



COMMITMENT
INTEGRITY
LEADERSHIP

March 10, 2020

Report 2019-105

LEGISLATIVE
HEARING DOCUMENT

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Recommendations to Improve **CHILDHOOD LEAD POISONING TESTING AND PREVENTION**

1. DHCS Has Not Effectively Overseen Managed Care Plans' Provision of Lead Tests

DHCS should require managed care plans to identify children who missed a required test and remind the responsible health care providers of the requirement to test the children.

2. CDPH Should Do More to Facilitate Lead Abatement Throughout the State

CDPH should determine the effectiveness of lead poisoning education and outreach in reducing the number of lead poisoned children, and consider proactive abatement of lead hazards instead.

The Legislature should require CDPH to provide an online lead information registry of properties.

3. CDPH Has Not Demonstrated Effective Management of the Lead Poisoning Prevention Program

CDPH should prioritize meeting legislative requirements.

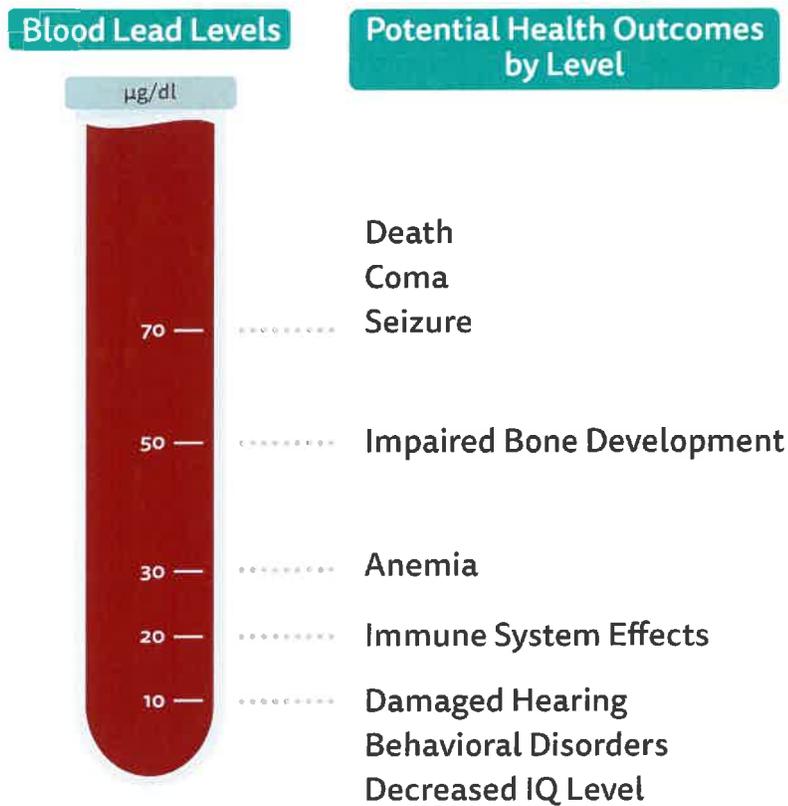
The Legislature should require laboratories to report Medi-Cal identification numbers or equivalent identification numbers with lead test results.

The Legislature should require laboratories to report phone numbers and addresses with test results.

EXPOSURE TO LEAD CAN CAUSE SIGNIFICANT AND PERMANENT DAMAGE TO CHILDREN

For more information, see page 6 of our report.

The damage lead poisoning causes to children may be irreversible . . .

