

106TH CONGRESS
1ST SESSION

H. R. 1996

To ensure that children enrolled in Medicaid and other Federal means-tested programs at highest risk for lead poisoning are identified and treated, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 27, 1999

Mr. MENENDEZ (for himself, Mr. RUSH, Mr. HILLIARD, and Ms. SCHAKOWSKY) introduced the following bill; which was referred to the Committee on Commerce, and in addition to the Committee on Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To ensure that children enrolled in Medicaid and other Federal means-tested programs at highest risk for lead poisoning are identified and treated, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Children’s Lead
5 Screening Accountability For Early-Intervention Act of
6 1999” or the “Children’s Lead SAFE Act”.

1 **SEC. 2. FINDINGS AND PURPOSES.**

2 (a) FINDINGS.—Congress finds that—

3 (1) lead poisoning remains a serious environ-
4 mental risk, especially to the health of young chil-
5 dren;

6 (2) childhood lead poisoning can cause reduc-
7 tions in IQ, attention span, reading, and learning
8 disabilities, and other growth and behavior problems;

9 (3) children under the age of 6 are at the great-
10 est risk of suffering the effects of lead poisoning be-
11 cause of the sensitivity of their developing brains
12 and nervous systems, while children under the age of
13 3 are especially at risk due to their stage of develop-
14 ment and hand-to-mouth activities;

15 (4) poor children and minority children are at
16 substantially higher risk of lead poisoning;

17 (5) three-fourths of all children ages 1 through
18 5 found to have an elevated blood lead level in a
19 Centers for Disease Control and Prevention nation-
20 ally representative sample were enrolled in or tar-
21 geted by Federal health care programs, specifically
22 the medicaid program, the women, infants, and chil-
23 dren (WIC) program, and the community health
24 centers programs under section 330 of the Public
25 Health Service Act, equating to an estimated
26 688,000 children nationwide;

1 (6) the General Accounting Office estimates
2 that $\frac{2}{3}$ of the 688,000 children who have elevated
3 blood lead levels and are by Federal health care pro-
4 grams have never been screened for lead;

5 (7) although the Health Care Financing Admin-
6 istration has required mandatory blood lead
7 screenings for children enrolled in the medicaid pro-
8 gram who are not less than 1 nor more than 5 years
9 of age, less than 20 percent of these children have
10 received such screenings;

11 (8) the Health Care Financing Administration
12 mandatory screening policy has not been effective, or
13 sufficient, to properly identify and screen children
14 enrolled in the medicaid program who are at risk;

15 (9) only about $\frac{1}{2}$ of State programs have
16 screening policies consistent with Federal policy; and

17 (10) adequate treatment services are not uni-
18 formly available for children with elevated blood lead
19 levels.

20 (b) PURPOSE.—The purpose of this Act is to create
21 a lead screening safety net that will, through the medicaid,
22 women, infants, and children (WIC), head start and early
23 head start programs that include infants and toddlers, and
24 the maternal and child health block grant programs, en-

1 sure that children covered by those programs receive blood
 2 lead screenings and appropriate followup care.

3 **SEC. 3. INCREASED LEAD POISONING SCREENINGS AND**
 4 **TREATMENTS UNDER THE MEDICAID PRO-**
 5 **GRAM.**

6 (a) REPORTING REQUIREMENT.—Section
 7 1902(a)(43)(D) of the Social Security Act (42 U.S.C.
 8 1396a(a)(43)(D)) is amended—

9 (1) in clause (iii), by striking “and” at the end;

10 (2) in clause (iv), by striking the semicolon and
 11 inserting “, and”; and

12 (3) by adding at the end the following:

13 “(v) the number of children who are
 14 under the age of 3 and enrolled in the
 15 State plan and the number of those chil-
 16 dren who have received a blood lead
 17 screening test;”.

18 (b) MANDATORY SCREENING REQUIREMENTS.—Sec-
 19 tion 1902(a) of the Social Security Act (42 U.S.C.
 20 1396a(a)) is amended—

21 (1) in paragraph (65), by striking the period
 22 and inserting “; and”; and

23 (2) by adding at the end the following:

24 “(66) provide that each contract entered into
 25 between the State and an entity (including a health

1 insuring organization and a medicaid managed care
2 organization) that is responsible for the provision
3 (directly or through arrangements with providers of
4 services) of medical assistance under the State plan
5 shall provide for—

6 “(A) compliance with mandatory blood
7 lead screening requirements that are consistent
8 with prevailing guidelines of the Centers for
9 Disease Control and Prevention for such screen-
10 ing; and

11 “(B) coverage of qualified lead treatment
12 services described in section 1905(v) including
13 diagnosis, treatment, and follow-up furnished
14 for children with elevated blood lead levels in
15 accordance with prevailing guidelines of the
16 Centers for Disease Control and Prevention.”.

