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

Mr. Menendez (for himself, Mr. Rush, Mr. Hillard, 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 Representative of the United States of America in Congress assembled,

2 SECTION 1. SHORT TITLE.

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

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SEC. 2. FINDINGS AND PURPOSES.

(a) FINDINGS.—Congress finds that—

(1) lead poisoning remains a serious environmental risk, especially to the health of young children;

(2) childhood lead poisoning can cause reductions in IQ, attention span, reading, and learning disabilities, and other growth and behavior problems;

(3) children under the age of 6 are at the greatest risk of suffering the effects of lead poisoning because of the sensitivity of their developing brains and nervous systems, while children under the age of 3 are especially at risk due to their stage of development and hand-to-mouth activities;

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

(5) three-fourths of all children ages 1 through 5 found to have an elevated blood lead level in a Centers for Disease Control and Prevention nationally representative sample were enrolled in or targeted by Federal health care programs, specifically the medicaid program, the women, infants, and children (WIC) program, and the community health centers programs under section 330 of the Public Health Service Act, equating to an estimated 688,000 children nationwide;
(6) the General Accounting Office estimates that 2/3 of the 688,000 children who have elevated blood lead levels and are by Federal health care programs have never been screened for lead;

(7) although the Health Care Financing Administration has required mandatory blood lead screenings for children enrolled in the medicaid program who are not less that 1 nor more than 5 years of age, less than 20 percent of these children have received such screenings;

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

(9) only about ½ of State programs have screening policies consistent with Federal policy; and

(10) adequate treatment services are not uniformly available for children with elevated blood lead levels.

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

SEC. 3. INCREASED LEAD POISONING SCREENINGS AND TREATMENTS UNDER THE MEDICAID PROGRAM.

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

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

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

(3) by adding at the end the following:

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

(b) MANDATORY SCREENING REQUIREMENTS.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

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

(2) by adding at the end the following:

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

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

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

(c) Reimbursement for Treatment of Children With Elevated Blood Lead Levels.—Section
1905 of the Social Security Act (42 U.S.C. 1396d) is
amended—

(1) in subsection (a)—

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

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

•HR 1996 IH
(C) by inserting after paragraph (26) the following:

“(27) qualified lead treatment services (as defined in subsection (v)); and”; and

(2) by adding at the end the following:

“(v)(1) In this subsection:

“(A) The term ‘qualified lead treatment services’ means the following:

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

“(ii) Lead-related case management, as defined in subparagraph (C), for a child described in paragraph (2).

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

“(I) prenatal services;

“(II) early and periodic screening, diagnostic, and treatment services (EPSDT) services described in subsection (r) and available under subsection (a)(4)(B) (including as described and available under implementing regulations and guidelines) to individuals enrolled in the State plan
under this title who have not attained age 21; and

“(III) routine pediatric preventive services.

“(B) The term ‘lead-related medical management’ means the provision and coordination of the diagnostic, treatment, and follow-up services provided for a child diagnosed with an elevated blood lead level (EBLL) that includes—

“(i) a clinical assessment, including a physical examination and medically indicated tests (in addition to diagnostic blood lead level tests) and other diagnostic procedures to determine the child’s developmental, neurological, nutritional, and hearing status, and the extent, duration, and possible source of the child’s exposure to lead;

“(ii) repeat blood lead level tests furnished when medically indicated for purposes of monitoring the blood lead concentrations in the child;

“(iii) pharmaceutical services, including chelation agents and other drugs, vitamins, and minerals prescribed for treatment of an EBLL;
“(iv) medically indicated inpatient services including pediatric intensive care and emergency services;

“(v) medical nutrition therapy when medically indicated by a nutritional assessment, that shall be furnished by a dietitian or other nutrition specialist who is authorized to provide such services under State law;

“(vi) referral—

“(I) when indicated by a nutritional assessment, to the State agency or contractor administering the program of assistance under the special supplemental food program for women, infants and children (WIC) under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786) and coordination of clinical management with that program; and

“(II) when indicated by a clinical or developmental assessment, to the State agency responsible for early intervention and special education programs under the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.); and
“(vii) environmental investigation, as defined in subparagraph (E).

