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**AB 11 (McCarty) Early Childhood Interventions: Developmental Screenings  
FACT SHEET**

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**SUMMARY**

This bill seeks to improve developmental screenings for children aged 0 to 3 under the Early and Periodic Screening, Diagnosis, and Treatments (EPSDT) benefit in Medi-Cal.

**ISSUE**

Approximately 85% of brain development occurs in the first three years of life, where a child is building the architecture essential for his or her lifelong learning, behavior, and health. Yet many of the 500,000 California babies born each year and their families face challenges from the start. As many as 1 in 7 children will experience abuse or neglect before they enter Kindergarten. Further, 47% of California children live in or near poverty or other circumstances that compromise long-term health, learning, and well-being.

Toxic stress – resulting from unmet basic needs, adverse experiences, and complex individual child and family circumstances – can weaken this architecture and affect a child’s development, but early identification and intervention can improve a child’s long-term outcome, and minimize the need for costly health care, special education, juvenile justice, and child welfare services in the future. Roughly 25% of young children are at risk for developmental delays; and yet seventy-percent of children with delays will go through Kindergarten undetected, thereby increasing special education costs. California can do better to ensure the healthy development of our children so they are off to a strong academic start.

The American Academy of Pediatrics (AAP), recently released updated *Bright Futures Guidelines* with recommendations for preventive pediatric healthcare to ensure developmental, psychosocial, and healthy well-being of children. These guidelines are the standard practice for pediatric preventive care, and are an important component of the Medicaid EPSDT benefit, designed to assure children receive screenings, early detection, and care, so health problems are averted or diagnosed early.

One key recommendation in the *Bright Futures Guidelines* is for routine developmental screenings using a validated tool to assist in better early identification of developmental delays or disorders, such as autism, in children ages 0-3. Identifying young children with or at risk for developmental and behavioral delays is an essential first step toward ensuring that every child has the opportunity to reach their optimal physical, mental, and socioemotional health and well-being.

However, in 2016, California ranked 43rd in the nation for developmental screening of all infants and toddlers. In fact, only about 36% of infants and toddlers in Medi-Cal are receiving their developmental screenings, despite existing EPSDT requirements.

Early identification matters and incorporating developmental screenings in preventive well-child check-ups as laid out in the *Bright Futures Guidelines* will lead to better identification of developmental problems that can be addressed through early intervention services and ultimately improve child health and student outcomes. It is critical to the well-being of children and their families, that health care professionals utilize routine developmental screenings for early identification of developmental concerns in babies and young children.

AB 11 further implements the *Bright Futures Guidelines* by ensuring that developmental screenings, with a validated tool, are routinely occurring for infants and toddlers during Medi-Cal health care visits.

**SOLUTION**

AB 11 seeks to ensure increased early identification of developmental delays or disorders among young children by promoting pediatrician-recommended developmental screenings consistent with federal Medicaid EPSDT law.

**SUPPORT**

Children Now (co-sponsor)  
First 5 Associations of CA (co-sponsor)