17 (c) REIMBURSEMENT FOR TREATMENT OF CHIL-
18 DREN WITH ELEVATED BLOOD LEAD LEVELS.—Section
19 1905 of the Social Security Act (42 U.S.C. 1396d) is
20 amended—

21 (1) in subsection (a)—

22 (A) in paragraph (26), by striking “and”
23 at the end;

24 (B) by redesignating paragraph (27) as
25 paragraph (28); and

1 (C) by inserting after paragraph (26) the
2 following:

3 “(27) qualified lead treatment services (as de-
4 fined in subsection (v)); and”; and

5 (2) by adding at the end the following:

6 “(v)(1) In this subsection:

7 “(A) The term ‘qualified lead treatment serv-
8 ices’ means the following:

9 “(i) Lead-related medical management, as
10 defined in subparagraph (B).

11 “(ii) Lead-related case management, as de-
12 fined in subparagraph (C), for a child described
13 in paragraph (2).

14 “(iii) Lead-related anticipatory guidance,
15 as defined in subparagraph (D), provided as
16 part of—

17 “(I) prenatal services;

18 “(II) early and periodic screening, di-
19 agnostic, and treatment services (EPSDT)
20 services described in subsection (r) and
21 available under subsection (a)(4)(B) (in-
22 cluding as described and available under
23 implementing regulations and guidelines)
24 to individuals enrolled in the State plan

1 under this title who have not attained age
2 21; and

3 “(III) routine pediatric preventive
4 services.

5 “(B) The term ‘lead-related medical manage-
6 ment’ means the provision and coordination of the
7 diagnostic, treatment, and follow-up services pro-
8 vided for a child diagnosed with an elevated blood
9 lead level (EBLL) that includes—

10 “(i) a clinical assessment, including a
11 physical examination and medically indicated
12 tests (in addition to diagnostic blood lead level
13 tests) and other diagnostic procedures to deter-
14 mine the child’s developmental, neurological,
15 nutritional, and hearing status, and the extent,
16 duration, and possible source of the child’s ex-
17 posure to lead;

18 “(ii) repeat blood lead level tests furnished
19 when medically indicated for purposes of moni-
20 toring the blood lead concentrations in the
21 child;

22 “(iii) pharmaceutical services, including
23 chelation agents and other drugs, vitamins, and
24 minerals prescribed for treatment of an EBLL;

1 “(iv) medically indicated inpatient services
2 including pediatric intensive care and emer-
3 gency services;

4 “(v) medical nutrition therapy when medi-
5 cally indicated by a nutritional assessment, that
6 shall be furnished by a dietitian or other nutri-
7 tion specialist who is authorized to provide such
8 services under State law;

9 “(vi) referral—

10 “(I) when indicated by a nutritional
11 assessment, to the State agency or con-
12 tractor administering the program of as-
13 sistance under the special supplemental
14 food program for women, infants and chil-
15 dren (WIC) under section 17 of the Child
16 Nutrition Act of 1966 (42 U.S.C. 1786)
17 and coordination of clinical management
18 with that program; and

19 “(II) when indicated by a clinical or
20 developmental assessment, to the State
21 agency responsible for early intervention
22 and special education programs under the
23 Individuals with Disabilities Education Act
24 (20 U.S.C. 1400 et seq.); and

1 “(vii) environmental investigation, as de-
2 fined in subparagraph (E).

3 “(C) The term ‘lead-related case management’
4 means the coordination, provision, and oversight of
5 the nonmedical services for a child with an EBLL
6 necessary to achieve reductions in the child’s blood
7 lead levels, improve the child’s nutrition, and secure
8 needed resources and services to protect the child by
9 a case manager trained to develop and oversee a
10 multi-disciplinary plan for a child with an EBLL or
11 by a childhood lead poisoning prevention program,
12 as defined by the Secretary. Such services include—

13 “(i) assessing the child’s environmental,
14 nutritional, housing, family, and insurance sta-
15 tus and identifying the family’s immediate
16 needs to reduce lead exposure through an initial
17 home visit;

18 “(ii) developing a multidisciplinary case
19 management plan of action that addresses the
20 provision and coordination of each of the fol-
21 lowing classes of services as appropriate—

22 “(I) whether or not such services are
23 covered under the State plan under this
24 title;

1 “(II) lead-related medical manage-
2 ment of an EBLL (including environ-
3 mental investigation);

4 “(III) nutrition services;

5 “(IV) family lead education;

6 “(V) housing;

7 “(VI) early intervention services;

8 “(VII) social services; and

9 “(VIII) other services or programs
10 that are indicated by the child’s clinical
11 status and environmental, social, edu-
12 cational, housing, and other needs;

13 “(iii) assisting the child (and the child’s
14 family) in gaining access to covered and non-
15 covered services in the case management plan
16 developed under clause (ii);

17 “(iv) providing technical assistance to the
18 provider that is furnishing lead-related medical
19 management for the child; and

20 “(v) implementation and coordination of
21 the case management plan developed under
22 clause (ii) through home visits, family lead edu-
23 cation, and referrals.

