

107TH CONGRESS
1ST SESSION

H. R. 2788

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

AUGUST 2, 2001

Mr. MENENDEZ (for himself, Mr. CAPUANO, Mr. RUSH, Mr. BALDACCI, Ms. SCHAKOWSKY, Mr. FROST, Mr. BONIOR, Mrs. JONES of Ohio, Mr. BORSKI, Mr. McDERMOTT, Mr. WEXLER, Ms. SANCHEZ, Mr. ENGEL, Mr. GUTIERREZ, Mr. CLAY, Mr. CUMMINGS, and Mr. GREEN of Texas) introduced the following bill; which was referred to the Committee on Energy and 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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Children’s Lead Screening Accountability For Early-

1 Intervention Act of 2001” or the “Children’s Lead SAFE
2 Act”.

3 (b) TABLE OF CONTENTS.—The table of contents of
4 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Findings and purposes.

Sec. 3. Increased lead poisoning screenings and treatments under the medicaid
program.

Sec. 4. Bonus program for improvement of childhood lead screening rates.

Sec. 5. Authorization to use SCHIP funds for blood lead screening.

Sec. 6. Lead poisoning screening for the Head Start and Early Head Start pro-
grams.

Sec. 7. Lead poisoning screening for special supplemental nutrition program for
Women, Infants, and Children (WIC).

Sec. 8. Effective date.

5 **SEC. 2. FINDINGS AND PURPOSES.**

6 (a) FINDINGS.—Congress finds that—

7 (1) lead poisoning remains a serious environ-
8 mental risk, especially to the health of young chil-
9 dren;

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

13 (3) children under the age of 6 are at the great-
14 est risk of suffering the effects of lead poisoning be-
15 cause of the sensitivity of their developing brains
16 and nervous systems, while children under the age of
17 3 are especially at risk due to their stage of develop-
18 ment and hand-to-mouth activities;

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

1 (5) three-fourths of all children ages 1 through
2 5 found to have an elevated blood lead level in a
3 Centers for Disease Control and Prevention nation-
4 ally representative sample were enrolled in or tar-
5 geted by Federal health care programs, specifically
6 the medicaid program, the special supplemental nu-
7 trition program for women, infants, and children
8 (WIC), and the community health centers programs
9 under section 330 of the Public Health Service Act,
10 equating to an estimated 688,000 children nation-
11 wide;

12 (6) the General Accounting Office estimates
13 that $\frac{2}{3}$ of the 688,000 children who have elevated
14 blood lead levels and are enrolled in or targeted by
15 Federal health care programs have never been
16 screened for lead;

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

23 (8) the Health Care Financing Administration
24 mandatory screening policy has not been effective, or

1 sufficient, to properly identify and screen children
 2 enrolled in the medicaid program who are at risk;

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

5 (10) adequate treatment services are not uni-
 6 formly available for children with elevated blood lead
 7 levels.

8 (b) PURPOSE.—The purpose of this Act is to create
 9 a lead screening safety net that will, through the medicaid,
 10 women, infants, and children (WIC), head start and early
 11 head start programs that include infants and toddlers, and
 12 the maternal and child health block grant programs, en-
 13 sure that children covered by those programs receive blood
 14 lead screenings and appropriate followup care.

15 **SEC. 3. INCREASED LEAD POISONING SCREENINGS AND**
 16 **TREATMENTS UNDER THE MEDICAID PRO-**
 17 **GRAM.**

18 (a) REPORTING REQUIREMENT.—Section
 19 1902(a)(43)(D) of the Social Security Act (42 U.S.C.
 20 1396a(a)(43)(D)) is amended—

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

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

24 (3) by adding at the end the following new
 25 clause:

1 “(v) the number of children who are
2 under the age of 3 and enrolled in the
3 State plan under this title and the number
4 of those children who have received a blood
5 lead screening test;”.

