



# CCWRO Welfare News

## June 2025 Edition

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### "The "Huge, Hideous Bill" - Federal Update

by Bob Erlenbusch

**H.R.1 (One Big Beautiful Bill Act) Background:** H.R. 1 narrowly passed the House of Representatives on May 22, 2025, and was sent to the Senate for consideration. On June 17, 2025, the Senate Homeland Security and Governmental Affairs Committee, the Senate Budget Committee, and the Senate Finance Committees released their versions of a reconciliation bill which differs in some cases from the House version. See CCWRO's Side by Side analysis below as it relates to the Medicaid; Supplemental Nutrition Assistance Program (SNAP) and education provisions.

Late last week, the Senate was set to consider its reconciliation bill under procedures that allow the legislation to be approved by a simple majority with only Republican votes, instead of the 60-vote majority typically needed to consider bills in the Senate.

Senate Parliamentarian and the Byrd Rule: The Senate Parliamentarian, Elizabeth MacDonough, is the official advisor to the Senate on interpretation of Standing Rules of the Senate and parliamentary procedure. In reconciliation, there is the "Byrd Rule" - a rule that specifically prohibits "extraneous matter" on reconciliation language, meaning it restricts the content of these bills to only changes in spending and revenue necessary to align with budget resolutions.

On June 20 the Parliamentarian ruled that two harmful SNAP provisions in the reconciliation bill would violate the Byrd Rule and, therefore, be subject to a 60-vote threshold if they remained in the bill. Specifically the Parliamentarian ruled that the SNAP benefits state cost sharing provision driven by error rates and the elimination of immigrant eligibility violated the Byrd Rule. According to The Hill, Senate Agriculture Committee Chair John Boozman told them that the Parliamentarian was primarily concerned that the bill did not provide enough time for states to adapt to the changes as it relates to the cost-shifting. Specifically, the concern was that states would not have enough time with the data to adjust for payment errors. Thus, at this moment, the current text of these two provisions would need to be removed from the bill.

Additionally, the Parliamentarian ruled to remove a cap funding for the Consumer Financial Protection Bureau [CFPB], effectively slashing an estimated \$6.4 billion from the agency. The CFPB was created in the wake of the 2008 financial crisis to protect consumers from “unfair, deceptive, or abusive practices” by financial institutions.

**Newest Development as of 6/25/2025:** Based on the Senate parliamentarian ruling the Senate Republicans released new language regarding the proposed cost shift to states: “For Fiscal Year 2028, the state could opt to use their 2025 or 2026 error rate to determine their cost-share. For Fiscal Year 2029 and beyond, the cost-share would be based on the error rate for the third preceding fiscal year.”

Senate Agriculture Committee Chair Boozman has made it clear that they will continue to pursue deep cuts, and even if some of the cuts are removed, the Senate bill still has the deepest cuts to SNAP in history.

As of the publication date of the CCWRO newsletter the Senate Parliamentarian has not ruled on the new language above

### **Medicaid, SNAP and the Wealthy in Reconciliation:**

The Center on Budget and Policy Priorities, FRAC, Coalition on Human Needs and School House Connection, among others, have all provided detailed analysis from which the CCWRO Side-by-Side is based. The side-by-side details the House and Senate provisions as it relates to three basic needs programs: Medicaid, SNAP and Education. Additionally, each organization has provided excellent fact sheets on the harm to children, pregnant women, seniors, people experiencing homelessness and people with disabilities these cuts will cause if passed. They estimate that these proposals could lead to millions losing health care coverage and increasing food insecurity and hunger for millions more. All in the name of creating massive savings in basic needs programs that will generate tax breaks for the wealthy. Specifically, analyses indicate that the top 10% of wage earners will receive 68% of the total tax benefits.