24 “(D) The term ‘lead-related anticipatory guid-
25 ance’ means education and information for families

1 of children and pregnant women enrolled in the
2 State plan under this title about prevention of child-
3 hood lead poisoning that addresses the following top-
4 ics:

5 “(i) The importance of lead screening tests
6 and where and how to obtain such tests.

7 “(ii) Identifying lead hazards in the home.

8 “(iii) Specialized cleaning, home mainte-
9 nance, nutritional, and other measures to mini-
10 mize the risk of childhood lead poisoning.

11 “(iv) The rights of families under the Resi-
12 dential Lead-Based Paint Hazard Reduction
13 Act of 1992 (42 U.S.C. 4851 et seq.).

14 “(E) The term ‘environmental investigation’
15 means the process of determining the source of a
16 child’s exposure to lead by an individual that is cer-
17 tified or registered to perform such investigations
18 under State or local law, including the collection and
19 analysis of information and environmental samples
20 from a child’s living environment. For purposes of
21 this subparagraph, a child’s living environment in-
22 cludes the child’s residence or residences, residences
23 of frequently visited caretakers, relatives, and play-
24 mates, and the child’s day care site. Such investiga-
25 tions shall be conducted in accordance with the

1 standards of the Department of Housing and Urban
 2 Development for the evaluation and control of lead-
 3 based paint hazards in housing and in compliance
 4 with State and local health agency standards for en-
 5 vironmental investigation and reporting.

6 “(2) For purposes of paragraph (1)(A)(ii), a child de-
 7 scribed in this paragraph is a child who—

8 “(A) has attained 6 months but has not at-
 9 tained 6 years of age; and

10 “(B) has been identified as having a blood lead
 11 level that equals or exceeds 20 micrograms per deci-
 12 liter (or after 2 consecutive tests, equals or exceeds
 13 15 micrograms per deciliter, or the applicable num-
 14 ber of micrograms designated for such tests under
 15 prevailing guidelines of the Centers for Disease Con-
 16 trol and Prevention).”.

17 (d) ENHANCED MATCH FOR DATA COMMUNICATIONS
 18 SYSTEM.—Section 1903(a)(3) of the Social Security Act
 19 (42 U.S.C. 1396b(a)(3)) is amended—

20 (1) in subparagraph (D), by striking “plus” at
 21 the end and inserting “and”; and

22 (2) by inserting after subparagraph (D), the
 23 following:

24 “(E)(i) 90 percent of so much of the sums
 25 expended during such quarter as are attrib-

1 utable to the design, development, or installa-
2 tion of an information retrieval system that
3 may be easily accessed and used by other feder-
4 ally-funded means-tested public benefit pro-
5 grams to determine whether a child is enrolled
6 in the State plan under this title and whether
7 an enrolled child has received mandatory early
8 and periodic screening, diagnostic, and treat-
9 ment services, as described in section 1905(r);
10 and

11 “(ii) 75 percent of so much of the sums ex-
12 pended during such quarter as are attributable
13 to the operation of a system (whether such sys-
14 tem is operated directly by the State or by an-
15 other person under a contract with the State)
16 of the type described in clause (i); plus”.

17 (e) REPORT.—The Secretary of Health and Human
18 Services, acting through the Administrator of the Health
19 Care Financing Administration, annually shall report to
20 Congress on the number of children enrolled in the med-
21 icaid program under title XIX of the Social Security Act
22 (42 U.S.C. 1396 et seq.) who have received a blood lead
23 screening test during the prior fiscal year, noting the per-
24 centage that such children represent as compared to all
25 children enrolled in that program.

1 (f) RULE OF CONSTRUCTION.—Nothing in this Act
 2 or in any amendment made by this Act shall be construed
 3 as prohibiting the Secretary of Health and Human Serv-
 4 ices or the State agency administering the State plan
 5 under title XIX of the Social Security Act (42 U.S.C.
 6 1396 et seq.) from using funds provided under title XIX
 7 of that Act to reimburse a State or entity for expenditures
 8 for medically necessary activities in the home of a lead-
 9 poisoned child to prevent additional exposure to lead, in-
 10 cluding specialized cleaning of lead-contaminated dust,
 11 emergency relocation, safe repair of peeling paint, dust
 12 control, and other activities that reduce lead exposure.

