



KAREN L. SMITH, MD, MPH
State Public Health Officer & Director

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

**AB 1316 Regulations Development
Questions for Stakeholders
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1) Current Screening Regulations

Title 17 California Code of Regulations §37100: Screening Requirements

(a) Except as provided in subsections (c) and (d), every health care provider who performs a periodic health assessment of a child, at the ages specified in subsection (b), shall comply with the following standard of care:

(1) Provide oral or written anticipatory guidance to a parent or guardian of the child, including, at a minimum, the information that children can be harmed by exposure to lead, especially deteriorating or disturbed lead-based paint and the dust from it, and are particularly at risk of lead poisoning from the time the child begins to crawl until 72 months of age.

(2) If the child receives services from a publicly funded program for low-income children, order the child screened for lead poisoning as the child is presumed to be at risk of lead poisoning.

(3) If the child does not receive services from a publicly funded program for low-income children, evaluate the child's risk of lead poisoning by asking a parent or guardian of the child the following question: "Does your child live in, or spend a lot of time in, a place built before 1978 that has peeling or chipped paint or that has been recently renovated?" If the parent or guardian answers "yes" or "don't know" to the question, order the child screened for lead poisoning.

(b) Except as provided in subsections (c) and (d), the health care provider shall perform the actions specified in subsection (a) at each of the following times:

(1) The anticipatory guidance required by subsection (a)(1) shall be performed at each periodic health assessment, starting at 6 months of age and continuing until 72 months of age.

(2) The screening and evaluation required by subsections (a)(2) or (3) shall be performed:

(A) When the child is 12 months of age.

(B) When the child is 24 months of age.

(C) Whenever the health care provider performing a periodic health assessment becomes aware that the child is 12 months to 24 months of age and the actions specified in subsections (a)(2) or (3) were not taken at 12 months of age or thereafter.



(D) Whenever the health care provider performing a periodic health assessment becomes aware that the child is 24 months to 72 months of age and the actions specified in subsections (a)(2) or (3) were not taken when the child was 24 months of age or thereafter.

(E) Whenever the health care provider performing a periodic health assessment of a child 12 to 72 months of age becomes aware that, in the professional judgment of the health care provider, a change in circumstances has put the child at risk of lead poisoning.

Title 17 California Code of Regulations § 37020. Publicly Funded Program for Low Income Children is defined as:

- Medi-Cal, as defined in Chapter 7 (commencing with Section 14000) and Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code;
- Child Health and Disability Prevention program, as defined in Article 6 (commencing with Section 124025) of Chapter 3 of Part 2 of Division 106 of the Health and Safety Code;
- Healthy Families, as defined in Part 6.2 (commencing with Section 12693) of Division 2 of the Insurance Code;
- Special Supplemental Nutrition Program for Women, Infants and Children, as defined in Article 2 (commencing with Section 123275) of Chapter 1 of Part 2 of Division 106 of the Health and Safety Code; or
- Any federally funded or State of California-funded program that provides medical services or preventive health care to children in families whose income is equal to or less than the maximum qualifying income level for participation in any of the programs specified in subsections (a) through (d).

AB 1316

Added the following text to Health and Safety Code section 105285(b):

“The regulations shall [...] include the determination of risk factors for whether a child is “at risk.” When determining the risk factors, the department shall consider the most significant environmental risk factors, including, but not limited to, a child’s time spent in a home, school, or building built before 1978, a child’s proximity to a former lead or steel smelter or an industrial facility that historically emitted or currently emits lead, a child’s proximity to a freeway or heavily traveled roadway, other potential risk factors for lead exposure, and known sources of lead contamination.”

2) Stakeholder Questions

Pre-1978 Buildings

- a) Does your organization have any recommendations to the current regulations related to the risk associated with time spent in a place built before 1978?

Freeway or Heavily Traveled Roadway

- b) Are there studies, data or other information CDPH should consider regarding:
- Lead exposure from a freeway or heavily traveled roadway?
 - The relationship between distance from a freeway or heavily traveled roadway and lead exposure risk?

Former Lead or Steel Smelter or an Industrial Facility That Historically Emitted or Currently Emits Lead

- c) Are there studies, data or other information CDPH should consider regarding:
- Lead exposure from a former lead or steel smelter or an industrial facility that historically emitted or currently emits lead?
 - The relationship between distance from a former lead or steel smelter or an industrial facility that historically emitted or currently emits lead and lead exposure risk?

Other Potential Environmental Risk Factors for Lead Exposure, and Known Sources of Lead Contamination

CDPH currently recommends health care providers consider the exposure risks listed as potential sources of lead on the attached document (Standard of Care Guidelines on Childhood Lead Poisoning) when determining if a child is at risk for lead exposure. Some of the other indications for risk of lead exposure recommended by CDPH but not currently required by regulation to be considered are:

- Suspected lead exposure
 - Parental request
 - Recent immigrant from country with high levels of environmental lead
 - Change in circumstance has put child at risk of lead exposure
- d) After reviewing this list of potential sources of exposure, are there any major additional risk factors (other than highways/busy roadways/proximity to industrial facilities) that should be considered?
- What is the data/reason for including these risk factors?

- e) What does your organization consider to be the most important risk factors or populations to include in these regulations?
- f) What are the major issues or concerns that CDPH should be aware of in determining the risk factors that require that a child be screened for lead poisoning?
- g) What issues should CDPH be aware of in establishing requirements for health care providers for screening children at high risk of lead poisoning?