6 (b) MANDATORY SCREENING REQUIREMENTS.—Sec-
7 tion 1902(a) of the Social Security Act (42 U.S.C.
8 1396a(a)) is amended—

9 (1) in paragraph (64), by striking “and” at the
10 end;

11 (2) in paragraph (65), by striking the period
12 and inserting “; and”; and

13 (3) by inserting after paragraph (65) the fol-
14 lowing new paragraph:

15 “(66) provide that each contract entered into
16 between the State and an entity (including a health
17 insuring organization and a medicaid managed care
18 organization) that is responsible for the provision
19 (directly or through arrangements with providers of
20 services) of medical assistance under the State plan
21 shall provide for—

22 “(A) compliance with mandatory blood
23 lead screening requirements that are consistent
24 with prevailing guidelines of the Centers for

1 Disease Control and Prevention for such screen-
 2 ing; and

3 “(B) coverage of qualified lead treatment
 4 services described in section 1905(x) including
 5 diagnosis, treatment, and follow-up furnished
 6 for children with elevated blood lead levels in
 7 accordance with prevailing guidelines of the
 8 Centers for Disease Control and Prevention.”.

9 (c) REIMBURSEMENT FOR TREATMENT OF CHIL-
 10 DREN WITH ELEVATED BLOOD LEAD LEVELS.—Section
 11 1905 of the Social Security Act (42 U.S.C. 1396d) is
 12 amended—

13 (1) in subsection (a)—

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

16 (B) by redesignating paragraph (27) as
 17 paragraph (28); and

18 (C) by inserting after paragraph (26) the
 19 following new paragraph:

20 “(27) qualified lead treatment services (as de-
 21 fined in subsection (x)); and”; and

22 (2) by adding at the end the following new sub-
 23 section:

24 “(x)(1) In this subsection:

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

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

5 “(ii) Lead-related case management, as de-
6 fined in subparagraph (C), for a child described
7 in paragraph (2).

8 “(iii) Lead-related anticipatory guidance,
9 as defined in subparagraph (D), provided as
10 part of—

11 “(I) prenatal services;

12 “(II) early and periodic screening, di-
13 agnostic, and treatment services (EPSDT)
14 described in subsection (r) and available
15 under subsection (a)(4)(B) (including as
16 described and available under imple-
17 menting regulations and guidelines) to in-
18 dividuals enrolled in the State plan under
19 this title who have not attained age 21;
20 and

21 “(III) routine pediatric preventive
22 services.

23 “(B) The term ‘lead-related medical manage-
24 ment’ means the provision and coordination of the
25 diagnostic, treatment, and follow-up services pro-

1 vided for a child diagnosed with an elevated blood
2 lead level (EBLL) that includes—

3 “(i) a clinical assessment, including a
4 physical examination and medically indicated
5 tests (in addition to diagnostic blood lead level
6 tests) and other diagnostic procedures to deter-
7 mine the child’s developmental, neurological,
8 nutritional, and hearing status, and the extent,
9 duration, and possible source of the child’s ex-
10 posure to lead;

11 “(ii) repeat blood lead level tests furnished
12 when medically indicated for purposes of moni-
13 toring the blood lead concentrations in the
14 child;

15 “(iii) pharmaceutical services, including
16 chelation agents and other drugs, vitamins, and
17 minerals prescribed for treatment of an EBLL;

18 “(iv) medically indicated inpatient services
19 including pediatric intensive care and emer-
20 gency services;

21 “(v) medical nutrition therapy when medi-
22 cally indicated by a nutritional assessment, that
23 shall be furnished by a dietitian or other nutri-
24 tion specialist who is authorized to provide such
25 services under State law;

1 “(vi) referral—

2 “(I) when indicated by a nutritional
3 assessment, to the State agency or con-
4 tractor administering the program of as-
5 sistance under the special supplemental
6 nutrition program for women, infants and
7 children (WIC) under section 17 of the
8 Child Nutrition Act of 1966 (42 U.S.C.
9 1786) and coordination of clinical manage-
10 ment with that program; and

11 “(II) when indicated by a clinical or
12 developmental assessment, to the State
13 agency responsible for early intervention
14 and special education programs under the
15 Individuals with Disabilities Education Act
16 (20 U.S.C. 1400 et seq.); and

17 “(vii) environmental investigation, as de-
18 fined in subparagraph (E).