13 **SEC. 4. LEAD POISONING SCREENING FOR SPECIAL SUP-**
 14 **PLEMENTAL FOOD PROGRAM FOR WOMEN,**
 15 **INFANTS, AND CHILDREN.**

16 Section 17(d) of the Child Nutrition Act of 1966 (42
 17 U.S.C. 1786(d)) is amended by adding at the end the fol-
 18 lowing:

19 “(4) LEAD POISONING SCREENING.—

20 “(A) IN GENERAL.—A State agency
 21 shall—

22 “(i) determine whether an infant or
 23 child eligible to participate in the program
 24 under this section has received a blood lead
 25 screening test using a test that is appro-

1 prate for age and risk factors upon the
2 enrollment of the infant or child in the
3 program; and

4 “(ii) in the case of an infant or child
5 who has not received a blood lead screen-
6 ing test—

7 “(I) refer the infant or child for
8 receipt of the test; and

9 “(II) determine whether the in-
10 fant or child receives the test during
11 a routine visit with a health care pro-
12 vider.

13 “(B) SCREENINGS BY STATE AGENCIES.—

14 “(i) IN GENERAL.—A State agency
15 may (under contract or otherwise) perform
16 a blood lead screening test that is appro-
17 priate for age and risk factors on an infant
18 or child who seeks to participate in the
19 program.

20 “(ii) REIMBURSEMENT.—

21 “(I) CHILDREN ENROLLED IN OR
22 ELIGIBLE FOR MEDICAID.—On the re-
23 quest of a State agency that performs
24 or arranges for the provision of a
25 blood lead screening test under clause

1 (i) of an infant or child that is eligible
2 for or receiving medical assistance
3 under a State plan under title XIX of
4 the Social Security Act (42 U.S.C.
5 1396 et seq.), the Secretary of Health
6 and Human Services, notwithstanding
7 any other provision of, or limitation
8 under, title XIX of the Social Security
9 Act, shall reimburse the State agency,
10 from funds that are made available
11 under that title, for the Federal med-
12 ical assistance percentage (as defined
13 in section 1905(b) of the Social Secu-
14 rity Act (42 U.S.C. 1396d(b)) of the
15 cost of the test and data reporting.
16 Such costs shall include, if determined
17 to be desirable by the State agency,
18 the costs of providing screening
19 through clinical laboratories certified
20 under section 353 of the Public
21 Health Service Act (42 U.S.C. 263a),
22 or purchasing, for use at sites pro-
23 viding services under this section,
24 blood lead testing instruments and as-
25 sociated supplies approved for sale by

1 the Food and Drug Administration
2 and used in compliance with such sec-
3 tion 353.

4 “(II) CHILDREN ENROLLED IN
5 OR ELIGIBLE FOR SCHIP.—In the case
6 of a blood lead screening test per-
7 formed under clause (i) (by the State
8 agency or under contract with the
9 State agency) on an infant or child
10 who is eligible for or receiving medical
11 assistance under a State plan under
12 title XXI of the Social Security Act,
13 the Secretary of Health and Human
14 Services, notwithstanding any other
15 provision of, or limitation under, such
16 title XXI, shall reimburse the State
17 agency, from funds that are made
18 available under that title, for the en-
19 hanced FMAP (as defined in section
20 2105(b) of the Social Security Act (42
21 U.S.C. 1397ee(b)) of the cost of the
22 test and data reporting. Such costs
23 shall include the costs described in the
24 second sentence of subclause (I).

1 “(C) AUTHORIZATION FOR WIC.—There is
 2 authorized to be appropriated such sums as
 3 may be necessary to carry out this paragraph
 4 with respect to blood lead screening tests per-
 5 formed under this paragraph on an infant or
 6 child, and any data reporting with respect to
 7 such infant or child, who is not eligible for cov-
 8 erage under title XIX or XXI of the Social Se-
 9 curity Act, or is not otherwise covered under a
 10 health insurance plan.”.

11 **SEC. 5. LEAD POISONING SCREENING FOR EARLY HEAD**
 12 **START AND HEAD START PROGRAMS.**

13 Section 645A of the Head Start Act (42 U.S.C
 14 9840a) is amended—

15 (1) in the first sentence of subsection (d), by in-
 16 serting before the period the following: “and shall
 17 comply with subsection (h)”;

18 (2) by adding at the end the following:

19 “(h) LEAD POISONING SCREENING.—

20 “(1) IN GENERAL.—An entity shall—

21 “(A) determine whether a child eligible to
 22 participate in the program described in sub-
 23 section (a)(1) has received a blood lead screen-
 24 ing test using a test that is appropriate for age

1 and risk factors upon the enrollment of the
2 child in the program; and

3 “(B) in the case of a child who has not re-
4 ceived a blood lead screening test, ensure that
5 each enrolled child receives such a test either by
6 referral or by performing the test (under con-
7 tract or otherwise).

8 “(2) SCREENINGS BY ENTITIES.—

9 “(A) IN GENERAL.—An entity may (under
10 contract or otherwise) perform a blood lead
11 screening test that is appropriate for age and
12 risk factors on a child who seeks to participate
13 in the program.

