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Assembly
California Legislature

ASSEMBLY COMMITTEE ON
ENVIRONMENTAL SAFETY AND TOXIC MATERIALS
BILL QUIRK, CHAIR
ASSEMBLYMEMBER, TWENTIETH DISTRICT

OVERSIGHT HEARING

CHILDHOOD LEAD POISONING PREVENTION PROGRAM: STATUS OF TESTING LOW-INCOME CHILDREN FOR LEAD EXPOSURE

To:	Members of the Assembly Committee on Environmental Safety & Toxic Materials
From:	Assemblymember Bill Quirk, Chair
Subject:	Status of lead exposure testing for children enrolled in government assistance programs
Date:	Tuesday, February 13, 2018

Introduction

The Environmental Safety & Toxic Materials Committee (Committee) is holding a hearing on February 13, 2018, to better understand the compliance rate for testing children on state assistance programs for lead exposure.

Specifically, we are also looking to better understand how our state health departments track children on state programs, such as Medi-Cal, to ensure they are receiving the blood lead tests as they should. Federal law, as well as state regulation, requires all children on Medi-Cal to have their blood lead tested.

The Committee has data that suggest that only about 28% of children on Medi-Cal have been tested annually for the past 5 years. Ensuring that children are tested for lead is imperative to identifying who is being exposed to lead and who may be lead-burdened, and to providing critical resources to abate those lead sources.

We like to believe the state is doing everything it can to ensure all children that should be tested for lead are tested, so the goals for today's hearing are:

1) To understand the state's compliance with the requirement that all children on a low-income government assistance program have a blood lead test;

2) To understand how children on Medi-Cal are tracked for receiving state-mandated medical services, such as a blood lead test; and,

3) To understand what, if any, obstacles may lie in the way to achieving stronger compliance with the mandate to blood lead test all low-income children.

Lead

Lead has been listed under California's Proposition 65 since 1987 as a substance that can cause reproductive damage and birth defects, and has been listed as a chemical known to cause cancer since 1992. Lead exposure and lead poisoning are also associated with cognitive and other health impacts, especially to children, that appear irreversible. There is no level of lead that has been proven safe, either for children or for adults.

Millions of children are exposed to lead in their homes through lead paint and other sources, increasing their risks for damage to the brain and nervous system; slowed growth and development; learning and behavior problems; and, hearing, and speech impairment.

Although all children are at risk for lead exposure, poor and minority children are disproportionately affected. Because calcium and iron prevent lead uptake in the body, poor nutrition can lead to higher risk for lead absorption; therefore, children on state nutrition assistance programs are considered higher risk for lead exposure. In addition, low-income children tend to live in older and less maintained housing, where lead exposure from old paint is a higher risk. Lead exposure is a result of poverty as well as a contributor to the cycle that perpetuates and deepens the state of being poor.

The California Department of Public Health (CDPH) administers the Childhood Lead Poisoning Prevention Act (Act) to eliminate childhood lead poisoning by identifying and providing public health services to lead burdened children and by preventing environmental exposures to lead.

The Act is administered through CDPH's Childhood Lead Poisoning Prevention Branch (CLPPB) and state-supported local Childhood Lead Poisoning Prevention Programs (CLPPP) throughout the state.

Under the CLPPP guiding statutes, the intent of the Legislature is to establish a state program to accomplish all of the following: compile information concerning the prevalence, causes, and geographic occurrence of high childhood blood lead levels; and, to identify and target areas of the state where childhood lead exposures are especially significant.

The only way to know if a child is lead poisoned is to order a blood lead test.

Legal requirements for blood lead tests

Federal Early Periodic Screening Diagnostic and Treatment (EPSDT) services are a benefit of the state's Medicaid program (Medi-Cal in California) that provide comprehensive, preventative, diagnostic, and treatment services to eligible children younger than the age of 21, as specified in Section 1905(r) of the Federal Social Security Act. This benefit is designed to ensure that children receive early detection and care for various medical services, including lead exposure, so that health problems are averted or diagnosed and treated as early as possible. EPSDT allows for periodic screenings to determine health care needs and, based upon the identified health care need and diagnosis, treatment services are provided.

Specifically, EPSDT requirements mandate that all children in Medicaid/Medi-Cal are required to receive blood lead tests at 12 and 24 months of age. Any child enrolled in Medicaid/Medi-Cal between 24 and 72 months of age who did not receive a blood lead test at the scheduled times must receive a blood lead test.

