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NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILED

07/12/2024 1:46 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Lead Screening Rule Will be Moved Under Early and Periodic Screening, Diagnostic and Treatment Rules.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 08/21/2024 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

A public rulemaking hearing may be requested in writing by 10 or more people, or by a group with 10 or more members, within 21 days following the publication of the Notice of Proposed Rulemaking in the Oregon Bulletin or 28 days from the date the Notice was sent to people on the agency mailing list, whichever is later. If sufficient hearing requests are received, the notice of the date and time of the rulemaking hearing must be published in the Oregon Bulletin at least 14 days before the hearing.

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NEED FOR THE RULE(S)

Lead screening is a preventive screening according to the Bright Future's periodicity schedule for Oregon Health Plan (OHP) enrolled children under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program. Since Oregon started implementation of the full scope of EPSDT program since January 1, 2023; the rule for lead screening needs to be moved under the EPSDT rules.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

None

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

Will positively impact the historically underrepresented population and to increase their representation in the lead screening for the EPSDT population (children age group, 0-21 yr).

FISCAL AND ECONOMIC IMPACT:

The rule is being repealed from the Medical-Surgical Services and adopted to EPSDT program, which will bring positive impact for providers, members, and the community. No fiscal impact on public and on other state agencies.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost

of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) None

(2)

(a) None

(b) None

(c) None

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

This change will not impact the small business.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

No, a RAC exception was accepted.

REPEAL: 410-130-0246

RULE SUMMARY: All children enrolled in the Oregon Health Plan, including Fee-for-Service and MCEs, must have blood lead screening tests at age 12 months and 24 months. Any child between ages 24 and 72 months with previous blood lead screening test must receive one. Completion of a risk assessment questionnaire does not meet the lead screening test requirement. Medicaid coverage must have blood lead screening tests at age 12 months and 24 months. Any child between ages 24 and 72 months with previous blood lead screening test must receive one. Completion of a risk assessment questionnaire does not meet the lead screening test requirement. Medicaid.

CHANGES TO RULE:

~~410-130-0246~~

~~Lead Screening~~

~~(1) All children enrolled in the Oregon Health Plan, including Fee-for-Service and MCEs, must have blood lead screening tests at age 12 months and 24 months. Any child between ages 24 and 72 months with previous blood lead screening test must receive one. Completion of a risk assessment questionnaire does not meet the lead screening test requirement. Medicaid.~~

~~(2) Method of Blood Collection: A single venous or capillary blood draw is acceptable for the blood lead screening test. A result of 3.5 micrograms per deciliter from either method is considered a negative result. A capillary blood lead level greater than or equal to 3.5 micrograms per deciliter with either a venous draw or a second capillary draw within 12 weeks.~~

~~(3) Lead poisoning in children under 18 years of age and pregnant or lactating women is defined as a blood lead level greater than 3.5 micrograms per deciliter from a venous draw or two capillary blood lead tests greater than or equal to 3.5 micrograms per deciliter drawn within 12 weeks. Call 333-017-0000(18).~~

~~(4) Billing of laboratory services is covered in: OAR 410-130-0680.~~

~~(a) For the collection of blood, use CPT 36415 for a venipuncture sample or CPT 36416 for capillary puncture samples.~~

~~(b) To bill for venipuncture or capillary blood lead screening, use Current Procedural Terminology (CPT) code 83655.~~

~~(5) All children, pregnant and lactating women with lead poisoning are eligible to receive follow up case management services provided after the home investigation is completed. The Division limits reimbursement of T1029 to children enrolled in Fee-for-Service, the service is payable by the Division for dates of service through September 30, 2020. Effective October 1, 2020, for children enrolled in managed care plans, the service is payable by the managed care plan.~~

~~Health Authority Public Health Division's Oregon Lead Poisoning Investigative Guidelines at: <https://www.oregon.gov/oha/PH/HealthyEnvironments/HealthyNeighborhoods/LeadPoisoning/CountyHealthDepartment>~~

~~(6) To bill for comprehensive lead investigation, use HCPCS code T1029. Payment for code T1029 includes the home investigation and management services provided after the home investigation is completed. The Division limits reimbursement of T1029 to children enrolled in Fee-for-Service, the service is payable by the Division for dates of service through September 30, 2020. Effective October 1, 2020, for children enrolled in managed care plans, the service is payable by the managed care plan.~~

~~Statutory/Other Authority: ORS 413.042~~

~~Statutes/Other Implemented: ORS 414.025, 414.065, 414.150~~