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**Board of
Directors**

August 31, 2009

Donn Ginoza, Chair
California Public
Employment
Relations Board

Managed Risk Medical Insurance Board
Attn: Dianne Knox
1000 G Street, Suite 450
Sacramento, CA 95814
FAX: (916) 445-0898

Byron Gross,
Vice-Chair
Hooper, Lundy &
Bookman

**RE: Adoption of Regulations Clarifying Requirements on Health
Plans to Provide Lead Screening and Anticipatory Guidance
for Healthy Families Enrolled Children and their Families**

Lola FitzPatrick,
Treasurer
Consumer
Representative

Dear Ms Knox:

Elisabeth Benjamin
Community Service
Society of New York

The National Health Law Program (NHLP) and the undersigned organizations are writing to express their support of the proposed regulations clarifying the lead screening mandates on Healthy Families participating health plans. We believe that this action by the Managed Risk Medical Insurance Board (MRMIB) is the first step in preventing lead poisoning of children in the Healthy Families Program.

Daniel Cody
Reed Smith, LLP

Jean Hemphill
Ballard Spahr
Andrews & Ingersoll

The proposed amendment to the regulations is important because it clarifies the mandate on Healthy Families participating health plans to provide lead screening and evaluation to children enrolled in the program, many of whom are at high risk for lead poisoning. The requirement to provide anticipatory guidance to parents of these children also gives families much-needed information to keep their children lead-free.

Marilyn Holle
Disability Rights
California, Inc.

Lucinda Horne
Consumer
Representative

While we support the amendment, we recommend strengthening its language. The amendment should indicate that lead screenings must be provided at least at ages twelve months *and* twenty-four months or between twelve months and twenty-four months *and* twenty-four months to seventy-two months, if not provided earlier. Additionally, the regulations should make clear that lead screenings should be provided anytime a health care provider believes that a change in circumstances has put the child at risk of lead poisoning. This language is consistent with the language of the regulations implementing the California Childhood Lead Poisoning Prevention Act of 1991 and is likely to ensure greater compliance of health plans with those regulations.

Ninez Ponce
UCLA School of
Public Health

Janet Varon
Northwest Health
Law Advocates

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www.healthlaw.org

Finally, we encourage the MRMIB Board and Staff to follow adoption of these regulations with materials to Healthy Families participating health plans explaining the amendment and providing details about what steps the plans must take to satisfy these regulations, the regulations implementing the California Childhood Lead Poisoning Prevention Act of 1991, and California Health and Safety Code Section 124130, which mandates universal reporting of lead tests. NHeLP is happy to offer its assistance in developing these materials as it has to other state and local agencies seeking to strengthen their health plans' compliance with federal and state lead poisoning prevention mandates.

Sincerely,



Manjusha P. Kulkarni
Senior Attorney

Oh behalf of:

Jim Mangia
President & CEO
St. John's Well Child and Family Center

Marty Martinez
Policy Director
California Pan-Ethnic Health Network

Karin Pally
Karin Pally Associates

Linda Kite
Director
Healthy Homes Collaborative

Greg Spiegel
Director of Public Policy and
Communications
Inner City Law Center

Nancy Rimsha
Directing Attorney
Health Consumer Action Center
Legal Aid Society of Orange County

Monica Blanco-Etheridge
Project Director
Fresno Health Consumer Center
Central California Legal Services

Barbara Siegel
Managing Attorney
Los Angeles Health Consumer Center
Neighborhood Legal Services

Katherine Attar
Health and Environment Coordinator
Physicians for Social Responsibility

Rev. Dr. Sharon Stanley
Executive Director
Fresno Interdenominational Refugee
Ministries

Margarita Rocha
Executive Director
Central La Familia Advocacy Services

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www.healthlaw.org

Dear Ms. Knox:

The Orange County Health Authority, dba CalOptima (Plan), submits the following comments to the Managed Risk Medical Insurance Board (MRMIB) for the Notice of Proposed Rulemaking published on July 24, 2009, pertaining to lead screening for children enrolled in the Healthy Families Program (HFP).

The Plan has and continues to deliver access to quality health care services to our HFP subscribers since the Program's inception in 1998. The Plan appreciates the opportunity to comment on this proposed regulation regarding the requirements of HFP contracting plans with respect to blood lead screening and "anticipatory guidance" for children enrolled in HFP.