Under state requirements, pursuant to CDPH's CLPP regulations (California Code of Regulations (CCR), Title 17, Division 1, Chapter 9), all children enrolled in a low-income government assistance program, which includes Medi-Cal, Women Infants and Children (WIC), Supplemental Nutritional Assistance Program (SNAP), the Targeted Low Income Children's Program (TLICP), formerly known as Healthy Families, or Child Health and Disabilities Program (CHDP), should receive a blood lead test at 12 and 24 months of age as these children are automatically considered "high risk." The regulations also require children not tested at those ages to be tested at any time up to 72 months of age, when the health care provider determines that the child was not tested as required. The costs of all blood lead tests for children on government assistance are covered by the state.

Children not enrolled in a government assistance program are assessed for potential exposure to lead hazards in older housing and are blood lead tested if found at risk of exposure. Children who are refugees are also blood lead tested.

Government assistance programs

As previously mentioned, the law requires all children on the following government assistance programs to be blood lead tested: Medi-Cal, WIC, SNAP, Targeted Low Income Children's Program, CHDP, or any other federally-funded or state-funded program that provides medical services or preventive healthcare to children in families whose income is equal to or less than the maximum qualifying income level for participation in any of the programs. WIC is administered by CDPH, and Medi-Cal and CHDP are administered by the Department of Health Care Services (DHCS).

There is participant overlap between these programs. Though all individual children enrolled in these programs should be tested, for purposes of the simplest extrapolation of compliance, the Committee has focused on Medi-Cal data as that subset of covered children is the largest and most likely includes participants from the other programs.

Agency roles in managing blood lead tests

DHCS administers and manages all Medi-Cal enrollments, reimbursements, and tracks relevant data for Medi-Cal providers and enrollees. Managed Health Care-regulated plans covering hospital, medical, or surgical expenses on a group basis are required to offer benefits that include testing for blood lead levels in at-risk children. (Health and Safety Code Section 1367.3)

Pursuant to CDPH's authority under the CLPPP, blood lead test results are reported electronically to the CLPPB and are stored in a database called the Response and Surveillance System for Childhood Lead Exposures (RASSCLE). The lead test results are aggregated so that repeat blood lead tests for the same individual can be identified and are stored together.

RASSCLE is web-based and information in RASSCLE is available to local (county) CLPP Programs in real-time over the Internet. High blood lead levels (9.5 µg/dL (persistent)/14.5 µg/dL (one-time)) that require urgent intervention or indicate that the child is a case of lead poisoning trigger alerts in the system, which notify the CLPPB and the appropriate local program.

According to CDPH, the CLPPB performs quality controls on blood lead data to ensure that information is reported accurately and completely by laboratories. Aggregate information on increased blood lead levels that have been reported to RASSCLE is also extracted and provided to the local CLPP Programs every other week. All blood test results for a jurisdiction are extracted from the database and provided to the local jurisdictions quarterly on compact disks and in an annual summary.

One of the missions of the CLPPP is to identify and target areas of the state where childhood lead exposures are especially significant. For more than 20 years, CDPH has managed the blood lead data collected statewide, using RASSCLE and earlier databases. Interestingly, use of this data to identify "hot spots" of lead contamination or pockets of underserved communities in each county remains to be provided publicly, or as far as we can tell, on a regular basis to the counties with which it contracts.

Laboratories

Every blood lead test that is performed by a laboratory or health care provider using a point-of-care device is required, by law, to be reported to CDPH (Health & Safety Code sec. 124130). The data submitted must include the lead level, the person's name and age, and the contact information of the health care provider that ordered the analysis. The

laboratories are not required to indicate the health plan (i.e. Medi-Cal) that is paying for the blood draw.

CDPH is authorized to assess a fine up to $500 against any laboratory that knowingly fails to meet the reporting requirements of this law. If CDPH identifies a lag in submission, the laboratory is notified and back records are obtained. CDPH has not previously fined a laboratory for not submitting blood lead testing data.

CDPH believes that the state has achieved essentially full reporting and CDPH continually strives to identify any laboratories that may have omitted reporting.

This suggests that any gap in laboratory reporting is not a likely variable contributing to low compliance with lead testing children on Medi-Cal.

Physicians

By testing a child during an exam, or ordering a laboratory blood test, physicians are directly involved with implementation of the mandate to test children for lead exposure.

