

Title 17. Public Health

Division 1. State Department of Health Services (Refs & Annos)

Chapter 9. Screening for Childhood Lead Poisoning (Refs & Annos)

Changes to the proposed regulations are indicated as follows:

- Text **added** to the proposed regulation is indicated in black double underline.
- Text **removed** from the proposed regulation is indicated in ~~black double strikethrough~~.

Article 1. Definitions

Repeal Section 37000.

~~Section 37000. Health Care Provider.~~

~~“Health care provider” means a person licensed to practice medicine pursuant to Article 3 (commencing with Section 2050) of Chapter 5 of Division 2 of the Business and Professions Code; a person licensed to practice as a nurse practitioner pursuant to Article 8 (commencing with Section 2834) of Chapter 6 of Division 2 of the Business and Professions Code; or a person licensed to practice as a physician's assistant pursuant to Article 3 (commencing with Section 3513) of Chapter 7.7 of Division 2 of the Business and Professions Code.~~

Note: Authority cited: Sections 100275(a), 105285 and 105300, Health and Safety Code. Reference: Section 105285, Health and Safety Code.

Repeal Section 37020.

~~Section 37020. Publicly Funded Program for Low Income Children.~~

~~“Publicly funded program for low income children” means:~~

~~(a) 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;~~

~~(b) 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;~~

~~(c) Healthy Families, as defined in Part 6.2 (commencing with Section 12693) of Division 2 of the Insurance Code;~~

~~(d) 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~~

~~(e) Any federally funded or State of California funded program that provides medical services or preventive healthcare 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).~~

Note: Authority cited: Sections 100275(a), 105285 and 105300, Health and Safety Code. Reference: Section 105285, Health and Safety Code. ~~Repeal Section 37025.~~

Repeal Section 37025.

~~Section 37025. Screening.~~

~~“Screening” means testing an asymptomatic child for lead poisoning by analyzing the child's blood for concentration of lead.~~

Note: Authority cited: Sections 100275(a), 105285 and 105300, Health and Safety Code. Reference: Section 105285, Health and Safety Code.

Adopt Section 37030 to read as follows:

Section 37030. Definitions.

- (a) "Blood lead level" means a whole blood test result indicating the presence of lead.
- (b) "Child" means a person under 21 years of age.
- (c) "Childhood Lead Poisoning Prevention Program" means the state Childhood Lead Poisoning Prevention Program created by the Childhood Lead Poisoning Prevention Act and administered by the Department, including services provided by a contracted local health jurisdiction.
- (d) "Confirmatory venous blood lead test" means a venous blood lead test to confirm the blood lead level seen in a prior blood lead test.
- (e) "Department" means the State Department of Public Health as defined in Health and Safety Code section 105280, subdivision (c).
- (f) "Follow-up venous blood lead test" means a venous blood lead test to monitor blood lead levels after a venous blood lead level at or above 3.5 micrograms per deciliter (mcg/dL).
- (g) "Health care provider" means a physician, nurse practitioner, or physician assistant licensed by their respective board pursuant to division 2 of the Business and Professions Code.
- (h) "Lead poisoning" has the same meaning as in Health and Safety Code section 105280, subdivision (b).
- (i) "Parent or guardian" means a child's biological or adoptive parent or legal guardian, or another person with legal authority to consent to the medical care of the child.

(j) "Publicly funded program for low-income children" means any of the following:

(1) 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;

(2) 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

(3) Any federally funded program or program funded by the state of California that provides need-based services or assistance to children in families whose income is equal to or less than the maximum qualifying income level for participation in any program specified in subdivisions (1) and (2).

(k) "Screening" means testing a child for lead poisoning by performing a blood lead test.

Note: Authority cited: Sections 20, 100275, 105280, 105285, 105300, 124165, 131050, 131051, 131052, and 131200, Health and Safety Code. Reference: Sections 105280, 105285, 105300, and 105301, Health and Safety Code.

Article 2. Standard of Care on Screening for Childhood Lead Poisoning

Amend Section 37100 to read as follows:

Section 37100. ~~Requirements~~ Standard of Care on Screening for Childhood Lead Poisoning.