Below is a brief summary of these potentially devastating changes to both Medicaid and SNAP:

**Medicaid:**

- Implements mandatory work and community engagement requirements for some Medicaid recipients;
- Requires more frequent eligibility checks for the Affordable Care Act (ACA) Medicaid expansion population, essentially removing those who can not comply;
- Delays a rule aimed at streamlining eligibility requirements;
- Restricts states' ability to use medical provider taxes to fund their share of the costs.

**SNAP:**

- Expands work requirements and raises the age of certain able-bodied adults without dependents (ABAWDS);
- Limits states' ability to waive work requirements for ABAWDS;
- Proposes states to contribute to the cost of SNAP benefits;
- Reduces the federal reimbursement rate for the state administrative costs; and
- Restricts SNAP eligibility for certain non-citizens.

**H.R.1 and the Environment:** In addition to these devastating cuts to basic needs programs, CCWRO is also deeply concerned about the energy production and infrastructure proposals contained in H.R.1 that will impact environmental regulations and clean energy initiatives, weakening the National Environmental Policy Act and impact the environmental review processes.

Specifically, H.R.1 proposes to boost fossil fuel productions and streamline permitting for energy infrastructure. The proposal also reduces or repeals programs like the Greenhouse Gas Reduction Fund and home electrification rebates. Finally, it diverts investment from clean energy technologies and job creation that could arise from the transition to a cleaner energy grid.

The "Lower Energy Costs Act," a component of H.R.1 is opposed by more than 120 environmental justice organizations in the US and worldwide. Here is the [link](#) to the sign on letter opposing the energy components of H.R.1.

**Impact of H.R.1 on National Debt:** The Congressional Budget Office (CBO) projects that H.R.1's massive cuts to programs like SNAP & Medicaid and cuts to taxes to benefit the wealthy, while increasing the yearly federal deficit by about \$230 billion, or 10%. Overall the bill increases the statutory limit to the national debt by \$4 trillion.

**Moving Forward:** Originally the Republican's leadership plan was to vote on this legislation on June 26, 2025, but given the Parliamentarians ruling this weekend, this seems less likely. On calls that CCWRO participates in, advocates in Washington DC are saying that a Senate Floor vote could occur as early as Saturday, June 28.

**Continued Action Needed:** We need to continue the pressure on our California Congressional Delegation, especially Representatives David Valadao, Young Kim and Ken Calvert.

Here is a link to Protect America's Basic Need Program Social Media Toolkit 2025. Act today!



## **California Department of Public Health Announces Public Hearing on Regulations for Lead Levels for Children**

by Grace Galligher

California Department of Public Health (CDPH) announced a virtual public hearing on July 9, 2025, from 10:00 am to 12:00 pm to implement regulations required by Assembly Bill (AB) 1316 (Quirk, Chapter 507, Statutes of 2017), which requires consideration of the most important risk factors, and AB 2276 (Reyes, Chapter 901, Statutes of 2020), which requires consideration of significant environmental factors for lead screening.

These amendments are designed to reduce childhood blood lead levels by (1) increasing eligibility for screening for lead in the blood to children 21 years of age; (2) broadening the category of children eligible for blood lead level screening and (3) requiring testing for anything above 3.5 mcg/dL. AB 1316 was supposed to take effect on January 1, 2018, and AB 2276 was supposed to take effect January 1, 2021.

It should be noted that the Centers for Disease Control and Prevention (CDC) reduced the blood lead reference from 10 mcg/dL to 5.0 mcg/dL in 2012 and then further reduced the blood lead reference to 3.5 mcg/dL on October 28, 2021. CDPH's proposed regulatory changes finally meet the CDC's recommended standards.

The proposed regulations greatly expand the protection of California's children from birth to 21 years of age rather than six months to six years of age. Health care providers who perform periodic health assessment of a child must inform the child's parent or guardian of the screening requirement for lead poisoning and provide written information that children can be harmed by lead exposure. This is a huge step forward. Previously, the health providers did not need to mention the availability of lead level screening when giving the parents or guardians information about lead poisoning.

