

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Deputy Director

Transmittal No.: 12-33

TO: District of Columbia EPSDT Providers

FROM: Linda Elam, PhD, MPH
Deputy Director, Medicaid

A handwritten signature in black ink, appearing to read 'L. Elam'.

DATE: DEC 18 2012

SUBJECT: Joint Letter from DHCF and District Department of the Environment

The Department of Health Care Finance and the District Department of the Environment jointly issue the attached letter on blood lead screening requirements in the District of Columbia. Please share with your staff and colleagues.

If you have any questions about this letter, please contact Colleen Sonosky, Associate Director of the Division of Children's Health Services at DHCF at (202) 442-5913 or Harrison Newton, Chief of the Childhood Lead Poisoning and Healthy Housing Branch at DDOE at (202) 535-2624.

attachments

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



December 17, 2012

**TO ALL PEDIATRICIANS, FAMILY PRACTITIONERS, HEALTH CLINICS AND
MANAGED CARE ORGANIZATIONS SERVING DC MEDICAID BENEFICIARIES**

Dear Healthcare Provider,

In recognition of Children's Health Month and National Lead Poisoning Prevention Week, we write to remind you that Federal and District of Columbia laws require lead screening during well-child visits for all children, twice by the age of two. District law also requires screening to occur at other times, such as when a sibling is found to have an elevated blood lead level or when renovation work has recently occurred on a family's pre-1978 residence. The lead screening laws are primarily, but not exclusively, due to the age and condition of the District's housing stock and have been historically supported by both the US Centers for Disease Control and Prevention (CDC) and federal Medicaid guidelines and requirements.

Recently, the CDC adjusted its national guidance to recommend a targeted blood lead screening approach for Medicaid-eligible children, provided a jurisdiction has sufficient data to support discontinuing universal screening. The Centers for Medicare and Medicaid Services (CMS) responded to this announcement with a guide for states to use when considering this option (CMS Informational Bulletin, June 22, 2012).¹ According to CMS, jurisdictions wishing to change from universal screening to a more targeted approach must provide justification for the change.

In the District of Columbia, the District Department of the Environment (DDOE) is the agency responsible for lead surveillance, while the Department of Health Care Finance (DHCF) oversees Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit for children. ***Mandatory lead screening at ages one and two is a component of EPSDT.*** Recently, DDOE met with DHCF to discuss the possibility of the District changing its lead screening requirements from a universal mandate to a more targeted screening approach. The agencies concluded that our available data are insufficient to justify such a change in the District, and agreed to urge medical providers to improve their compliance with the District's long-standing, health-protective lead screening requirements.

Lead Exposure Risks in the District of Columbia

Close to 90% of the District's housing stock was built prior to 1978, the year lead was banned for use in house paint. More than 50% of the District's housing stock pre-dates 1950. The US

¹ CMS Informational Bulletin. "Targeted Lead Screening Plans," June 22, 2012. <<http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-06-22-12.pdf>>.

Department of Housing and Urban Development (HUD) confirms that pre-1950 housing is almost certain to contain lead-based paint throughout the property, much of it with very high concentrations of lead in that paint. While housing built between 1950 and 1978 is somewhat less likely to contain lead-based paint, HUD confirms that more than a 50-50 chance remains that some lead paint is present in housing built between 1950 and 1978. Taken together, these data signal that the District's housing stock is at relatively high risk for containing lead-based paint.

Moreover, assuming that the prevalence of lead-based paint *hazards* based on the age of housing follows the same pattern in the District of Columbia that is documented in the National Survey of Lead and Allergens in Housing, *some 39% of the occupied housing units in the District of Columbia currently pose imminent lead exposure risks to their occupants, in the form of easily ingested lead-based paint hazards such as lead-contaminated dust.*

In addition, according to the District of Columbia Water and Sewer Authority, the District also has more than 23,000 homes that are connected to lead service lines (LSL), as well as more than 14,000 homes with partial lead service lines (PLSL). On December 1, 2010, the CDC published an epidemiologic study that presents findings about lead in the District of Columbia's tap water and reaches conclusions about the potential health impact of LSLs and PLSLs.² *One of the study's principal findings is that a home connected to a LSL or a PLSL poses an increased risk of lead exposure.*

Additional potential sources of lead exposure in the District include lead solder connecting pipes in home plumbing, brass faucets, valves or fittings that can contain up to 8% lead, some imported toys, ceramic ware, spices and cooking utensils, and lead-contaminated bare soil.

Blood Lead Data in the District of Columbia

While the majority of children in the District of Columbia are being screened for an elevated blood lead level at least once, the fact is that *there is inadequate overall adherence to current lead screening requirements.* Analysis of birth cohort data shows that *only 30% of children receive the two legally required lead screenings prior to age three.*

CDC's long-standing recommendations call for all children who reside in areas where $\geq 27\%$ of housing was built prior to 1950 to be screened. Some 82% of the District's census tracts meet these criteria. They encompass each and every one of the District's official 39 neighborhood clusters. Unfortunately, *some of the areas characterized by an older housing stock and/or high rates of poverty exhibit lower childhood lead screening rates than those observed within the District as a whole.* Focusing specifically on the 24 of 39 neighborhood clusters that contain $\geq 20\%$ of children living below the federal poverty level, *approximately one-third of them are characterized by screening rates below those observed in the city as a whole.*

² Brown, M.J., *et al.*, Association between children's blood lead levels, lead service lines, and water disinfection, Washington, DC, 1998-2006. Environ. Res. (2010), doi:10.1016/j.envres.2010.10.003. A LSL is the pipe that connects the water main in some streets to household plumbing. A PLSL is what's left when some of the LSL has been eliminated, but some remains in place.

Conclusion

DHCF and DDOE have examined current District screening data and have concluded that the District Government cannot currently ascertain whether or not a more targeted screening approach would effectively serve District residents. Further, improved adherence with current District lead screening laws is a prerequisite to claiming that our data support any relief from the current universal screening requirements. Accordingly, *the District remains a jurisdiction where universal screening requirements continue to apply.*

We urge all medical providers whose practices involve the treatment of one- and two-year-old children to comply with the District's lead screening laws and provide the required blood lead tests at those two ages. *Only by improving compliance with the District's current screening laws will we be able to amass sufficiently conclusive data to justify any proposal for a more targeted screening approach.*

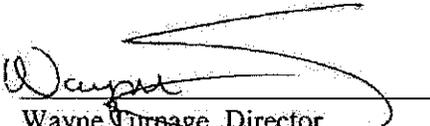
If you have any questions about this letter, please feel free to contact Colleen Sonosky, Associate Director of the Division of Children's Health Services at the Department of Health Care Finance at (202) 442-5913 or Harrison Newton, Chief of the Childhood Lead Poisoning Prevention and Healthy Housing Branch of DDOE at (202) 535-2624.

Thank you for all you continue to do to protect children's health in our nation's capital.

Sincerely,



Keith Anderson, Interim Director
District Department of the Environment



Wayne Turnage, Director
Department of Health Care Finance