To encourage medical provider compliance with mandated screening, a CLPP public health medical officer provides in-person presentations to physicians and mid-level providers throughout California. These presentations provide information on the effects of lead, lead screening and management of lead exposed children, and inform providers about the state regulations regarding childhood blood lead testing. The presentations are given at meetings, conferences, in medical offices, to medical residency programs, and to hospital and clinic staff at educational "Grand Rounds" state wide. A free continuing medical education course CME that is similar to the in-person presentations is also available on the CLPPB website, and on the CME California website. Public health nurses in local CLPP Programs also do direct outreach to medical providers.

For example, in the first half year of 2016 (which is the most recent information aggregated) 263 events for medical providers reached 5,423 health care providers and 44,434 materials for providers were distributed.

Enforcement

Enforcement of the screening regulations is cited in the regulations for Screening for Childhood Lead Poisoning (CCR, Title 17, Division 1, Chapter 9, Section 37100). The regulations state that a health care provider who fails to comply with the standard of care may be subject to the disciplinary provisions of the Business and Professions Code (Business and Professions Code Section 2220, et seq). In this instance, the Medical Board would be the entity that would enforce the standard of care. This authority does not lie with CDPH. It is unknown whether any physician has been found non-compliant to test a child for lead.

Counties

There are 43 contracted, local jurisdictions that provide CLPP services. (The state CLPPB provides direct services to children in the remaining 18 health jurisdictions.)

The counties that contract with CDPH to administer the Childhood Lead Poisoning Prevention Program do not track compliance with the children tested in their district because they do not handle the data as it is generated. Testing and screening occur at the provider level and are billed directly to the state. The test results are submitted by the laboratories to CDPH; CDPH submits the data into RASSCLE, and then a county is alerted by CDPH when a child's test result shows elevated blood lead levels.

In terms of a county's role with blood lead data, a county takes the test results that are reported by CDPH and determines whether surveillance and/or case management is needed. A county may also outreach and offer provider education as well as needed.

Status of testing all kids on Medi-Cal: 28%

Following is the data provided by DHCS[i] of children on Medi-Cal who are screened for lead.

Federal Fiscal Year	Total # of Children Age 1 and 2 Years Continuously Enrolled in Medi-Cal with Blood Lead Tests	Total # of Children Age 1 and 2 Years Continuously Enrolled in Medi-Cal	Rate
FFY 12	192,399	682,330	28.2%
FFY 13	199,793	702,736	28.4%
FFY 14	206,113	728,158	28.3%
FFY 15	212,770	774,933	27.5%
FFY 16	221,194	787,506	28.1%

According to the above data that was provided by DHCS in January 2018, there were 682,330 kids ages one and two years old continuously enrolled Medi-Cal in 2012, and only 192,399 of them were blood lead tested, indicating that only 28% of children were tested.

However, it is confusing to juxtapose DHCS's data with data from CDPH because CDPH does not breakdown its data between state assistance program-enrolled children and children not enrolled in a state assistance program. According to CDPH, approximately 700,000 tests are reported each year by more than 300 laboratories and processed by CLPPB to assure receipt of accurate and complete information. According to CDPH, in 2012, more than 650,000 individual

children up to age 21 were blood lead tested in California (some children are tested more than once) and more than 409,000 of these were under age 3.

Even if taking CDPH's data that 409,000 kids age 3 and younger were blood lead tested in 2012, which is inflated for comparison purposes because it includes children an additional year of age older than DHCS's data, that means only 59% of children ages 12 months and 24 months of age on Medi-Cal were tested. That is still significantly low for a 100% mandate.

A challenge to juxtaposing the agencies' data is how the data is organized. CDPH maintains publically available blood lead data, by county, annually on its website. However, the data is commingled for all children who have been tested. CDPH does not tease the data apart between those children on government assistance and those children not on government assistance. It is unclear why the data is not organized as such, and lends to concerns about CDPH's high level of confidence against a low testing rate.

In any case, there is a gaping hole in compliance for providing critical public health services to our most vulnerable population.

Challenges to 100% blood lead testing

Achieving 100% blood lead testing of child beneficiaries is challenging due to the fact enrollment is episodic rather than continuous for many beneficiaries.

In addition, pediatricians ultimately have the discretion to order a blood lead test or not. It is simply unknown how many of the state's 5,000 board-certified pediatricians accept Medi-Cal patients, and how many of those pediatricians are fully aware of the lead testing requirements, and how many are following through with those requirements.