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

“(i) assessing the child’s environmental, nutritional, housing, family, and insurance status and identifying the family’s immediate needs to reduce lead exposure through an initial home visit;

“(ii) developing a multidisciplinary case management plan of action that addresses the provision and coordination of each of the following classes of services as appropriate—

“(I) whether or not such services are covered under the State plan under this title;
“(II) lead-related medical management of an EBLL (including environmental investigation);

“(III) nutrition services;

“(IV) family lead education;

“(V) housing;

“(VI) early intervention services;

“(VII) social services; and

“(VIII) other services or programs that are indicated by the child’s clinical status and environmental, social, educational, housing, and other needs;

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

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

“(v) implementation and coordination of the case management plan developed under clause (ii) through home visits, family lead education, and referrals.

“(D) The term ‘lead-related anticipatory guidance’ means education and information for families
of children and pregnant women enrolled in the State plan under this title about prevention of childhood lead poisoning that addresses the following topics:

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

“(ii) Identifying lead hazards in the home.

“(iii) Specialized cleaning, home maintenance, nutritional, and other measures to minimize the risk of childhood lead poisoning.


“(E) The term ‘environmental investigation’ means the process of determining the source of a child’s exposure to lead by an individual that is certified or registered to perform such investigations under State or local law, including the collection and analysis of information and environmental samples from a child’s living environment. For purposes of this subparagraph, a child’s living environment includes the child’s residence or residences, residences of frequently visited caretakers, relatives, and playmates, and the child’s day care site. Such investigations shall be conducted in accordance with the
standards of the Department of Housing and Urban
Development for the evaluation and control of lead-
based paint hazards in housing and in compliance
with State and local health agency standards for en-
vironmental investigation and reporting.
“(2) For purposes of paragraph (1)(A)(ii), a child de-
scribed in this paragraph is a child who—
“(A) has attained 6 months but has not at-
tained 6 years of age; and
“(B) has been identified as having a blood lead
level that equals or exceeds 20 micrograms per deci-
liter (or after 2 consecutive tests, equals or exceeds
15 micrograms per deciliter, or the applicable num-
ber of micrograms designated for such tests under
prevailing guidelines of the Centers for Disease Con-
trol and Prevention).”.
(d) ENHANCED MATCH FOR DATA COMMUNICATIONS
SYSTEM.—Section 1903(a)(3) of the Social Security Act
(42 U.S.C. 1396b(a)(3)) is amended—
(1) in subparagraph (D), by striking “plus” at
the end and inserting “and”; and
(2) by inserting after subparagraph (D), the
following:
“(E)(i) 90 percent of so much of the sums
expended during such quarter as are attrib-
utable to the design, development, or installation of an information retrieval system that may be easily accessed and used by other federally-funded means-tested public benefit programs to determine whether a child is enrolled in the State plan under this title and whether an enrolled child has received mandatory early and periodic screening, diagnostic, and treatment services, as described in section 1905(r); and

"(ii) 75 percent of so much of the sums expended during such quarter as are attributable to the operation of a system (whether such system is operated directly by the State or by another person under a contract with the State) of the type described in clause (i); plus".

(e) REPORT.—The Secretary of Health and Human Services, acting through the Administrator of the Health Care Financing Administration, annually shall report to Congress on the number of children enrolled in the medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) who have received a blood lead screening test during the prior fiscal year, noting the percentage that such children represent as compared to all children enrolled in that program.
(f) Rule of Construction.—Nothing in this Act or in any amendment made by this Act shall be construed as prohibiting the Secretary of Health and Human Services or the State agency administering the State plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) from using funds provided under title XIX of that Act to reimburse a State or entity for expenditures for medically necessary activities in the home of a lead-poisoned child to prevent additional exposure to lead, including specialized cleaning of lead-contaminated dust, emergency relocation, safe repair of peeling paint, dust control, and other activities that reduce lead exposure.