19 “(C) The term ‘lead-related case management’
20 means the coordination, provision, and oversight of
21 the nonmedical services for a child with an EBLL
22 necessary to achieve reductions in the child’s blood
23 lead levels, improve the child’s nutrition, and secure
24 needed resources and services to protect the child by
25 a case manager trained to develop and oversee a

1 multi-disciplinary plan for a child with an EBLL or
2 by a childhood lead poisoning prevention program,
3 as defined by the Secretary. Such services include—

4 “(i) assessing the child’s environmental,
5 nutritional, housing, family, and insurance sta-
6 tus and identifying the family’s immediate
7 needs to reduce lead exposure through an initial
8 home visit;

9 “(ii) developing a multidisciplinary case
10 management plan of action that addresses the
11 provision and coordination of each of the fol-
12 lowing items as appropriate—

13 “(I) determination of whether or not
14 such services are covered under the State
15 plan under this title;

16 “(II) lead-related medical manage-
17 ment of an EBLL (including environ-
18 mental investigation);

19 “(III) nutrition services;

20 “(IV) family lead education;

21 “(V) housing;

22 “(VI) early intervention services;

23 “(VII) social services; and

24 “(VIII) other services or programs
25 that are indicated by the child’s clinical

1 status and environmental, social, edu-
2 cational, housing, and other needs;

3 “(iii) assisting the child (and the child’s
4 family) in gaining access to covered and non-
5 covered services in the case management plan
6 developed under clause (ii);

7 “(iv) providing technical assistance to the
8 provider that is furnishing lead-related medical
9 management for the child; and

10 “(v) implementation and coordination of
11 the case management plan developed under
12 clause (ii) through home visits, family lead edu-
13 cation, and referrals.

14 “(D) The term ‘lead-related anticipatory guid-
15 ance’ means education and information for families
16 of children and pregnant women enrolled in the
17 State plan under this title about prevention of child-
18 hood lead poisoning that addresses the following top-
19 ics:

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

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

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

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

4 “(E) The term ‘environmental investigation’
5 means the process of determining the source of a
6 child’s exposure to lead by an individual that is cer-
7 tified or registered to perform such investigations
8 under State or local law, including the collection and
9 analysis of information and environmental samples
10 from a child’s living environment. For purposes of
11 this subparagraph, a child’s living environment in-
12 cludes the child’s residence or residences, residences
13 of frequently visited caretakers, relatives, and play-
14 mates, and the child’s day care site. Such investiga-
15 tions shall be conducted in accordance with the
16 standards of the Department of Housing and Urban
17 Development for the evaluation and control of lead-
18 based paint hazards in housing and in compliance
19 with State and local health agency standards for en-
20 vironmental investigation and reporting.

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

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

1 “(B) has been identified as having a blood lead
2 level that equals or exceeds 20 micrograms per deci-
3 liter (or after 2 consecutive tests, equals or exceeds
4 15 micrograms per deciliter, or the applicable num-
5 ber of micrograms designated for such tests under
6 prevailing guidelines of the Centers for Disease Con-
7 trol and Prevention).”.

8 (d) ENHANCED MATCH FOR DATA COMMUNICATIONS
9 SYSTEM.—Section 1903(a)(3) of the Social Security Act
10 (42 U.S.C. 1396b(a)(3)) is amended—

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

13 (2) by inserting after subparagraph (D), the
14 following new subparagraph:

15 “(E)(i) 90 percent of so much of the sums
16 expended during such quarter as are attrib-
17 utable to the design, development, or installa-
18 tion of an information retrieval system that
19 may be easily accessed and used by other feder-
20 ally-funded means-tested public benefit pro-
21 grams to determine whether a child is enrolled
22 in the State plan under this title and whether
23 an enrolled child has received mandatory early
24 and periodic screening, diagnostic, and treat-

1 ment services, as described in section 1905(r);
2 and

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

9 (e) REPORT.—The Secretary of Health and Human
10 Services, acting through the Administrator of the Health
11 Care Financing Administration, annually shall report to
12 Congress on the number of children enrolled in the med-
13 icaid program under title XIX of the Social Security Act
14 (42 U.S.C. 1396 et seq.) who have received a blood lead
15 screening test during the prior fiscal year, noting the per-
16 centage that such children represent as compared to all
17 children enrolled in that program.

18 (f) EMERGENCY MEASURES.—

19 (1) IN GENERAL.—Subject to paragraph (2),
20 the Secretary of Health and Human Services or the
21 State agency administering the State plan under
22 title XIX of the Social Security Act (42 U.S.C. 1396
23 et seq.) shall use funds provided under title XIX of
24 that Act to reimburse a State or entity for expendi-
25 tures for medically necessary activities in the home

1 of a lead-poisoned child with an EBLL of at least
2 20, or a pregnant woman with an EBLL of at least
3 20, to prevent additional exposure to lead, including
4 specialized cleaning of lead-contaminated dust, emer-
5 gency relocation, safe repair of peeling paint, dust
6 control, and other activities that reduce lead expo-
7 sure. Such reimbursement, when provided by the
8 State agency administering the State plan under
9 title XIX of the Social Security Act, shall be consid-
10 ered medical assistance for purposes of section
11 1903(a) of such Act.