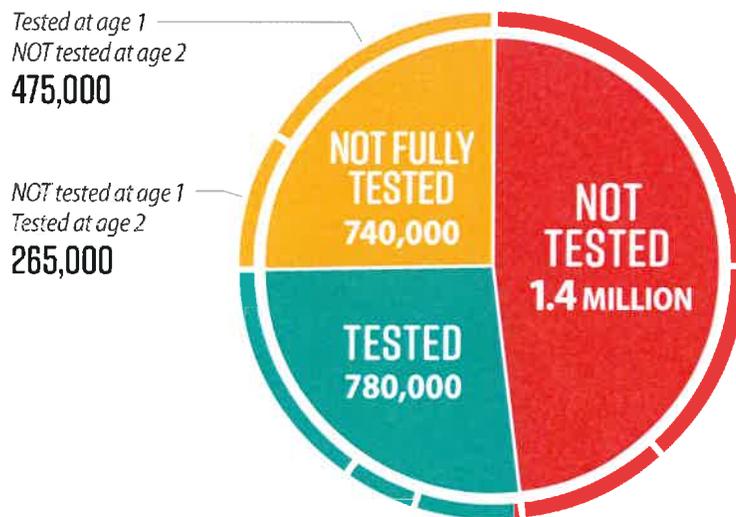


- *Children are more sensitive than adults to the negative effects of lead exposure, some of which may be irreversible.*
- *The primary way to determine whether a child has been exposed to lead is to perform a blood test.*
- *Nearly 10,000 of the State's tested children were found to have elevated lead levels during 2017.*

MOST CHILDREN IN MEDI-CAL DO NOT RECEIVE ALL REQUIRED LEAD TESTS

For more information, see page 18 of our report.

2.9 MILLION
ELIGIBLE CHILDREN
IN MEDI-CAL AT AGES 1 AND 2 YEARS
Fiscal years 2009–10 through 2017–18



- *Less than 27% of children in Medi-Cal received all required tests.*
- *Other states have seen improvements in lead testing rates after sending reminders to health care providers informing them of the children who have missed tests.*