1. Lead Screening Policy Recommendation – The Plan proposes that MRMIB amend regulation language to reference or include the appropriate lead screening periodicity schedule (American Academy of Pediatrics or Title 17, Section 37100 of the California Code of Regulations).
2. Timing of Implementation – The Plan proposes that MRMIB implement these regulations beginning in the 2010-11 benefit year. Commencing screening in the 2010-11 benefit year enables health plans to: 1) revise policies and procedures, if needed; 2) include lead screening policy recommendations in subcontracts, where applicable; and 3) conduct financial analysis regarding implementation.
3. Impact to Subscribers – The Plan suggests that MRMIB incorporate the lead screening information in the Evidence of Coverage for the 2010-11 benefit year in lieu of sending a mid-year notice to subscribers.

The Plan believes that lead screening is an important benefit to ensure the health and safety of our HFP subscribers and is committed to the HFP and to providing quality programs and services to the children of Orange County. If you have any questions or require additional information, please contact me at (714) 246-8653, or ykim@caloptima.org.

Sincerely,

Michelle Datwyler

Michelle Datwyler
Sr. Project Manager, Government and Regulatory Affairs
CalOptima
Phone: (714) 246-8577
Fax (714) 481-6524
www.caloptima.org

Summary and Response to Public Comments Regarding Lead Poisoning Screening

Public Comments were received from two (2) organizations:

1. National Health Law Program (NHeLP) and 11 other organizations
2. CalOptima

Public Comment 1 - NHeLP and 11 other organizations

Comment 1a: No Section cited

The National Health Law Program (NHeLP) supports the proposed lead screening regulation clarifying Healthy Families Program (HFP) participating health plan mandates to conduct lead screenings. It believes that the action of adopting the regulation is the first step in preventing lead poisoning in the HFP population.

Response:

MRMIB acknowledges and appreciates the comment of support. The comment is not directed at the proposed regulation, therefore the comment is rejected.

Comment 1b: No Section cited

The NHeLP supports the requirement that participating HFP health plans provide anticipatory guidance, screening and evaluation for lead poisoning to parents.

Response:

MRMIB acknowledges and appreciates the comment of support. The comment is not directed at the proposed regulation, therefore, the comment is rejected.

Comment 1c: No Section cited

The NHeLP states that the HFP regulation should indicate lead screenings must be provided at least at ages twelve months **and** twenty-four months or between twelve months and twenty-four months **and** twenty-four months to seventy-two months if not provided earlier. Additionally, NHeLP suggests the regulation should make clear that lead screenings should be provided anytime a health care provider believes a change in circumstances has put the child at risk of lead poisoning. NHeLP states that this language is consistent with the language of the regulations implementing the California

Childhood Lead Poisoning Prevention Act of 1991 and is likely to ensure greater compliance of health plans with those regulations.

Response:

The proposed section 2699.6700(a)(2)(D)(1)(c) would clarify that lead poisoning guidance and screening is a basic health benefit for subscribers. Section 1367.3 (b)(2)(D) of the Health and Safety Code (part of the Knox-Keene Act) requires that certain health care service plans, including those which contract with HFP, conduct blood lead screening, "as determined by a physician and surgeon affiliated with the plan, when the screening is prescribed by a physician and surgeon affiliated with the plan."

Implementing the California Childhood Lead Poisoning Prevention Act of 1991 (Health and Safety Code Section 105275 et seq.), Title 17 of the California Code of Regulations sections 37100 (a)(2) and 37020 require every health care provider "who performs a periodic health assessment of a child" at certain times to also perform certain actions, including the provision of "anticipatory guidance" to the parent or guardian about lead poisoning and, if the child is enrolled in 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. HFP is included within this category of publicly funded programs for low-income children. Title 17 CCR section 37100(b)(2) requires providers, among other things, to conduct screening when the child is 12 months of age, when the child is 24 months of age and 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 a health care provider, a change in circumstances has put the child at risk of lead poisoning.

NHeLP notes that referenced Title 17 requirements are consistent with its recommendations. MRMIB believes that the Childhood Lead Poisoning Prevention Act of 1991 requirements adequately address the frequency of lead poison screening. Moreover, stating specific ages in the HFP regulations could lead to conflict with future Title 17 requirements. Therefore, MRMIB rejects the comment.

Comment 1d: No Section cited

The NHeLP encourages MRMIB to, following the adoption of the regulations, provide materials to HFP participating health plans explaining the amended regulations and providing details about what steps plans must take to satisfy these regulation requirements as well as the regulations implementing the California Childhood Lead Poisoning Prevention Act of 1991, and The California Health and Safety Code Section 124130.