12 (2) LIMITATION.—Not more than \$1,000 in ex-
13 penditures for the emergency measures described in
14 paragraph (1) may be incurred on behalf of a child
15 or pregnant woman to which that paragraph applies.

16 (g) RULE OF CONSTRUCTION.—Nothing in this Act
17 or any amendment made by this Act shall be construed
18 as requiring a child enrolled in the State medicaid pro-
19 gram under title XIX of the Social Security Act to under-
20 go a lead blood screening test if the child's parent or
21 guardian objects to the test on the ground that the test
22 is inconsistent with the parent's or guardian's religious be-
23 liefs.

1 **SEC. 4. BONUS PROGRAM FOR IMPROVEMENT OF CHILD-**
2 **HOOD LEAD SCREENING RATES.**

3 (a) IN GENERAL.—The Secretary of Health and
4 Human Services (in this section referred to as the “Sec-
5 retary”) may establish a program to improve the blood
6 lead screening rates of States for children under the age
7 of 3 enrolled in the medicaid program.

8 (b) PAYMENTS.—If the Secretary establishes a pro-
9 gram under subsection (a), the Secretary, using State-spe-
10 cific blood lead screening data, shall, subject to the avail-
11 ability of appropriations, annually pay a State an amount
12 determined 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 Secretary in collabora-
 14 tion with the Secretary of Housing and Urban De-
 15 velopment.

16 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
 17 authorized to be appropriated to carry out this section,
 18 \$30,000,000 for each of fiscal years 2002 through 2006.

19 **SEC. 5. AUTHORIZATION TO USE SCHIP FUNDS FOR BLOOD**
 20 **LEAD SCREENING.**

21 (a) OPTIONAL APPLICATION TO SCHIP.—

22 (1) IN GENERAL.—Section 2107(e)(1) of the
 23 Social Security Act (42 U.S.C. 1397gg(e)(1)) is
 24 amended by adding at the end the following new
 25 subparagraph:

1 “(E) At State option, section 1902(a)(66)
 2 (relating to blood lead screening and coverage
 3 of qualified lead treatment services defined in
 4 section 1905(x)).”.

5 (2) CONFORMING AMENDMENT.—Section
 6 2110(a) of the Social Security Act (42 U.S.C.
 7 1397jj(a)) is amended—

8 (A) by redesignating paragraph (28) as
 9 paragraph (29); and

10 (B) by inserting after paragraph (27) the
 11 following new paragraph:

12 “(28) qualified lead treatment services (as de-
 13 fined in section 1905(x)), but only if the State has
 14 elected under section 2107(e)(1)(E) to apply section
 15 1902(a)(66) to the State child health plan under
 16 this title.”.

17 (b) INCLUSION IN MEDICAID REPORTING REQUIRE-
 18 MENT.—

19 (1) IN GENERAL.—Section 1902(a)(43)(D)(v)
 20 of the Social Security Act (42 U.S.C.
 21 1396a(a)(43)(D)(v)), as added by section 3(a)(3), is
 22 amended by inserting “or, if the State has elected
 23 under section 2107(e)(1)(E) to apply paragraph
 24 (66) to the State child health plan under title XXI,
 25 in the State plan under title XXI,” after “this title”.

1 (2) REPORT TO CONGRESS.—Section 3(e) of
2 this Act is amended—

3 (A) by inserting “or in the State children’s
4 health insurance program under title XXI of
5 that Act (42 U.S.C 1397aa et seq.)” after “(42
6 U.S.C. 1396 et seq.)”; and

7 (B) by striking “that program” and insert-
8 ing “those programs”.