14 “(B) REIMBURSEMENT.—

15 “(i) CHILDREN ENROLLED IN OR ELI-
16 GIBLE FOR MEDICAID.—On the request of
17 an entity that performs or arranges for the
18 provision of a blood lead screening test
19 under subparagraph (A) of a child that is
20 eligible for or receiving medical assistance
21 under a State plan under title XIX of the
22 Social Security Act (42 U.S.C. 1396 et
23 seq.), the Secretary of Health and Human
24 Services, notwithstanding any other provi-
25 sion of, or limitation under, title XIX of

1 the Social Security Act, shall reimburse
2 the entity, from funds that are made avail-
3 able under that title, for the Federal med-
4 ical assistance percentage (as defined in
5 section 1905(b) of the Social Security Act
6 (42 U.S.C. 1396d(b)) of the cost of the
7 test and data reporting. Such costs shall
8 include, if determined to be desirable by
9 the State agency, the costs of providing
10 screening through clinical laboratories cer-
11 tified under section 353 of the Public
12 Health Service Act (42 U.S.C. 263a), or
13 purchasing, for use at sites providing serv-
14 ices under this section, blood lead testing
15 instruments and associated supplies ap-
16 proved for sale by the Food and Drug Ad-
17 ministration and used in compliance with
18 such section 353.

19 “(ii) CHILDREN ENROLLED IN OR EL-
20 IGIBLE FOR SCHIP.—In the case of a blood
21 lead screening test performed under sub-
22 paragraph (A) (by the entity or under con-
23 tract with the entity) on a child who is eli-
24 gible for or receiving medical assistance
25 under a State plan under title XXI of the

1 Social Security Act, the Secretary of
2 Health and Human Services, notwith-
3 standing any other provision of, or limita-
4 tion under, such title XXI, shall reimburse
5 the entity, from funds that are made avail-
6 able under that title, for the enhanced
7 FMAP (as defined in section 2105(b) of
8 the Social Security Act (42 U.S.C.
9 1397ee(b)) of the cost of the test and data
10 reporting. Such costs shall include the
11 costs described in the second sentence of
12 clause (i).

13 “(3) AUTHORIZATION FOR EARLY HEAD
14 START.—There is authorized to be appropriated
15 such sums as may be necessary to carry out this
16 subsection with respect to blood lead screening tests
17 performed under this subsection on an infant or
18 child, and any data reporting with respect to such
19 infant or child, who is not eligible for coverage under
20 title XIX or XXI of the Social Security Act, or is
21 not otherwise covered under a health insurance plan.

22 “(4) HEAD START.—The provisions of this sub-
23 section shall apply to head start programs that in-
24 clude coverage, directly or indirectly, for infants and
25 toddlers under the age of 3 years.”.

1 **SEC. 6. SCHIP COVERAGE FOR SCREENING OF CHILDREN.**

2 (a) IN GENERAL.—Title XXI of the Social Security
3 Act is amended by adding at the end the following new
4 section:

5 **“SEC. 2111. COVERAGE FOR LEAD POISONING SCREENING**
6 **OF CHILDREN.**

7 “(a) COVERAGE.—Notwithstanding any other provi-
8 sion of this title, a State child health plan shall provide
9 for coverage of the costs (including data reporting) of a
10 blood lead screening test performed by—

11 “(1) a State agency administering the special
12 supplemental food program for women, infants and
13 children (WIC) under section 17 of the Child Nutri-
14 tion Act of 1966 (42 U.S.C. 1786) in accordance
15 with section 17(d)(4)(B) of that Act; or

16 “(2) an entity in accordance with section
17 645A(h)(2) of the Head Start Act (42 U.S.C
18 9840a(h)(2)).

19 “(b) REFERENCES TO TERMS AND SPECIAL
20 RULES.—With respect to the coverage described in sub-
21 section (a), the following special rules apply:

22 “(1) Any reference in this title to a targeted
23 low-income child is deemed to include a reference to
24 a child who receives a blood lead screening test per-
25 formed by a State agency or entity described in sub-
26 section (a).

1 “(2) Any such reference to child health assist-
 2 ance with respect to such a child is deemed a ref-
 3 erence to the costs (including data reporting) of
 4 such a test.

5 “(3) Subsection (a) of section 2103 (relating to
 6 required scope of health insurance coverage) shall
 7 not apply insofar to such coverage and the reference
 8 to such section in section 2105(a)(1) is deemed not
 9 to require, in such case, compliance with the require-
 10 ments of section 2103(a).

11 “(4) There shall be no exclusion of benefits for
 12 such coverage based on any pre-existing condition
 13 and no waiting period (including a waiting period to
 14 carry out section 2102(b)(3)(C)) shall apply.

15 “(c) NO IMPACT ON ALLOTMENTS.—Nothing in this
 16 section shall be construed as affecting the amount of any
 17 initial allotment provided to a State under section
 18 2104(b).