Recommendations

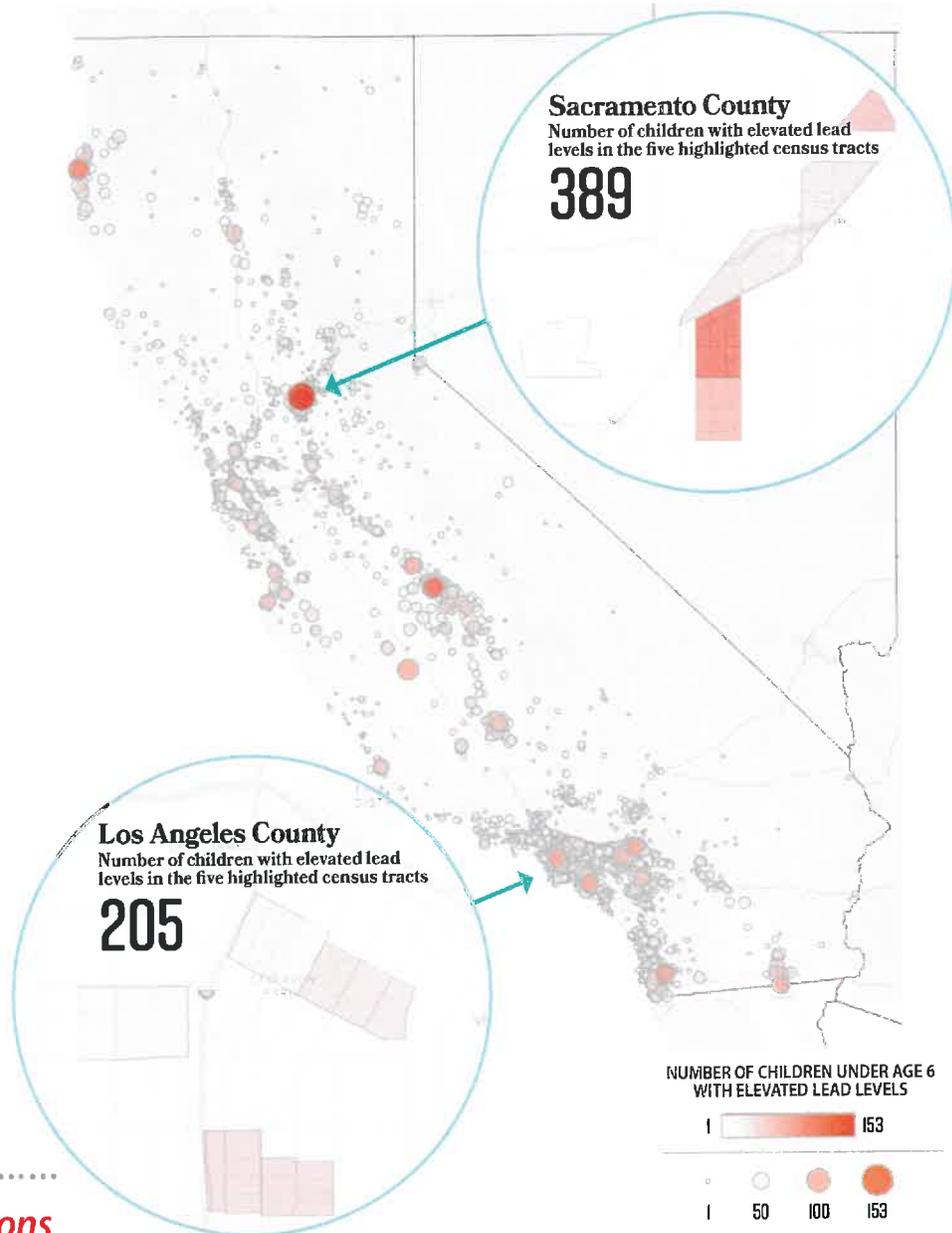
DHCS

Require managed care plans to identify all children with no record of receiving a required test and remind the responsible health care providers of the requirement to test the children.

Finalize its performance standard for lead testing, assess the progress of managed care plans in meeting that performance standard, and impose sanctions or provide incentive payments as appropriate.

CHILDREN WITH ELEVATED LEAD LEVELS ARE CONCENTRATED IN CERTAIN AREAS OF THE STATE

For more information, see page 27 of our report.



Recommendations

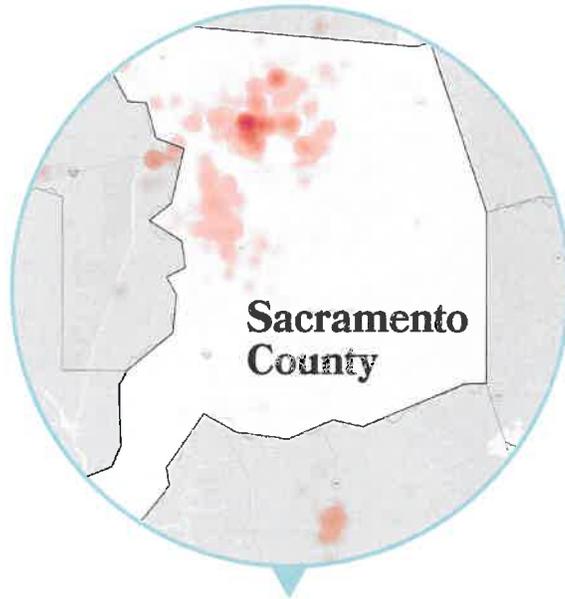
CDPH

Immediately complete and publicize an analysis of high-risk areas throughout the State.