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

- (1) Inform the child's parent or guardian of the screening requirement for lead poisoning and Provide oral or written anticipatory guidance to the parent or guardian ~~of the child~~, including, at minimum, the information that a child ~~can~~ be harmed by exposure to lead, especially from deteriorating or disturbed lead-based paint and ~~the~~ lead-contaminated dust and soil, ~~from it~~, and is ~~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. is not tested~~
screened pursuant to subdivision (a)(2) above, the health care provider may order the child screened for lead poisoning, as the risk factors for lead poisoning, listed in (a)(6) below, impact almost every child statewide, if the ZIP Code of the child's residence is on the list of high risk geographic areas the Department posts annually on its [Publications for Providers web page](http://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/Publications-for-Providers.aspx) (www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/Publications-for-Providers.aspx) in accordance with Health and Safety Code section 124125, subdivision (c)(1)(B).

(4) If the child is not ~~tested~~ screened pursuant to subdivision (a)(2) or (a)(3) above, the health care provider shall evaluate if the child has experienced, or if it is uncertain whether the child has experienced, any of the risk factors ~~below~~ for lead poisoning, listed in subdivision (a)(6) below.

(5) If, in the professional judgment of the health care provider, the child is at risk of lead poisoning based on ~~these~~ any of the risk factors for lead poisoning, listed in subdivision (a)(6) below, the health care provider shall order the child screened for lead poisoning.

(6) Risk factors for lead poisoning:

- (A) Residing in one of the ZIP Codes on the list of high-risk geographic areas the Department posts annually on its [website](http://www.cdph.ca.gov/Programs/CCDC/DEOD/CLPPB/Pages/Publications-for-Providers.aspx) (www.cdph.ca.gov/Programs/CCDC/DEOD/CLPPB/Pages/Publications-for-Providers.aspx) in accordance with Health and Safety Code section 124125, subdivision (c)(1)(B).
- ~~(A)~~(B) Living or spending time in a home, school, or building built before 1978.
- ~~(B)~~(C) Living with a household member who works in a job that may involve exposure to lead, or who participates in an activity that may involve exposure to lead, including soldering, hunting, fishing, shooting, painting, or ceramics.
- ~~(C)~~(D) Pica behavior ~~(ingesting non-food items)~~.
- ~~(D)~~(E) Living or extended traveling outside of the United States.
- ~~(E)~~(F) Having a sibling, playmate, or other close contact who has a blood lead level equal to or greater than 3.5 mcg/dL, or living in the same dwelling, including a multi-unit dwelling, as defined in the California Code of Regulations, title 4, section 8078.3, with an individual or individuals with a blood lead level equal to or greater than 3.5 mcg/dL.
- ~~(F)~~(G) Exposure to dishware or pottery that is worn or chipped, was made before 1970, or was made outside of the United States.
- ~~(G)~~(H) Ingestion of or exposure to traditional remedies or medicines; traditional religious powders, chalks, cosmetics, liquids, or creams; or foods or spices made outside of the United States.

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

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

(2) The evaluation and screening ~~and evaluation~~ required by ~~subsections~~ subdivisions (a)(2), ~~or (a)(3), or (a)(4), or (a)(5)~~ 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~~ subdivisions (a)(2), ~~or (a)(3), or (a)(4), or (a)(5)~~ were not ~~taken~~ performed 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~~ subdivisions (a)(2), ~~or (a)(3), or (a)(4), or (a)(5)~~ were not ~~taken~~ performed when the child was 24 months of age or thereafter.

(3) Screening shall be performed:

(~~E~~A) 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~~ing~~:

(B) Whenever the health care provider performing a health assessment of a child becomes aware that, in the professional judgment of the health care provider, the child, including a newborn or infant whose mother may have been exposed to lead before giving birth, may be at risk of lead poisoning; or

(C) At the request of the parent or guardian, or of a child 18, 19, or 20 years of age, if the request is medically appropriate in the professional judgment of the health care provider.

(c) The health care provider shall have no duty to order a child screened for lead poisoning if the child's parent or guardian ~~of the child, or other person with legal authority to withhold consent,~~ or the child if 18, 19, or 20 years of age, refuses to consent to the screening. If consent to screening is refused, the health care provider shall provide oral or written guidance, or both, to the person refusing consent, including, at a minimum, the information contained in "Getting Your Child Tested for Lead" (May 2019), available at [the Department's website](http://www.cdph.ca.gov/Programs/CCDCPP/DEOD/CLPPB/CDPH%20Document%20Library/CLPPB-TestingCard.pdf) (www.cdph.ca.gov/Programs/CCDCPP/DEOD/CLPPB/CDPH%20Document%20Library/CLPPB-TestingCard.pdf), hereby incorporated by reference in its entirety.