19 “(d) APPLICATION OF FUNDING RESTRICTIONS.—
 20 The coverage under this section (and the funding of such
 21 coverage) is subject to the restrictions of section
 22 2105(c).”.

23 (b) CONFORMING AMENDMENT.—Section
 24 2102(b)(1)(B) of such Act (42 U.S.C. 1397bb(b)(1)(B))
 25 is amended—

1 (1) by striking “and” at the end of clause (i);

2 (2) by striking the period at the end of clause

3 (ii) and inserting “; and”; and

4 (3) by adding at the end the following new

5 clause:

6 “(iii) may not apply a waiting period

7 (including a waiting period to carry out

8 paragraph (3)(C)) in the case of a child

9 described in section 2111 who is deemed a

10 targeted low-income child under that sec-

11 tion.”.

12 (c) EFFECTIVE DATE.—The amendments made by

13 this section take effect on the date described in section

14 11(a) and apply to allotments for all fiscal years.

15 **SEC. 7. CENTERS FOR DISEASE CONTROL AND PREVEN-**

16 **TION EFFORTS TO COMBAT CHILDHOOD**

17 **LEAD POISONING.**

18 (a) REQUIREMENTS FOR LEAD POISONING PREVEN-

19 TION GRANTEEES.—Section 317A of the Public Health

20 Service Act (42 U.S.C. 247b–1) is amended—

21 (1) in subsection (d)—

22 (A) by redesignating paragraph (7) as

23 paragraph (8); and

24 (B) by inserting after paragraph (6) the

25 following:

1 “(7) Assurances satisfactory to the Secretary
 2 that the applicant will ensure complete and con-
 3 sistent reporting of all blood lead test results from
 4 laboratories and health care providers to State and
 5 local health departments in accordance with guide-
 6 lines of the Centers for Disease Control and Preven-
 7 tion for standardized reporting as described in sub-
 8 section (l).”; and

9 (2) in subsection (j)(2)—

10 (A) in subparagraph (F) by striking “(E)”
 11 and inserting “(F)”;

12 (B) by redesignating subparagraph (F) as
 13 subparagraph (G); and

14 (C) by inserting after subparagraph (E)
 15 the following:

16 “(F) The number of grantees that have es-
 17 tablished systems to ensure mandatory report-
 18 ing of all blood lead tests from laboratories and
 19 health care providers to State and local health
 20 departments.”.

21 (b) GUIDELINES FOR STANDARDIZED REPORTING.—

22 Section 317A of the Public Health Service Act (42 U.S.C.
 23 247b–1) is amended by adding at the end the following:

24 “(l) GUIDELINES FOR STANDARDIZED REPORT-
 25 ING.—The Secretary, acting through the Director of the

1 Centers for Disease Control and Prevention, shall develop
2 national guidelines for the uniform and complete reporting
3 of all blood test results to State and local health depart-
4 ments.”.

5 (c) EARMARK OF OTHER GRANT FUNDS.—Section
6 317A of the Public Health Service Act (42 U.S.C. 247b–
7 1), as amended by subsection (b), is amended by adding
8 at the end the following:

9 “(m) REQUIREMENT FOR USE OF FUNDS.—Notwith-
10 standing any other provision of law, any individual or enti-
11 ty that receives from the Secretary, acting through the
12 Director of the Centers for Disease Control and Preven-
13 tion, a grant under this section or any other section of
14 this Act to carry out activities relating to childhood lead
15 poisoning prevention shall use 10 percent of the grant
16 funds awarded for the purpose of funding screening as-
17 sessments and referrals at State and local sites of oper-
18 ation of the program of assistance under the special sup-
19 plemental food program for women, infants and children
20 (WIC) under section 17 of the Child Nutrition Act of 1966
21 (42 U.S.C. 1786) or the early head start program under
22 section 645A of the Head Start Act (42 U.S.C 9840a).”.

23 (d) DEVELOPMENT AND IMPLEMENTATION OF EF-
24 FECTIVE DATA MANAGEMENT BY THE CENTERS FOR DIS-
25 EASE CONTROL AND PREVENTION.—

1 (1) IN GENERAL.—The Director of the Centers
2 for Disease Control and Prevention shall—

3 (A) assist with the improvement of data
4 linkages between State and local health depart-
5 ments and between State health departments
6 and the Centers for Disease Control and Pre-
7 vention;

8 (B) assist States with the development of
9 flexible, comprehensive State-based data man-
10 agement systems for the surveillance of children
11 with lead poisoning that has the capacity to
12 contribute to a national data set;

13 (C) assist with the improvement of the
14 ability of State-based data management systems
15 and federally-funded means-tested public ben-
16 efit programs (including the special supple-
17 mental food program for women, infants and
18 children (WIC) under section 17 of the Child
19 Nutrition Act of 1966 (42 U.S.C. 1786) and
20 the early head start program under section
21 645A of the Head Start Act (42 U.S.C
22 9840a(h)) to respond to ad hoc inquiries and
23 generate progress reports regarding the lead
24 blood level screening of children enrolled in
25 those programs that may be used in training