Response:

This comment is not directed to the proposed regulation; it is a suggestion for action following the effective date of the regulation and for that reason, MRMIB rejects the comment. The Board is able to provide materials without regulations and will consider the suggestion in the future. MRMIB appreciates the suggestion.

Public Comment 2 - CalOptima

Comment 2a: No Section cited

The Orange County Health Authority, dba CalOptima proposes amendments to the proposed lead screening regulation to reference or include the lead screening periodicity schedule (American Academy of Pediatrics or Title 17, Section 37100 of the California Code of Regulations).

Response:

The proposed section 2699.6700(a)(2)(D)(1)(c) provides notice that lead poisoning guidance and screening is a basic health benefit for subscribers. Reference to Title 17 or AAP guidelines is not appropriate since there are multiple sources of guidelines and regulatory requirements and could conflict. In addition, a reference to a specific AAP guideline or Title 17 section would be inappropriate since the guideline or section could change which would require the HFP regulation to be amended.

As explained in response to comment 1c, Title 17 adequately addresses the frequency of lead poison screenings for HFP subscribers. In addition, it would be inappropriate to include the AAP periodicity schedule in the regulation since it could conflict with the requirements imposed on providers by Title 17.

For these reasons, MRMIB rejects this comment.

Comment 2b: No Section cited

CalOptima proposes implementing the regulation in the 2010-11 benefit year so CalOptima may revise policies and procedures, include lead screening policy recommendations in subcontracts, and conduct financial analysis regarding implementation.

Response:

The proposed HFP regulation clarifies that lead poison anticipatory guidance and lead screening is a basic benefit. The requirement of the providing the guidance and screening on the plans and providers already exists. Therefore, MRMIB rejects the comment.

Comment 2c: No Section cited

CalOptima proposes the amendment to the HFP regulation be incorporated into the 2010-11 benefit year Evidence of Coverage in lieu of sending mid-year notices to subscribers.

Response:

The comment is not directed to the proposed regulation, and therefore, rejects the comment. MRMIB appreciates the suggestion and will consider it in the future.

**TITLE 10: CALIFORNIA CODE OF REGULATIONS
CHAPTER 5.8. HEALTHY FAMILIES PROGRAM
ARTICLE 3: HEALTH, DENTAL AND VISION BENEFITS**

AMEND SECTION 2699.6700

Text proposed to be added is displayed in underlined type.

Text proposed to be deleted is displayed in ~~strikeout~~ type.

Text that has been added since Board approval is in **bold double underlined** type.

Text that has been deleted since Board approval is in ~~**bold double underlined**~~ type.

Section 2699.6700 is amended to read:

2699.6700. Scope of Health Benefits.

- (a) The basic scope of benefits offered by participating health plans must comply with all requirements of the Knox-Keene Health Care Service Plan Act of 1975 including amendments as well as its applicable regulations, and shall include all of the benefits and services listed in this section, subject to the exclusions listed in this section and Section 2699.6703. No other benefits shall be permitted to be offered by a participating health plan as part of the program. The basic scope of benefits shall include:

(1) Health Facilities

- (A) Inpatient Hospital Services: General hospital services, in a room of two or more, with customary furnishings and equipment, meals (including special diets as medically necessary), and general nursing care. All ~~medically~~ **medically** necessary ancillary services such as: use of operating room and related facilities; intensive care unit and services; drugs, medications, and biologicals; anesthesia and oxygen; diagnostic laboratory and x-ray services; special duty nursing ~~as medically necessary~~; physical, occupational, and speech therapy, respiratory therapy; administration of blood and blood products; other diagnostic, therapeutic and rehabilitative services as appropriate; and coordinated discharge planning, including the planning of such continuing care as may be necessary.

~~Inpatient hospital services. This includes coverage for general anesthesia and associated facility charges, in connection with dental procedures when hospitalization is necessary because of an underlying medical condition or clinical status or because of the severity of the dental procedure. This benefit is only available to subscribers under seven years of age; the developmentally disabled, regardless of age; and subscribers whose health is compromised and for whom general anesthesia is medically necessary, regardless of age. Participating health plans shall coordinate such services with the subscriber's participating dental plan. Services of the dentist or oral surgeon are excluded for dental procedures.~~

Exclusions: Personal or comfort items or a private room in a hospital are excluded unless medically necessary.