SEC. 4. LEAD POISONING SCREENING FOR SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN.

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

"(4) Lead poisoning screening.—

"(A) In general.—A State agency shall—

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

"(ii) in the case of an infant or child who has not received a blood lead screening test—

"(I) refer the infant or child for receipt of the test; and

"(II) determine whether the infant or child receives the test during a routine visit with a health care provider.

"(B) Screenings by state agencies.—

"(i) In general.—A State agency may (under contract or otherwise) perform a blood lead screening test that is appropriate for age and risk factors on an infant or child who seeks to participate in the program.

"(ii) Reimbursement.—

"(I) Children enrolled in or eligible for medicaid.—On the request of a State agency that performs or arranges for the provision of a blood lead screening test under clause
(i) of an infant or child that is eligible for or receiving medical assistance under a State plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), the Secretary of Health and Human Services, notwithstanding any other provision of, or limitation under, title XIX of the Social Security Act, shall reimburse the State agency, from funds that are made available under that title, for the Federal medical assistance percentage (as defined in section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)) of the cost of the test and data reporting. Such costs shall include, if determined to be desirable by the State agency, the costs of providing screening through clinical laboratories certified under section 353 of the Public Health Service Act (42 U.S.C. 263a), or purchasing, for use at sites providing services under this section, blood lead testing instruments and associated supplies approved for sale by
the Food and Drug Administration
and used in compliance with such sec-
tion 353.

"(II) CHILDREN ENROLLED IN
OR ELIGIBLE FOR SCHIP.—In the case
of a blood lead screening test per-
formed under clause (i) (by the State
agency or under contract with the
State agency) on an infant or child
who is eligible for or receiving medical
assistance under a State plan under
title XXI of the Social Security Act,
the Secretary of Health and Human
Services, notwithstanding any other
provision of, or limitation under, such
title XXI, shall reimburse the State
agency, from funds that are made
available under that title, for the en-
hanced FMAP (as defined in section
2105(b) of the Social Security Act (42
U.S.C. 1397ee(b)) of the cost of the
test and data reporting. Such costs
shall include the costs described in the
second sentence of subclause (I).
“(C) AUTHORIZATION FOR WIC.—There is authorized to be appropriated such sums as may be necessary to carry out this paragraph with respect to blood lead screening tests performed under this paragraph on an infant or child, and any data reporting with respect to such infant or child, who is not eligible for coverage under title XIX or XXI of the Social Security Act, or is not otherwise covered under a health insurance plan.”.

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

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

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

(2) by adding at the end the following:

“(h) LEAD POISONING SCREENING.—

“(1) IN GENERAL.—An entity shall—

“(A) determine whether a child eligible to participate in the program described in subsection (a)(1) has received a blood lead screening test using a test that is appropriate for age
and risk factors upon the enrollment of the child in the program; and

“(B) in the case of a child who has not received a blood lead screening test, ensure that each enrolled child receives such a test either by referral or by performing the test (under contract or otherwise).

“(2) SCREENINGS BY ENTITIES.—

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

“(B) REIMBURSEMENT.—

“(i) CHILDREN ENROLLED IN OR ELIGIBLE FOR MEDICAID.—On the request of an entity that performs or arranges for the provision of a blood lead screening test under subparagraph (A) of a child that is eligible for or receiving medical assistance under a State plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), the Secretary of Health and Human Services, notwithstanding any other provision of, or limitation under, title XIX of
the Social Security Act, shall reimburse the entity, from funds that are made available under that title, for the Federal medical assistance percentage (as defined in section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)) of the cost of the test and data reporting. Such costs shall include, if determined to be desirable by the State agency, the costs of providing screening through clinical laboratories certified under section 353 of the Public Health Service Act (42 U.S.C. 263a), or purchasing, for use at sites providing services under this section, blood lead testing instruments and associated supplies approved for sale by the Food and Drug Administration and used in compliance with such section 353.

