



Susan Wengraf
Councilmember District 6

CONSENT CALENDAR
April 24, 2018

To: Honorable Mayor and Members of the City Council

From: Councilmember Wengraf
Councilmember Hahn
Councilmember Droste
Councilmember Davila

Subject: Support of SB 1041 (Leyva), Childhood Lead Poisoning Prevention

RECOMMENDATION

Submit a letter of support to Senator Leyva for her proposed legislation, SB 1041

FINANCIAL IMPLICATIONS

None

BACKGROUND

The State Legislature found that childhood lead exposure represents the most significant childhood environmental health problem in the state today. However, little is known about the prevalence, long-term health care costs, severity, and location of these problems in California. What is known about lead poisoning is that excessive lead exposure causes acute and chronic damage to a child's renal system, red blood cells, and developing brain and nervous system. At least one in every 25 children in the nation has an elevated blood lead level. The cost to society of neglecting this problem is considerable.

The existing Childhood Lead Poisoning Prevention Act of 1991 requires that a child deemed at risk for lead poisoning be tested. SB 1041 goes beyond that requirement. SB 1041 sets a state goal that all children at risk of lead exposure, for example, children enrolled in Medi-Cal, be tested for lead poisoning. The bill would require the State Department of Public Health to establish screening regulations and require local agencies to provide testing services so all children at possible risk for lead poisoning receive them. This bill would establish a state Childhood Lead Poisoning Prevention Program and require annual reporting on results.

ENVIRONMENTAL SUSTAINABILITY

In alignment.

CONTACT PERSON

Councilmember Susan Wengraf Council District 6 510-981-7160

Attachments: 1: AB2370 2: Letter of Support

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SECTION 1. Section 105285 of the Health and Safety Code is amended to read:

105285. *It is the goal of the state that all children at risk of lead exposure receive blood lead screening tests. It is also the goal of the state that all children enrolled in Medi-Cal receive blood lead screening tests at 12 months and 24 months of age, and that any enrolled child between 24 months and 72 months of age with no record of a previous blood lead screening test receive at least one test.*

~~(a)~~ (b) The department shall adopt regulations establishing a standard of care, at least as stringent as the most recent federal Centers for Disease Control and Prevention screening guidelines, whereby all children are evaluated for risk of lead poisoning by health care providers during each child's periodic health assessment. The regulations shall *meet the goals of subdivision (a) and 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. By July 1, 2019, the regulations shall be developed in consultation with medical experts, environmental experts, appropriate professional organizations, the public, and others as determined by the department.

~~(b)~~ (c) The standard of care shall require a child who is determined to be "at risk" for lead poisoning, according to the regulations adopted pursuant to subdivision ~~(a)~~ (b), to be screened.

~~(c)~~ (d) The standard of care shall provide that a child shall not be screened pursuant to this chapter if the parent or guardian of the child refuses to consent to the screening.

~~(d)~~ (e) The standard of care shall provide that health care providers are responsible only for evaluation of all children, for screening of children determined to be at risk, and for medically necessary followup services.

~~(e)~~ (f) The fee imposed by Section 105310 shall not be used to fund blood lead screening under this section.

SEC. 2. *Section 105286 is added to the Health and Safety Code, to read:*

105286. *The department shall annually notify health care providers who perform periodic health assessments for children about, and those health care providers shall annually inform parents and guardians about, all of the following:*

(a) The risks and effects of childhood lead exposure.

(b) The requirement that children enrolled in Medi-Cal receive blood lead screening tests.

SEC. 3. Section 105300 of the Health and Safety Code is amended to read:

105300. Notwithstanding Section 124130, the department shall have broad regulatory authority to fully implement and effectuate the purposes of this chapter. The authority shall include, but is not limited to, the following:

(a) The development of protocols to be utilized in screening and the procedures for changing those protocols when more accurate or efficient technologies become available.

(b) The designation of laboratories which are qualified to analyze whole blood specimens for concentrations of lead and the monitoring of those laboratories for accuracy.