(d) The health care provider shall have no duty to order a child screened for lead poisoning, if ~~and so long as~~ the risk to the child's health of screening is a greater ~~to the child's health~~ than the risk of not identifying lead poisoning, in the professional

judgment of the health care provider. The health care provider shall document in the child's medical record the reason(s) for not screening~~in the child's medical record~~.

(e) Upon receiving the results of a blood lead analysis in which the blood lead level is equal to or greater than ~~10 micrograms of lead per deciliter of blood,~~3.5 mcg/dL, the health care provider shall take ~~those actions that are~~ steps that, in the professional judgment of the health care provider, are reasonable and medically necessary to reduce, to the extent possible, the child's blood lead level below ~~10 micrograms of lead per deciliter of blood,~~ such as 3.5 mcg/dL, including the following:

(1) ~~Education of a~~Educating the parent or guardian, or the child if 18, 19, or 20 years of age, or ~~on~~ about lead hazards and lead poisoning;

(2) ~~Performing a Clinical~~clinical evaluation for complications of lead poisoning;

(3) ~~Follow-up blood lead analyses:~~

~~(A) At one to two month intervals until the blood lead level has remained less than 15 micrograms of lead per deciliter of blood for at least six calendar months and the source of the lead poisoning has been removed or remediated; and~~

~~(B) Thereafter, unless the child has received additional lead hazard exposure, at three month intervals until the child is 36 months of age;~~

(4) ~~Referring the family to the local childhood lead poisoning prevention program or, if none, the local health jurisdiction; and~~ If the child's blood lead level is equal to or greater than 3.5 mcg/dL was based on a capillary sample, ordering a confirmatory venous blood lead test as follows:

(A) For a blood lead level equal to or greater than 69.5 mcg/dL, immediately.

(B) For a blood lead level of 59.5 - 69.4 mcg/dL, within 24 hours.

(C) For a blood lead level of 44.5 - 59.4 mcg/dL, within 48 hours.

(D) For a blood lead level of 19.5 - 44.4 mcg/dL, within two weeks.

(E) For a blood lead level of 9.5 -19.4 mcg/dL, within one month.

(F) For a blood lead level of 3.5 - 9.4 mcg/dL, within three months.

(4) Order follow-up venous blood lead tests according to the following table (Table 1)

based on the Centers for Disease Control and Prevention's recommendations:

Table 1 – Schedule for Follow-up Venous Blood Lead Testing

<u>Venous blood lead level (mcg/dL)</u>	<u>Early follow-up testing after initial test above specific venous blood lead level (at least 2 tests)</u>	<u>Later follow-up testing after blood lead level declining</u>
<u>≥3.5–9.4</u>	<u>3 months</u>	<u>6–9 months</u>
<u>9.5–19.4</u>	<u>1–3 months</u>	<u>3–6 months</u>
<u>19.5–44.4</u>	<u>2 weeks – 1 month</u>	<u>1–3 months</u>
<u>≥44.5</u>	<u>As soon as possible</u>	<u>As soon as possible</u>

(5) Continue follow-up venous blood lead testing until the venous blood lead level has remained less than 3.5 mcg/dL for at least six months and the source of the lead poisoning has been removed or remediated. Thereafter, retest as medically appropriate.

(6) Refer the child to the Childhood Lead Poisoning Prevention Program.

~~(7)(5)~~ Order or refer the child for medically necessary treatment, including

Echelation therapy, if appropriate in the professional judgment of the health care provider.

(f) Pursuant to Health and Safety Code section 105285, subdivision (e), a health care provider is responsible only for evaluation of all children, screening of children determined to be at risk of lead poisoning, and medically necessary follow-up services.

~~(g) (f)~~ A health care provider who fails to comply with this ~~standard of care section~~ may be subject to the disciplinary provisions of division 2 of Article 12 (commencing with Section 2220) of Chapter 5 of Division 2 the Business and Professions Code.

Note: Authority cited: Sections 20, 100275(a), 105280, 105285, 105286, and 105300, 124165, 131050, 131051, 131052, and 131200, Health and Safety Code. Reference: Sections 105285, 105286, and 124165, Health and Safety Code.