“(ii) CHILDREN ENROLLED IN OR ELIGIBLE FOR SCHIP.—In the case of a blood lead screening test performed under subparagraph (A) (by the entity or under contract with the entity) on a child who is eligible for or receiving medical assistance under a State plan under title XXI of the
Social Security Act, the Secretary of Health and Human Services, notwithstanding any other provision of, or limitation under, such title XXI, shall reimburse the entity, from funds that are made available under that title, for the enhanced FMAP (as defined in section 2105(b) of the Social Security Act (42 U.S.C. 1397ee(b)) of the cost of the test and data reporting. Such costs shall include the costs described in the second sentence of clause (i).

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

"(4) HEAD START.—The provisions of this subsection shall apply to head start programs that include coverage, directly or indirectly, for infants and toddlers under the age of 3 years.".
SEC. 6. SCHIP COVERAGE FOR SCREENING OF CHILDREN.

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

"SEC. 2111. COVERAGE FOR LEAD POISONING SCREENING OF CHILDREN.

"(a) COVERAGE.—Notwithstanding any other provision of this title, a State child health plan shall provide for coverage of the costs (including data reporting) of a blood lead screening test performed by—

"(1) a State agency administering the special supplemental food program for women, infants and children (WIC) under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786) in accordance with section 17(d)(4)(B) of that Act; or

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

"(b) REFERENCES TO TERMS AND SPECIAL RULES.—With respect to the coverage described in subsection (a), the following special rules apply:

"(1) Any reference in this title to a targeted low-income child is deemed to include a reference to a child who receives a blood lead screening test performed by a State agency or entity described in subsection (a)."
“(2) Any such reference to child health assistance with respect to such a child is deemed a reference to the costs (including data reporting) of such a test.

“(3) Subsection (a) of section 2103 (relating to required scope of health insurance coverage) shall not apply insofar to such coverage and the reference to such section in section 2105(a)(1) is deemed not to require, in such case, compliance with the requirements of section 2103(a).

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

“(c) No Impact on Allotments.—Nothing in this section shall be construed as affecting the amount of any initial allotment provided to a State under section 2104(b).

“(d) Application of Funding Restrictions.—The coverage under this section (and the funding of such coverage) is subject to the restrictions of section 2105(c).”.

(b) Conforming Amendment.—Section 2102(b)(1)(B) of such Act (42 U.S.C. 1397bb(b)(1)(B)) is amended—
(1) by striking “and” at the end of clause (i);
(2) by striking the period at the end of clause (ii) and inserting “; and”; and
(3) by adding at the end the following new clause:

“(iii) may not apply a waiting period (including a waiting period to carry out paragraph (3)(C)) in the case of a child described in section 2111 who is deemed a targeted low-income child under that section.”.

(c) EFFECTIVE DATE.—The amendments made by this section take effect on the date described in section 11(a) and apply to allotments for all fiscal years.

SEC. 7. CENTERS FOR DISEASE CONTROL AND PREVENTION EFFORTS TO COMBAT CHILDHOOD LEAD POISONING.

(a) REQUIREMENTS FOR LEAD POISONING PREVENTION GRANTEES.—Section 317A of the Public Health Service Act (42 U.S.C. 247b–1) is amended—

(1) in subsection (d)—

(A) by redesignating paragraph (7) as paragraph (8); and

(B) by inserting after paragraph (6) the following:
“(7) Assurances satisfactory to the Secretary that the applicant will ensure complete and consistent reporting of all blood lead test results from laboratories and health care providers to State and local health departments in accordance with guidelines of the Centers for Disease Control and Prevention for standardized reporting as described in subsection (l).”; and

(2) in subsection (j)(2)—

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

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

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

“(F) The number of grantees that have established systems to ensure mandatory reporting of all blood lead tests from laboratories and health care providers to State and local health departments.”.