Previously, children only qualified for blood level screening if they were in low-income publicly funded programs. The regulations expand blood lead screening to children not in a low-income publicly funded program, but who reside in Zip Codes considered "high risk". The department posts a list of these geographic areas on its website each year.

The proposed regulations adopting AB 2276, which is codified at Health and Safety Code Section 10585, provide that when a health provider identifies that a child has not been tested, then the medical professional must evaluate if the child is at risk of lead poisoning based on the following factors:

- Lives or spends time in a home, school or building built before 1978;
- Lives with a person whose work or activities may expose the person to lead;
- Pica behavior (ingesting non-food items);
- Lives or travels outside the United States;
- Has a sibling, playmate or other close contact who has a blood lead level equal to or greater than 3.5 mcg/dL;
- Was exposed to dishware or pottery that is worn or chipped, was made before 1970, or made outside of the United States; or
- Ingested traditional remedies or medicines, traditional religious powders, chalks, cosmetics, liquids or creams, or foods made outside of the United States.

Previously, the medical providers initiate the screening through the well baby visits. Under the proposed regulations, in addition to the existing method, parents or guardians can request screenings from health care providers for children and young adults up to age 21, and the provider must oblige if they deem it medically appropriate. If the screening results indicate that the blood lead level is equal to or greater than 3.5 mcg/dL, medically necessary steps to reduce the lead levels in the blood must be taken. This includes educating the parent/guardians about lead hazards and performing clinical evaluation for complications of lead poisoning.

Under the proposed regulations, depending upon the degree of blood lead level, the evaluating medical professional must order two additional testing within the span of at most three months. At higher blood lead levels, the child must be referred to the Childhood Lead Poisoning Prevention Program and/or be referred for medically necessary treatment including chelation therapy, which is a treatment that uses a medication to remove lead from the body when the blood lead level is very high.

Lead can be found in cosmetics, building paints, glazed on ceramic pots, air, cigarette smoke and foods. (See Chisolm JJ., Jr., Ancient sources of lead and lead poisoning in the United States today. *West J Med* 1985;143: 380–1.) Briefly, these regulations are necessary because lead is highly toxic to the human body

Various studies have lead us to understand the harm that lead could cause to humans, especially children:

- Low lead levels adversely affect a child’s physical growth, mental and/or intellectual development. (Ellenhorn MJ, Barceloux DG. *Metals and related compounds: Lead*. In: *Medical toxicology*. Elsevier Science Publishing Company, Inc; 1988. p.1030–42.)
- Indices of a blood level of more than 40 mcg/dL could result in anorexia, lethargy, vomiting, convulsions, coma, memory loss, and permanent neurological deficits. (Ellenhorn MJ, Barceloux DG. *Metals and related compounds: Lead*. In: *Medical toxicology*. Elsevier Science Publishing Company, Inc; 1988. p.1030–42.)
- During pregnancy, lead crosses the placenta and potentially causes developmental problems to the fetus. (Manton WI. Total contribution of airborne lead to blood lead. *Br J Ind Med* 1985;42: 168–72.)
- Once born, breast-fed newborns ingest additional lead, which transfers from the bone to the bloodstream and then to breast milk. (Sanin LH, Gonzalez-Cossio T, Romieu I, Peterson KE, Ruiz S, Palazuelos E, et al.)
- Babies impacted by lead have lower birth weight and weight gain over time. (*Pediatrics* 2001;107:1016–23 doi: 10.1542/peds.107.5.1016.)

Lead accumulates and is stored in the bones with approximately 70% of the total body lead burden existing in the skeleton. The half-life of lead in bone is 20–30 years. (Manton WI. Total contribution of airborne lead to blood lead. *Br J Ind Med* 1985;42: 168–72.)

More information about the July 9, 2025 public hearing and online participation in public comments on DPH 18-007 can be found here on the CDPH website under the Current Regulatory Proposals.

Written comments are accepted until 5:00 pm on July 9, 2025, and can be provided by email to [Regulations@cdph.ca.gov](mailto:Regulations@cdph.ca.gov).