9 **SEC. 6. LEAD POISONING SCREENING FOR THE HEAD**
10 **START AND EARLY HEAD START PROGRAMS.**

11 Section 645A of the Head Start Act (42 U.S.C
12 9840a) is amended—

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

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

17 “(h) LEAD POISONING SCREENING.—

18 “(1) IN GENERAL.—An entity shall—

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

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

6 “(2) SCREENINGS BY ENTITIES.—

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

12 “(B) REIMBURSEMENT.—

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

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

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

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

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

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

1 **SEC. 7. LEAD POISONING SCREENING FOR SPECIAL SUP-**
2 **PLEMENTAL NUTRITION PROGRAM FOR**
3 **WOMEN, INFANTS, AND CHILDREN (WIC).**

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

7 “(4) LEAD POISONING SCREENING.—

8 “(A) IN GENERAL.—A State agency
9 shall—

10 “(i) determine whether an infant or
11 child eligible to participate in the program
12 under this section has received a blood lead
13 screening test using a test that is appro-
14 priate for age and risk factors upon the
15 enrollment of the infant or child in the
16 program; and

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

20 “(I) refer the infant or child for
21 receipt of the test; and

22 “(II) determine whether the in-
23 fant or child receives the test during
24 a routine visit with a health care pro-
25 vider.

26 “(B) SCREENINGS BY STATE AGENCIES.—

1 “(i) IN GENERAL.—A State agency
2 may (under contract or otherwise) perform
3 a blood lead screening test that is appro-
4 priate for age and risk factors on an infant
5 or child who seeks to participate in the
6 program.

7 “(ii) REIMBURSEMENT.—

8 “(I) CHILDREN ENROLLED IN OR
9 ELIGIBLE FOR MEDICAID.—On the re-
10 quest of a State agency that performs
11 or arranges for the provision of a
12 blood lead screening test under clause
13 (i) of an infant or child that is eligible
14 for or receiving medical assistance
15 under a State plan under title XIX of
16 the Social Security Act (42 U.S.C.
17 1396 et seq.), the Secretary of Health
18 and Human Services, notwithstanding
19 any other provision of, or limitation
20 under, title XIX of the Social Security
21 Act, shall reimburse the State agency,
22 from funds that are made available
23 under that title, for the Federal med-
24 ical assistance percentage (as defined
25 in section 1905(b) of the Social Secu-

1 rity Act (42 U.S.C. 1396d(b)) of the
2 cost of the test and data reporting.
3 Such costs shall include, if determined
4 to be desirable by the State agency,
5 the costs of providing screening
6 through clinical laboratories certified
7 under section 353 of the Public
8 Health Service Act (42 U.S.C. 263a),
9 or purchasing, for use at sites pro-
10 viding services under this section,
11 blood lead testing instruments and as-
12 sociated supplies approved for sale by
13 the Food and Drug Administration
14 and used in compliance with such sec-
15 tion 353.

16 “(II) CHILDREN ENROLLED IN
17 OR ELIGIBLE FOR SCHIP.—In the case
18 of a blood lead screening test per-
19 formed under clause (i) (by the State
20 agency or under contract with the
21 State agency) on an infant or child
22 who is eligible for or receiving medical
23 assistance under a State plan under
24 title XXI of the Social Security Act,
25 the Secretary of Health and Human

1 Services, notwithstanding any other
2 provision of, or limitation under, such
3 title XXI, shall reimburse the State
4 agency, from funds that are made
5 available under that title, for the en-
6 hanced FMAP (as defined in section
7 2105(b) of the Social Security Act (42
8 U.S.C. 1397ee(b)) of the cost of the
9 test and data reporting. Such costs
10 shall include the costs described in the
11 second sentence of subclause (I).

12 “(C) AUTHORIZATION FOR WIC.—There is
13 authorized to be appropriated such sums as
14 may be necessary to carry out this paragraph
15 with respect to blood lead screening tests per-
16 formed under this paragraph on an infant or
17 child, and any data reporting with respect to
18 such infant or child, who is not eligible for cov-
19 erage under title XIX or XXI of the Social Se-
20 curity Act, or is not otherwise covered under a
21 health insurance plan.”.

22 **SEC. 8. EFFECTIVE DATE.**

23 (a) IN GENERAL.—Except as provided in subsection
24 (b), the amendments made by this Act take effect on the

1 date that is 18 months after the date of enactment of this
2 Act.

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

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

1 (2) DEVELOPMENT OF WAIVER PROCEDURES
2 AND REQUIREMENTS.—Not later than 12 months
3 after the date of enactment of this Act, the Director
4 of the Centers for Disease Control and Prevention,
5 in consultation with the Centers for Disease Control
6 and Prevention Advisory Committee on Childhood
7 Lead Poisoning Prevention, shall develop and rec-
8 ommend to the Secretary of Health and Human
9 Services criteria and procedures (including a time-
10 table for the submission of the State plan described
11 in paragraph (1)) for the award of waivers under
12 that paragraph.

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