- (c) The development of reporting procedures by laboratories.
- (d) Reimbursement for state-sponsored services related to screening and appropriate case management.
- (e) Establishment of lower concentrations of lead in whole blood than those specified by the United States Centers for Disease Control for the purpose of determining the existence of lead poisoning.
- (f) Establishment of lower acceptable levels of the concentration of lead in whole blood than those specified by the United States Centers for Disease Control for the purpose of determining the need to provide appropriate case management for lead poisoning.
- (g) Development of appropriate case management protocols.
- (h) Notification to the child's parent or guardian of the results of blood lead testing and environmental assessment.
- (i) The establishment of a periodicity schedule for evaluation for childhood lead poisoning.
- (j) Undertaking actions and requiring local agencies to undertake actions necessary to ensure the goals set forth in subdivision (a) of Section 105285 are met.*

SEC. 4. Section 124125 of the Health and Safety Code is amended to read:

124125. (a) The Legislature hereby finds and declares that childhood lead exposure represents the most significant childhood environmental health problem in the state today; that too little is known about the prevalence, long-term health care costs, severity, and location of these problems in California; that it is well known that the environment is widely contaminated with lead; that excessive lead exposure causes acute and chronic damage to a child's renal system, red blood cells, and developing brain and nervous system; that at least one in every 25 children in the nation has an elevated blood lead level; and that the cost to society of neglecting this problem may be enormous.

(b) The Legislature further finds and declares that knowledge about where and to what extent harmful childhood lead exposures are occurring in the state could lead to the prevention of these exposures, and to the betterment of the health of California's future citizens. Therefore, the enactment of this article establishes a state Childhood Lead Poisoning Prevention Program. The department shall accomplish all of the following:

- (1) ~~To compile~~ *Compile* information concerning the prevalence, causes, and geographic occurrence of high childhood blood lead levels.
- (2) ~~To identify~~ *Identify* and target areas of the state where childhood lead exposures are especially significant.
- (3) ~~To analyze~~ *Analyze* information collected pursuant to this article and, where indicated, design and implement a program of medical followup and environmental abatement and followup that will reduce the incidence of excessive childhood lead exposures in California.

(4) Achieve the goals set forth in subdivision (a) of Section 105285.

(c) (1) By March 1, 2019, and by March 1 of each year thereafter, the department shall prepare and prominently post on its Internet Web site information that evaluates the department's progress in meeting the goals of this section. The information shall also include all of the following:

- (A) An annually updated analysis of the data and information identified and compiled relative to paragraphs (1) and (2) of subdivision (b).
- (B) To the greatest extent possible, a list of the census tracts in which children test positive at a rate higher than the national average for blood lead in exceedance of the federal Centers for Disease Control and Prevention's reference level for elevated blood lead based on the data and information received during the previous calendar year.

(C) A report detailing the department's progress in meeting the goals set forth in subdivision (a) of Section 105285. The report shall include the total number of Medi-Cal enrolled children, and the total number of children not enrolled in Medi-Cal, broken down by county and by year of age, who have received and who have not received blood lead screening tests.

(2) All uses and disclosures of data made pursuant to this section shall comply with all applicable state and federal laws for the protection of the privacy and security of data, including, but not limited to, the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code), the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code), Title 1.81 (commencing with Section 1798.80) of Part 4 of Division 3 of the Civil Code, the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), and the federal Health Information Technology for Economic and Clinical Health Act, Title XIII of the federal American Recovery and Reinvestment Act of 2009 (Public Law 111-5), and implementing regulations.

SEC. 5. *If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.*

April 24, 2018

Senator Connie Leyva
State Capitol, Room 4061
Sacramento, CA 94514

To: Senator Leyva

From: Berkeley City Council

RE: Support for SB 1041 (Childhood Lead Poisoning Prevention)

Dear Senator Leyva:

The Berkeley City Council is in full support of your legislation SB 1041. Cities need the State's support to protect children from exposure to lead poisoning. Mandating that all children at risk of lead poisoning receive screening for lead poisoning will enhance the health of our children. Establishing a state Childhood Lead Poisoning Prevention Program to compile information about lead poisoning prevalence and causes, and identify geographic areas where lead exposures are high will help us prevent future exposures.

Thank you for your leadership in Childhood Lead Poisoning Prevention. The City of Berkeley supports SB 1041 and thanks you for bringing it to the Senate.

Respectfully,

The Berkeley City Council

Cc: Assembly Member Tony Thurmond, State Senator Nancy Skinner and Governor Jerry Brown