Lastly, state law permits parents and legal guardians to opt out of having a child lead tested. (CCR sec. 37100 (c)) It is unknown how many children are not screened due to this provision as untested children are not tracked.

However, we should endeavor to understand where the difficulties lie: Is it getting the beneficiary into the office for a well-child visit? Is it getting the child to have blood drawn (which may require parent follow-through at a separate site)? Is it getting the clinician to actually order the test? Is it the parent opting out of having a blood lead test? Or is it other challenges?

Shaky confidence

In June 2015, the State Auditor concluded that DHCS continued to be a high-risk department because of previous audit findings, which included outdated information in its eligibility system that resulted in payments for services purportedly provided to deceased beneficiaries, among

other issues. The State Auditor also concluded that the failure to identify deceased beneficiaries could have even greater implications related to other programs that rely on the eligibility system's data. The audit identified more than 10,000 beneficiaries with statuses that likely disqualify them from receiving such aid, yet DHCS listed these beneficiaries as eligible for aid in June 2017.

While these audit findings are not specific to childhood blood lead testing data, they highlight deficiencies at DHCS related to Medi-Cal data management, which might suggest challenges that lend themselves to mismanagement of blood lead data.

Additionally, DHCS's overpayments suggest a potential for the blood lead testing to be inflated and, perhaps, that compliance with blood lead testing children ages one and two years old could be lower than 28%.

Consequences of not testing children who should be tested

In the longer term, childhood lead exposure may have significant costs in terms of lifetime productivity loss due to lower cognitive attainment in afflicted children.

According to Physicians for Social Responsibility – Bay Area Chapter, there is a large body of evidence that associates a decrease in IQ performance and other neuropsychological defects with lead exposure. There is also evidence that attention deficit hyperactivity disorder (ADHD) and hearing impairment increase with increasing blood lead levels. Some of these effects may persist into adulthood.

According to CDPH, "an average of $3,720 in lifetime earnings are lost for each one mcg/dL increase in blood lead. Preventing even a small increase in blood lead of 2-3 mcg/dL in 1,000 additional children a year will yield about $7 million to $11 million in economic benefits statewide for each annual cohort of additional children receiving intervention. These calculations, based on the loss of earning due to a decrease in IQ, do not factor in the considerable costs for special education and social services and for chronic health conditions that would also be avoided."

The American Academy of Pediatricians has stated that, "1 in 5 children with ADHD have ADHD because of lead exposure."

Many children who are experiencing daily lead exposure may not be receiving blood lead screening and consequently are not receiving needed public health services to address their exposure.

Identifying barriers to childhood lead testing is imperative to our success in preventing lead exposure and protecting our future generations.

[i] For Federal Fiscal year (FFY) 2012 – 2016 DHCS identified all beneficiaries at least 1 year of age and younger than 3 years of age (12mo - 36mo) who had at least 12 months continuous enrollment in Medi-Cal per each FFY. Using their encounter & claims data DHCS identified a unique count of these beneficiaries that had at least one lead screening (CPT = 83655) as long as it did not include a specified diagnosis codes per FFY.

Data provided by DHCS February 7, 2018, on blood lead testing rates:

Managed Care

	12 - 23 months old			24 - 35 months old		
Federal Fiscal Year	Numerator	Denominator	Rate	Numerator	Denominator	Rate
FFY 12	98,294	235,947	41.7%	74,511	214,802	34.7%
FFY 13	99,252	241,681	41.1%	78,627	236,013	33.3%
FFY 14	105,378	257,209	41.0%	81,760	243,405	33.6%
FFY 15	98,951	251,833	39.3%	81,423	258,329	31.5%
FFY 16	105,230	246,589	42.7%	87,307	262,659	33.2%

Fee-For-Service

	12 - 23 months old			24 - 35 months old		
Federal Fiscal Year	Numerator	Denominator	Rate	Numerator	Denominator	Rate
FFY 12	22,278	58,105	38.3%	13,285	47,673	27.9%
FFY 13	24,063	62,043	38.8%	14,192	51,075	27.8%
FFY 14	20,427	55,246	37.0%	10,909	42,807	25.5%
FFY 15	27,109	70,882	38.2%	12,033	47,242	25.5%
FFY 16	28,658	76,217	37.6%	14,499	54,919	26.4%

Numerator = Total # of Children Age 1 and 2 Years Continuously Enrolled in Medi-Cal with Blood Lead Tests

Denominator = Total # of Children Age 1 and 2 Years Continuously Enrolled in Medi-Cal