performance standard for lead tests and ensure that this standard is specifically designed to monitor its success in meeting the State's requirements for the lead testing of one- and two-year-old children; and,

- 3) Incorporate into its contracts with MCMC plans a requirement that the plans identify each month all children without records of required lead tests and remind the responsible health care providers of the need to test those children.

According to the Author:

A report released by the CSA on January 7, 2020 entitled "Childhood Lead Levels: Millions of Children in Medi-Cal Have Not Received Required Testing for Lead Poisoning" found that more than 1.4 million one and two year old children did not receive any of the required tests, and another 740,000 children missed one of the two tests that determine whether they have elevated lead levels. California ranked 31st among states in the nation for providing lead tests to one and two-year-old children. The failure to ensure that millions of children enrolled in Medi-Cal receive the required lead testing puts the health and safety of our most vulnerable populations at risk for lead poisoning. This bill would implement recommendations from the state auditor's report to ensure that children are receiving required blood lead screening tests to improve lead poisoning prevention efforts for our most vulnerable populations.

Arguments in Support:

This bill is jointly sponsored by the Environmental Working Group and the Coalition of California Welfare Rights and Organizations, which write that lead is a severe neurotoxin that even in small doses can lower a child's IQ and cause behavior and learning disorders. All children can be exposed to lead, but DPH states that the vast majority – 88% – of California's lead-poisoned kids are enrolled in Medi-Cal. Low-income children are more apt to be lead-poisoned because they are more likely to live in older housing with lead paint, and be malnourished, which causes them to absorb lead faster. If not stopped, a child's ongoing exposure to lead will continue to harm their nervous system, and cause damage that can last a lifetime. Because lead exposure happens silently, and disproportionately affects low income kids, state and federal regulations require all Medi-Cal toddlers to receive blood lead tests when they are one and two years old. Unfortunately, many of these children are not tested as required. A recent state audit of state data found that an estimated 70% of the state's 12 and 24-month old children who are enrolled in Medi-Cal do not receive blood lead screenings each year in accordance with federal and state regulations. This finding supports several other analyses, including one published in the peer-reviewed journal *Pediatrics*. This analysis found that more than 63% of California's children with elevated blood lead levels above 10 mcg/dL are not identified. California must and should identify as many lead-exposed children as the law requires. At the minimum, DHCS should ensure that the established lead-testing requirement for Medi-Cal recipient children is met, and DHCS should develop a case management system that will allow the state to track these children's blood lead tests. In addition, parents of Medi-Cal children should be informed about the federal childhood blood lead screening requirements, as well as the risks associated with childhood lead exposure. This bill addresses these needs and will bring California many steps closer to ensuring that our most vulnerable children receive protective lead screening services and information.

Arguments in Opposition:

There is no known opposition to this bill.

FISCAL COMMENTS:

According to the Assembly Appropriations Committee, \$600,000 in administrative staff costs annually to DHCS (General Fund/federal funds) to implement and oversee compliance with the required contracting and contractual monitoring activities.

VOTES:**ASM HEALTH: 15-0-0**

YES: Wood, Mayes, Aguiar-Curry, Bigelow, Bonta, Burke, Carrillo, Flora, Limón, McCarty, Nazarian, Ramos, Rodriguez, Santiago, Waldron

ASM APPROPRIATIONS: 18-0-0

YES: Gonzalez, Bigelow, Bauer-Kahan, Bloom, Bonta, Calderon, Carrillo, Chau, Megan Dahle, Diep, Eggman, Fong, Gabriel, Eduardo Garcia, Petrie-Norris, McCarty, Robert Rivas, Voepel

UPDATED:

VERSION: May 20, 2020

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