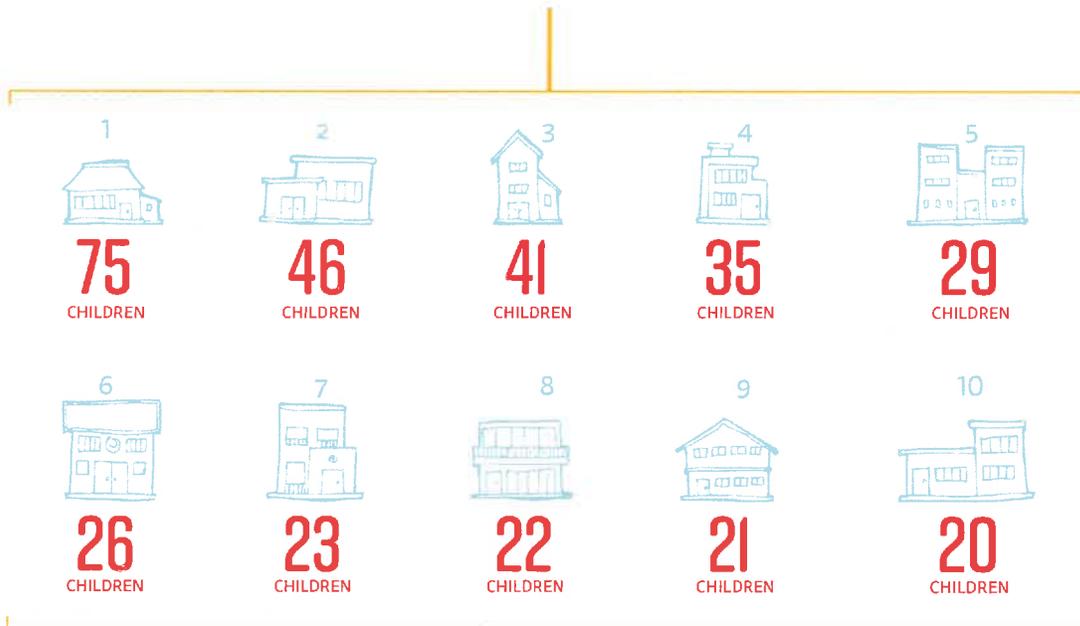
Legislature

Require CDPH to provide an online registry of properties showing their lead inspection and abatement status.

SACRAMENTO COUNTY HAS HIGH NUMBERS OF CHILDREN WITH ELEVATED LEAD LEVELS



Over the last five years throughout Sacramento county, there were **338 children** with elevated lead levels in just 10 apartment complexes.



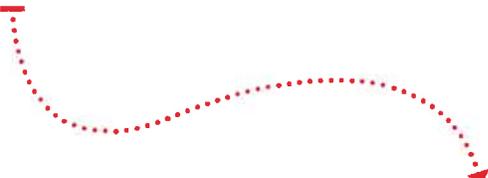
Recommendation

CDPH should determine the effectiveness of the outreach local prevention programs conduct and evaluate whether it should replace or augment outreach with proactive abatement of lead hazards.

STATUTORY REQUIREMENTS NOT MET

For more information, see page 36 of our report.

STATUTORY REQUIREMENT	DUE DATE	STATUS
<i>Post information on its website.</i>	March 1, 2019	NOT COMPLETED
<i>Complete a biennial report.</i>	March 1, 2019	NOT COMPLETED
<i>Develop regulations.</i>	July 1, 2019	NOT COMPLETED



The regulations CDPH is required to develop will be used by health care providers to identify children who need testing because they are at high risk of lead exposure. California's current regulation is compared to lead risk factors used in other states on the following page.

CALIFORNIA SHOULD REQUIRE HEALTH CARE PROVIDERS TO ASK FAMILIES ABOUT LEAD RISK FACTORS SIMILAR TO OTHER STATES

For more information, see page 38 of our report.

COMMON RISK FACTORS FOR LEAD POISONING	CALIFORNIA	NEW YORK	TEXAS	ILLINOIS	OHIO
Residency or time spent in an older building or one undergoing repairs	✓	✓	✓	✓	✓
Residency in or visit to a foreign country	✗	✓	✓	✓	✗
Sibling or playmate with lead poisoning	✗	✓	✓	✓	✓
Placing nonfood items in the mouth	✗	✓	✓	✗	✗
Proximity to adults who work with lead	✗	✓	✓	✓	✓
Proximity to current or former lead-producing facilities	✗	✓	✗	✓	✓
Using food, medicine, or dishes from other countries	✗	✓	✓	✓	✗
Residency in a high-risk ZIP code	✗	✓	✗	✓	✓

- *Other states remind health care providers to assess the risk of lead poisoning caused by a variety of sources.*
- *California's regulation requires health-care providers to ask about only one risk factor.*