1 and education programs conducted by the Cen-
2 ters for health care providers;

3 (D) assist with the establishment of a
4 State capacity for assessing how many children
5 enrolled in the medicaid, WIC, early head start,
6 and other federally-funded means-tested public
7 benefit programs are being screened for lead
8 poisoning at age-appropriate intervals;

9 (E) use data obtained as result of activities
10 under this section to formulate or revise exist-
11 ing lead blood screening and case management
12 policies; and

13 (F) establish performance measures for
14 evaluating State and local implementation of
15 the requirements and improvements described
16 in subparagraphs (A) through (E).

17 (2) AUTHORIZATION OF APPROPRIATIONS.—

18 There is authorized to be appropriated to carry out
19 this subsection, \$10,000,000 for each of fiscal years
20 2000 and 2001.

21 (3) EFFECTIVE DATE.—This subsection takes
22 effect on the date of enactment of this Act.

1 **SEC. 8. GRANTS FOR LEAD POISONING RELATED ACTIVITIES.**
2

3 Title V of the Social Security Act (42 U.S.C. 701
4 et seq.) is amended by adding at the end the following:

5 **“SEC. 511. GRANTS FOR LEAD POISONING RELATED ACTIVITIES.**
6

7 **“(a) AUTHORITY TO MAKE GRANTS.—**

8 **“(1) IN GENERAL.—**In addition to any other
9 payments made under this title to a State or any
10 other entity, the Secretary shall award grants to
11 States to support public health activities in States
12 and localities where data suggest that more than 5
13 percent of preschool-age children have had lead ex-
14 posure greater than 10 micrograms per deciliter
15 through—

16 **“(A) effective, ongoing outreach and com-**
17 **munity education targeted to families most like-**
18 **ly to be at risk for lead poisoning;**

19 **“(B) individual family education activities**
20 **that are designed to reduce ongoing exposures**
21 **to lead for children with elevated blood lead lev-**
22 **els, including through home visits and coordina-**
23 **tion with other programs designed to identify**
24 **and treat children at risk for lead poisoning;**
25 **and**

1 “(C) the development, coordination and
2 implementation of community-based approaches
3 for comprehensive lead poisoning prevention
4 from surveillance to lead hazard control.

5 “(2) STATE MATCH.—A State is not eligible for
6 a grant under this section unless the State agrees to
7 expend (through State or local funds) \$3 for every
8 \$4 provided under the grant to carry out the activi-
9 ties described in paragraph (1).

10 “(3) APPLICATION.—A State shall submit an
11 application to the Secretary for a grant under this
12 section in such form and manner and containing
13 such information as the Secretary may require.

14 “(b) PERFORMANCE MEASURES.—The Secretary
15 shall establish needs indicators and performance measures
16 to evaluate the activities carried out under grants awarded
17 under this section. Such indicators shall be commensurate
18 with the national measures of the program under this title
19 and shall be developed in consultation with the Director
20 of the Centers for Disease Control and Prevention.

21 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated to carry out this section,
23 \$20,000,000 for each of fiscal years 2000 through 2004.

24 “(d) APPLICATION OF OTHER PROVISIONS OF
25 TITLE.—

1 “(1) IN GENERAL.—Except as provided in para-
2 graph (2), the other provisions of this title shall not
3 apply to a grant made, or activities of the Secretary,
4 under this section.

5 “(2) EXCEPTIONS.—The following provisions of
6 this title shall apply to a grant made under sub-
7 section (a) to the same extent and in the same man-
8 ner as such provisions apply to allotments made
9 under section 502(c):

10 “(A) Section 504(b)(1) (relating to ex-
11 penditures for inpatient services).

12 “(B) Section 504(b)(4) (relating to ex-
13 penditures of funds as a condition of receipt of
14 Federal funds).

15 “(C) Section 504(b)(5) (relating to limita-
16 tions on funds for research).

17 “(D) Section 504(b)(6) (relating to prohi-
18 bition on payments to excluded individuals and
19 entities).

20 “(E) Section 506 (relating to reports and
21 audits), but only to the extent determined by
22 the Secretary to be appropriate for grants made
23 under this section.

24 “(F) Section 507 (relating to penalties for
25 false statements).

1 “(G) Section 508 (relating to non-
2 discrimination).”.