(b) GUIDELINES FOR STANDARDIZED REPORTING.—

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

“(l) GUIDELINES FOR STANDARDIZED REPORTING.—The Secretary, acting through the Director of the
Centers for Disease Control and Prevention, shall develop national guidelines for the uniform and complete reporting of all blood test results to State and local health departments.”.

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

“(m) REQUIREMENT FOR USE OF FUNDS.—Notwithstanding any other provision of law, any individual or entity that receives from the Secretary, acting through the Director of the Centers for Disease Control and Prevention, a grant under this section or any other section of this Act to carry out activities relating to childhood lead poisoning prevention shall use 10 percent of the grant funds awarded for the purpose of funding screening assessments and referrals at State and local sites of operation of the program of assistance under the special supplemental food program for women, infants and children (WIC) under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786) or the early head start program under section 645A of the Head Start Act (42 U.S.C 9840a).”.

(d) DEVELOPMENT AND IMPLEMENTATION OF EFFECTIVE DATA MANAGEMENT BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION.—
(1) IN GENERAL.—The Director of the Centers for Disease Control and Prevention shall—

(A) assist with the improvement of data linkages between State and local health departments and between State health departments and the Centers for Disease Control and Prevention;

(B) assist States with the development of flexible, comprehensive State-based data management systems for the surveillance of children with lead poisoning that has the capacity to contribute to a national data set;

(C) assist with the improvement of the ability of State-based data management systems and federally-funded means-tested public benefit programs (including the special supplemental food program for women, infants and children (WIC) under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786) and the early head start program under section 645A of the Head Start Act (42 U.S.C 9840a(h)) to respond to ad hoc inquiries and generate progress reports regarding the lead blood level screening of children enrolled in those programs that may be used in training.
and education programs conducted by the Centers for health care providers;

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

(E) use data obtained as result of activities under this section to formulate or revise existing lead blood screening and case management policies; and

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

(2) Authorization of Appropriations.—There is authorized to be appropriated to carry out this subsection, $10,000,000 for each of fiscal years 2000 and 2001.

(3) Effective Date.—This subsection takes effect on the date of enactment of this Act.
SEC. 8. GRANTS FOR LEAD POISONING RELATED ACTIVITIES.

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

"SEC. 511. GRANTS FOR LEAD POISONING RELATED ACTIVITIES.

"(a) Authority To Make Grants.—

"(1) In general.—In addition to any other payments made under this title to a State or any other entity, the Secretary shall award grants to States to support public health activities in States and localities where data suggest that more than 5 percent of preschool-age children have had lead exposure greater than 10 micrograms per deciliter through—

"(A) effective, ongoing outreach and community education targeted to families most likely to be at risk for lead poisoning;

"(B) individual family education activities that are designed to reduce ongoing exposures to lead for children with elevated blood lead levels, including through home visits and coordination with other programs designed to identify and treat children at risk for lead poisoning; and
“(C) the development, coordination and implementation of community-based approaches for comprehensive lead poisoning prevention from surveillance to lead hazard control.

“(2) State match.—A State is not eligible for a grant under this section unless the State agrees to expend (through State or local funds) $3 for every $4 provided under the grant to carry out the activities described in paragraph (1).

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

“(b) Performance Measures.—The Secretary shall establish needs indicators and performance measures to evaluate the activities carried out under grants awarded under this section. Such indicators shall be commensurate with the national measures of the program under this title and shall be developed in consultation with the Director of the Centers for Disease Control and Prevention.

“(c) Authorization of Appropriations.—There is authorized to be appropriated to carry out this section, $20,000,000 for each of fiscal years 2000 through 2004.

“(d) Application of Other Provisions of Title.—
“(1) In general.—Except as provided in paragraph (2), the other provisions of this title shall not apply to a grant made, or activities of the Secretary, under this section.