(B) Outpatient Services: Diagnostic, therapeutic and surgical services performed at a hospital or outpatient facility. Includes ~~physical, occupational and speech therapy as appropriate; and those~~ hospital services which can reasonably be provided on an ambulatory basis, and ~~R~~related services and supplies in connection with these services including operating room, treatment room, ancillary services, and medications which are supplied by the hospital or facility for use during the subscriber's stay at the facility. Includes physical, occupational, and speech therapy, if necessary.

(C) Inpatient and Outpatient Services include coverage for ~~G~~general anesthesia and associated facility charges, and outpatient services in connection with dental procedures when the use of a hospital or surgery center is necessary because of the subscriber's medical condition or clinical status or because of ~~an underlying medical condition or clinical status or because~~ the severity of the dental procedure. This benefit is only available to subscribers under seven years of age; the developmentally disabled, regardless of age; and subscribers whose health is compromised and for whom general anesthesia is medically necessary, regardless of age.

[Insert new paragraph break here]

Participating health plans shall coordinate such services with the subscriber's participating dental plan. Services of the dentist or oral surgeon for dental procedures are excluded.

- (2) Professional Services: ~~Medically necessary professional~~ **S**ervices and consultations by a physician or other licensed health care provider acting within the scope of his or her license. ~~Surgery, assistant surgery and anesthesia~~ **Includes services of a surgeon, assistant surgeon and anesthesiologist** (inpatient or outpatient); inpatient hospital and skilled nursing facility visits; professional office visits including visits for **examinations**, allergy tests and treatments, radiation therapy, chemotherapy, and dialysis treatment; **specialist office visits**, and home visits ~~when medically necessary. In addition, professional services include.~~
- (3) **Preventive Services: Services for the detection and treatment of asymptomatic diseases including:**
- (A) ~~Eye examinations:~~ **Vision Services:** For subscriber children, **vision testing**, eye refractions to determine the need for corrective lenses, and dilated retinal eye exams. For subscriber parents, eye refraction is optional for plan. **Includes cataract spectacles, cataract contact lenses, or intraocular lenses that replace the natural lens of the eye after cataract surgery. Also one pair of conventional eyeglasses or conventional contact lenses are covered if necessary after cataract surgery with insertion of an intraocular lens.**
- (B) Hearing ~~tests~~ **Services: Includes** hearing ~~aids and services:~~ testing, an audiological evaluation to measure the extent of hearing loss and a hearing aid evaluation to determine the most appropriate make and model of hearing aid.
- Hearing ~~a~~**Aid:** Monaural or binaural hearing aids including ear mold(s), the hearing aid instrument, the initial battery, cords and other ancillary equipment. Visits for fitting, counseling, adjustments, repairs, etc., at no charge for a

one-year period following the provision of a covered hearing aid.

Limitation: For subscriber parents, this benefit is limited to a maximum of \$1000 per member every thirty-six months for the hearing instrument and ancillary equipment.

Exclusions: The purchase of batteries or other ancillary equipment, except those covered under the terms of the initial hearing aid purchase, charges for a hearing aid which exceeds specifications prescribed for correction of a hearing loss. ~~Re~~replacement parts for hearing aids, repair of hearing aid after the covered one-year warranty period, replacement of a hearing aid more than once in any period of thirty-six months, and surgically implanted hearing devices.

- (C) Immunizations for Subscriber Children: Immunizations consistent with the most current version of the Recommended Childhood Immunization Schedule/United States adopted by the Advisory Committee on Immunization Practices (ACIP). Includes immunizations required for travel as recommended by the ACIP, and other age appropriate immunizations as recommended by the ACIP.

Immunizations for Subscriber Parents: Immunizations for adults as recommended by the ACIP. Immunizations required for travel as recommended by the ACIP. Immunizations such as Hepatitis B for individuals at occupational risk, and other age appropriate immunizations as recommended by the ACIP.

- (D) Periodic ~~h~~HHealth ~~e~~EExaminations:

1. For subscriber children: ~~periodic health examinations shall include: including all routine diagnostic testing and laboratory services appropriate for such examinations consistent with the most current Recommendation for Pediatric Health Care, as adopted by the American Academy of Pediatrics.~~

a. Health Examinations.

b. All routine diagnostic testing and laboratory services appropriate for such examinations consistent with the most current Recommendations for Preventative Pediatric Health Care, as adopted by the American Academy of Pediatrics; **and**

c. Anticipatory guidance, screening and evaluation for lead poisoning.