3 **SEC. 9. TRAINING AND REPORTS BY THE HEALTH RE-**
4 **SOURCES AND SERVICES ADMINISTRATION.**

5 (a) TRAINING.—The Secretary of Health and Human
6 Services, acting through the Administrator of the Health
7 Resources and Services Administration and in collabora-
8 tion with the Administrator of the Health Care Financing
9 Administration and the Director of the Centers for Dis-
10 ease Control and Prevention, shall conduct education and
11 training programs for physicians and other health care
12 providers regarding childhood lead poisoning, current
13 screening and treatment recommendations and require-
14 ments, and the scientific, medical, and public health basis
15 for those policies.

16 (b) REPORT.—The Secretary of Health and Human
17 Services, acting through the Administrator of the Health
18 Resources and Services Administration, annually shall re-
19 port to Congress on the number of children who received
20 services through community health centers established
21 under section 330 of the Public Health Service Act (42
22 U.S.C. 254b) and received a blood lead screening test dur-
23 ing the prior fiscal year, noting the percentage that such
24 children represent as compared to all children who re-
25 ceived services through such community health centers.

1 **SEC. 10. CDC BONUS PROGRAM FOR IMPROVEMENT OF**
2 **CHILDHOOD LEAD SCREENING RATES.**

3 (a) IN GENERAL.—The Director of the Centers for
4 Disease Control and Prevention shall establish a program
5 to improve the blood lead screening rates of States for
6 children under the age of 3 enrolled in the medicaid pro-
7 gram.

8 (b) PAYMENTS.—Under the program established
9 under subsection (a), the Director, using State-specific
10 blood lead screening data, shall, subject to the availability
11 of appropriations, annually pay a State an amount deter-
12 mined as follows:

13 (1) \$25 per each 2 year-old child enrolled in the
14 medicaid program in the State who has received the
15 minimum required (for that age) screening blood
16 lead level tests (capillary or venous samples) to de-
17 termine the presence of elevated blood lead levels, as
18 established by the Centers for Disease Control and
19 Prevention, if the State rate for such screenings ex-
20 ceeds 65 but does not exceed 75 percent of all 2
21 year-old children in the State.

22 (2) \$50 per each such child who has received
23 such minimum required tests if the State rate for
24 such screenings exceeds 75 but does not exceed 85
25 percent of all 2 year-old children in the State.

1 (3) \$75 per each such child who has received
 2 such minimum required tests if the State rate for
 3 such screenings exceeds 85 percent of all 2 year-old
 4 children in the State.

5 (c) USE OF BONUS FUNDS.—Funds awarded to a
 6 State under subsection (b) shall only be used—

7 (1) by the State department of health in the
 8 case of a child with an elevated blood lead level who
 9 is enrolled in medicaid or another Federal means-
 10 tested program designed to reduce the source of the
 11 child's exposure to lead; or

12 (2) in accordance with guidelines for the use of
 13 such funds developed by the Director of the Centers
 14 for Disease Control and Prevention in collaboration
 15 with the Secretary of Housing and Urban Develop-
 16 ment.

17 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
 18 authorized to be appropriated to carry out this section,
 19 \$30,000,000 for each of fiscal years 2000 through 2004.

20 **SEC. 11. GENERAL EFFECTIVE DATE.**

21 (a) IN GENERAL.—Except as provided in section
 22 7(d)(3) and subsection (b), the amendments made by this
 23 Act take effect on the date that is 18 months after the
 24 date of enactment of this Act.

25 (b) WIC AND EARLY HEAD START WAIVERS.—

1 (1) IN GENERAL.—A State agency or contractor
2 administering the program of assistance under the
3 special supplemental food program for women, in-
4 fants and children (WIC) under section 17 of the
5 Child Nutrition Act of 1966 (42 U.S.C. 1786), or an
6 entity carrying out activities under section 645A of
7 the Head Start Act (42 U.S.C. 9840a) may be
8 awarded a waiver from the amendments made by
9 sections 4 and 5 (as applicable) if the State where
10 the agency, contractor, or entity is located estab-
11 lishes to the satisfaction of the Secretary of Health
12 and Human Services, in accordance with require-
13 ments and procedures recommended in accordance
14 with paragraph (2) to the Secretary by the Director
15 of the Centers for Disease Control and Prevention,
16 in consultation with the Centers for Disease Control
17 and Prevention Advisory Committee on Childhood
18 Lead Poisoning Prevention, a plan for increasing the
19 number of blood lead screening tests of children en-
20 rolled in the WIC and the Early Head Start pro-
21 grams in the State.

22 (2) DEVELOPMENT OF WAIVER PROCEDURES
23 AND REQUIREMENTS.—Not later than 12 months
24 after the date of enactment of this Act, the Director
25 of the Centers for Disease Control and Prevention,

1 in consultation with the Centers for Disease Control
2 and Prevention Advisory Committee on Childhood
3 Lead Poisoning Prevention, shall develop and rec-
4 ommend to the Secretary of Health and Human
5 Services criteria and procedures (including a time-
6 table for the submission of the State plan described
7 in paragraph (1)) for the award of waivers under
8 that paragraph.

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