“(2) Exceptions.—The following provisions of this title shall apply to a grant made under subsection (a) to the same extent and in the same manner as such provisions apply to allotments made under section 502(c):

“(A) Section 504(b)(1) (relating to expenditures for inpatient services).

“(B) Section 504(b)(4) (relating to expenditures of funds as a condition of receipt of Federal funds).

“(C) Section 504(b)(5) (relating to limitations on funds for research).

“(D) Section 504(b)(6) (relating to prohibition on payments to excluded individuals and entities).

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

“(F) Section 507 (relating to penalties for false statements).
"(G) Section 508 (relating to non-discrimination)."

SEC. 9. TRAINING AND REPORTS BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION.

(a) TRAINING.—The Secretary of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration and in collaboration with the Administrator of the Health Care Financing Administration and the Director of the Centers for Disease Control and Prevention, shall conduct education and training programs for physicians and other health care providers regarding childhood lead poisoning, current screening and treatment recommendations and requirements, and the scientific, medical, and public health basis for those policies.

(b) REPORT.—The Secretary of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration, annually shall report to Congress on the number of children who received services through community health centers established under section 330 of the Public Health Service Act (42 U.S.C. 254b) and received a blood lead screening test during the prior fiscal year, noting the percentage that such children represent as compared to all children who received services through such community health centers.
SEC. 10. CDC BONUS PROGRAM FOR IMPROVEMENT OF CHILDHOOD LEAD SCREENING RATES.

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

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

(1) $25 per each 2 year-old child enrolled in the medicaid program in the State who has received the minimum required (for that age) screening blood lead level tests (capillary or venous samples) to determine the presence of elevated blood lead levels, as established by the Centers for Disease Control and Prevention, if the State rate for such screenings exceeds 65 but does not exceed 75 percent of all 2 year-old children in the State.

(2) $50 per each such child who has received such minimum required tests if the State rate for such screenings exceeds 75 but does not exceed 85 percent of all 2 year-old children in the State.
(3) $75 per each such child who has received such minimum required tests if the State rate for such screenings exceeds 85 percent of all 2 year-old children in the State.

(c) Use of Bonus Funds.—Funds awarded to a State under subsection (b) shall only be used—

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

(2) in accordance with guidelines for the use of such funds developed by the Director of the Centers for Disease Control and Prevention in collaboration with the Secretary of Housing and Urban Development.

(d) Authorization of Appropriations.—There is authorized to be appropriated to carry out this section, $30,000,000 for each of fiscal years 2000 through 2004.

SEC. 11. GENERAL EFFECTIVE DATE.

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

(b) WIC and Early Head Start Waivers.—
(1) IN GENERAL.—A State agency or contractor administering the program of assistance under the special supplemental food program for women, infants and children (WIC) under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786), or an entity carrying out activities under section 645A of the Head Start Act (42 U.S.C 9840a) may be awarded a waiver from the amendments made by sections 4 and 5 (as applicable) if the State where the agency, contractor, or entity is located establishes to the satisfaction of the Secretary of Health and Human Services, in accordance with requirements and procedures recommended in accordance with paragraph (2) to the Secretary by the Director of the Centers for Disease Control and Prevention, in consultation with the Centers for Disease Control and Prevention Advisory Committee on Childhood Lead Poisoning Prevention, a plan for increasing the number of blood lead screening tests of children enrolled in the WIC and the Early Head Start programs in the State.

(2) DEVELOPMENT OF WAIVER PROCEDURES AND REQUIREMENTS.—Not later than 12 months after the date of enactment of this Act, the Director of the Centers for Disease Control and Prevention,
in consultation with the Centers for Disease Control and Prevention Advisory Committee on Childhood Lead Poisoning Prevention, shall develop and recommend to the Secretary of Health and Human Services criteria and procedures (including a timetable for the submission of the State plan described in paragraph (1)) for the award of waivers under that paragraph.