~~The frequency of such examinations shall not be increased for reasons which are unrelated to the medical needs of the subscriber including: a subscriber's desire for physical examinations; or reports or related services for the purpose of obtaining or maintaining employment, licenses, insurance, or a school sports clearance.~~

~~2. Periodic Health Examinations for For~~ Subscriber Parents:

(a) Health Examinations.

(b) ~~Periodic health examinations including all~~ All routine diagnostic testing and laboratory services appropriate for such examinations. This includes coverage for the screening and diagnosis of prostate cancer including but not limited to, prostate-specific antigen testing and digital rectal examination, when medically necessary and consistent with good medical practice.

3. The frequency of such health examinations described in subsections (a)(3)(D)(1)(a) and (a)(3)(D)(2)(a) shall not be increased for reasons which are unrelated to the medical needs of the subscriber including: a subscriber's desire for physical examinations; or reports or related services for the purpose of obtaining or maintaining employment, licenses, insurance, or a school sports clearance.

***** [continued]**

~~(E) Well Baby Care during the first two years of life, including newborn hospital visits, health examinations and other office visits.~~

~~*** [continued]~~

NOTE: Authority cited: Sections 12693.21 and 12693.755, Insurance Code.
Reference: Sections 12693.21, 12693.60, 12693.61, 12693.62 and 12693.755, Insurance Code.

**TITLE 10: CALIFORNIA CODE OF REGULATIONS
CHAPTER 5.8. HEALTHY FAMILIES PROGRAM
ARTICLE 3: HEALTH, DENTAL AND VISION BENEFITS**

AMEND SECTION 2699.6700

Text proposed to be added is displayed in underlined type.
Text proposed to be deleted is displayed in ~~strikeout~~ type.

Section 2699.6700 is amended to read:

2699.6700. Scope of Health Benefits.

- (a) The basic scope of benefits offered by participating health plans must comply with all requirements of the Knox-Keene Health Care Service Plan Act of 1975 including amendments as well as its applicable regulations, and shall include all of the benefits and services listed in this section, subject to the exclusions listed in this section and Section 2699.6703. No other benefits shall be permitted to be offered by a participating health plan as part of the program. The basic scope of benefits shall include:

(1) Health Facilities

- (A) Inpatient Hospital Services: General hospital services, in a room of two or more, with customary furnishings and equipment, meals (including special diets as medically necessary), and general nursing care. All necessary ancillary services such as: use of operating room and related facilities; intensive care unit and services; drugs, medications, and biologicals; anesthesia and oxygen; diagnostic laboratory and x-ray services; special duty nursing; physical, occupational, and speech therapy, respiratory therapy; administration of blood and blood products; other diagnostic, therapeutic and rehabilitative services as appropriate; and coordinated discharge planning, including the planning of such continuing care as may be necessary.

Exclusions: Personal or comfort items or a private room in a hospital are excluded unless medically necessary.

- (B) **Outpatient Services:** Diagnostic, therapeutic and surgical services performed at a hospital or outpatient facility. Includes hospital services which can reasonably be provided on an ambulatory basis and related services and supplies in connection with these services including operating room, treatment room, ancillary services, and medications which are supplied by the hospital or facility for use during the subscriber's stay at the facility. Includes physical, occupational, and speech therapy, if necessary.
- (C) **Inpatient and Outpatient Services** include coverage for general anesthesia and associated facility charges, and outpatient services in connection with dental procedures when the use of a hospital or surgery center is necessary because of the subscriber's medical condition or clinical status or because of the severity of the dental procedure. This benefit is only available to subscribers under seven years of age; the developmentally disabled, regardless of age; and subscribers whose health is compromised and for whom general anesthesia is medically necessary, regardless of age.

Participating health plans shall coordinate such services with the subscriber's participating dental plan. Services of the dentist or oral surgeon for dental procedures are excluded.

- (2) **Professional Services:** Services and consultations by a physician or other licensed health care provider acting within the scope of his or her license. Includes services of a surgeon, assistant surgeon and anesthesiologist (inpatient or outpatient); inpatient hospital and skilled nursing facility visits; professional office visits including visits for examinations, allergy tests and treatments, radiation therapy, chemotherapy, and dialysis treatment; specialist office visits, and home visits.
- (3) **Preventive Services:** Services for the detection and treatment of asymptomatic diseases including:
 - (A) **Vision Services:** For subscriber children, vision testing, eye refractions to determine the need for corrective lenses, and dilated retinal eye exams. For subscriber parents, eye refraction is optional for plan. Includes cataract spectacles, cataract contact lenses, or intraocular lenses that replace the natural lens of the eye after cataract surgery. Also one pair

of conventional eyeglasses or conventional contact lenses are covered if necessary after cataract surgery with insertion of an intraocular lens.

- (B) Hearing Services: Includes hearing testing, an audiological evaluation to measure the extent of hearing loss and a hearing aid evaluation to determine the most appropriate make and model of hearing aid.

Hearing Aid: Monaural or binaural hearing aids including ear mold(s), the hearing aid instrument, the initial battery, cords and other ancillary equipment. Visits for fitting, counseling, adjustments, repairs, etc., at no charge for a one-year period following the provision of a covered hearing aid.

Limitation: For subscriber parents, this benefit is limited to a maximum of \$1000 per member every thirty-six months for the hearing instrument and ancillary equipment.

Exclusions: The purchase of batteries or other ancillary equipment, except those covered under the terms of the initial hearing aid purchase, charges for a hearing aid which exceeds specifications prescribed for correction of a hearing loss. ~~Replacement~~ Replacement parts for hearing aids, repair of hearing aid after the covered one-year warranty period, replacement of a hearing aid more than once in any period of thirty-six months, and surgically implanted hearing devices.

- (C) Immunizations for Subscriber Children: Immunizations consistent with the most current version of the Recommended Childhood Immunization Schedule/United States adopted by the Advisory Committee on Immunization Practices (ACIP). Includes immunizations required for travel as recommended by the ACIP, and other age appropriate immunizations as recommended by the ACIP.

Immunizations for Subscriber Parents: Immunizations for adults as recommended by the ACIP. Immunizations required for travel as recommended by the ACIP. Immunizations such as Hepatitis B for individuals at occupational risk, and other age appropriate immunizations as recommended by the ACIP.

(D) Periodic Health Examinations:

1. For subscriber children, ~~;~~ periodic health examinations shall include: ~~including all routine diagnostic testing and laboratory services appropriate for such examinations consistent with the most current Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics;~~

(a) Health examinations.

(b) All routine diagnostic testing and laboratory services appropriate for such examinations consistent with the most current Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics, and

(c) Anticipatory guidance, screening and evaluation for lead poisoning.

~~The frequency of such examinations shall not be increased for reasons which are unrelated to the medical needs of the subscriber including: a subscriber's desire for physical examinations; or reports or related services for the purpose of obtaining or maintaining employment, licenses, insurance, or a school sports clearance.~~

2. ~~Periodic Health Examinations f~~For Ssubscriber ~~P~~parents: shall include:

(a) Health Examinations.

(b) ~~Periodic health examinations including a~~All routine diagnostic testing and laboratory services appropriate for such examinations. This includes coverage for the screening and diagnosis of prostate cancer including but not limited to, prostate-specific antigen testing and digital rectal examination, when medically necessary and consistent with good medical practice.

3. The frequency of ~~such~~ health examinations described in subsections (a)(3)(D)(1)(a) and (a)(3)(D)(2)(a) shall

not be increased for reasons which are unrelated to the medical needs of the subscriber including: a subscriber's desire for physical examinations; or reports or related services for the purpose of obtaining or maintaining employment, licenses, insurance, or a school sports clearance.

- (E) Well baby care during the first two years of life, including newborn hospital visits, health examinations and other office visits.

* * * [*continued*]

NOTE: Authority cited: Sections 12693.21 and 12693.755, Insurance Code.
Reference: Sections 12693.21, 12693.60, 12693.61, 12693.62 and 12693.755, Insurance Code.

**MANAGED RISK MEDICAL INSURANCE BOARD
RESOLUTION**

After considering the public comments submitted to the Board, the Board hereby approves the final adoption of regulations for the Healthy Families Program to Clarify Coverage of Lead Screening, Regulation Package R-4-08.

* * * * *

CERTIFICATION

I, Lesley Cummings, Executive Director of the Managed Risk Medical Insurance Board, do hereby certify that the foregoing action was duly passed and adopted by the Managed Risk Medical Insurance Board at an official meeting thereof on October 15, 2009.

Dated this 15th day of October, 2009.

Lesley Cummings, Executive Director
Managed Risk Medical Insurance Board