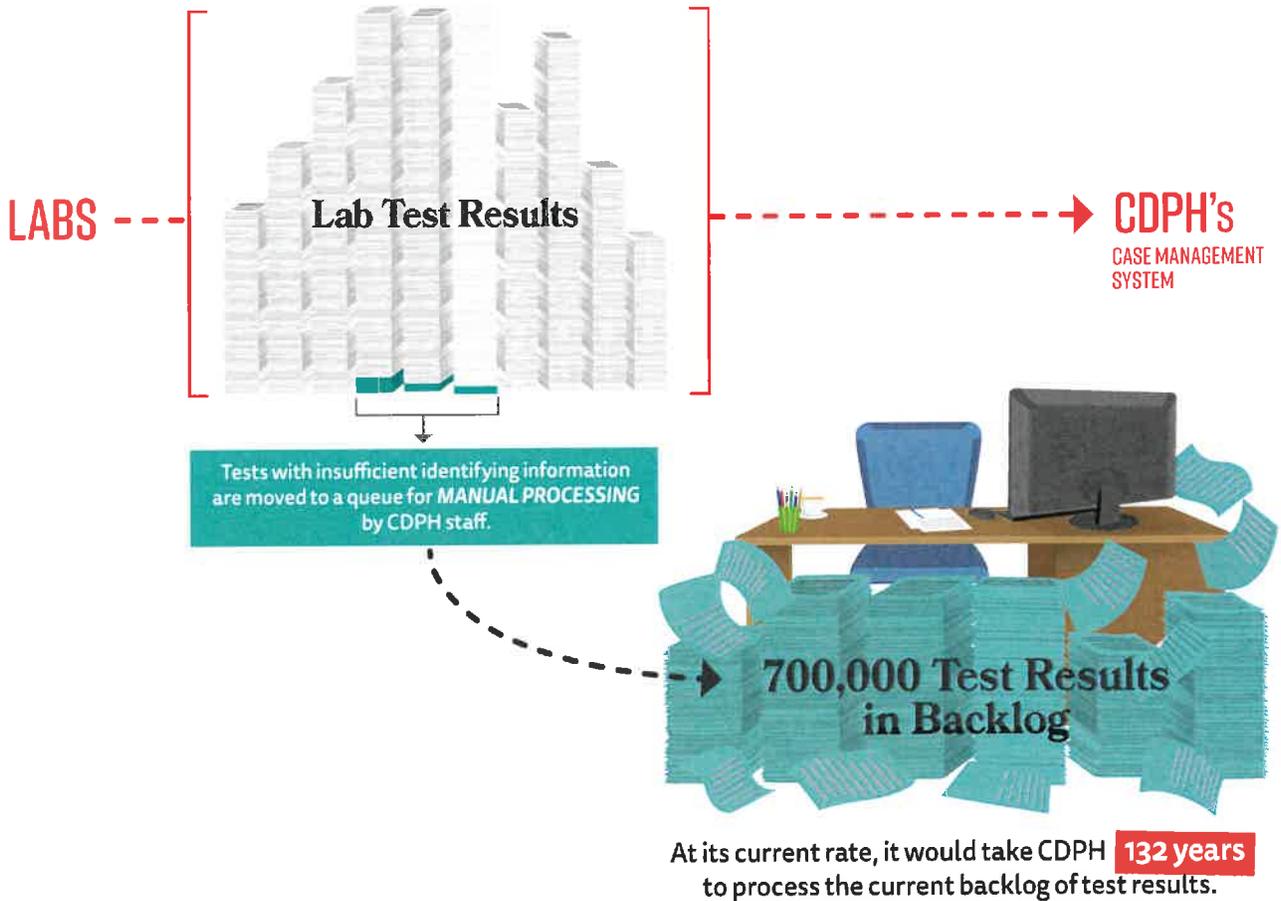
Recommendation

CDPH should prioritize meeting legislative requirements including developing the lead risk evaluation regulations and including in them multiple risk factors such as those used in lead risk evaluation questionnaires in other states.

OTHER MANAGEMENT PRACTICES THAT CDPH SHOULD IMPROVE

Address the lack of information provided with test results, which should help resolve an inefficient process that led to a backlog of unprocessed test results.

For more information, see page 41 of our report.



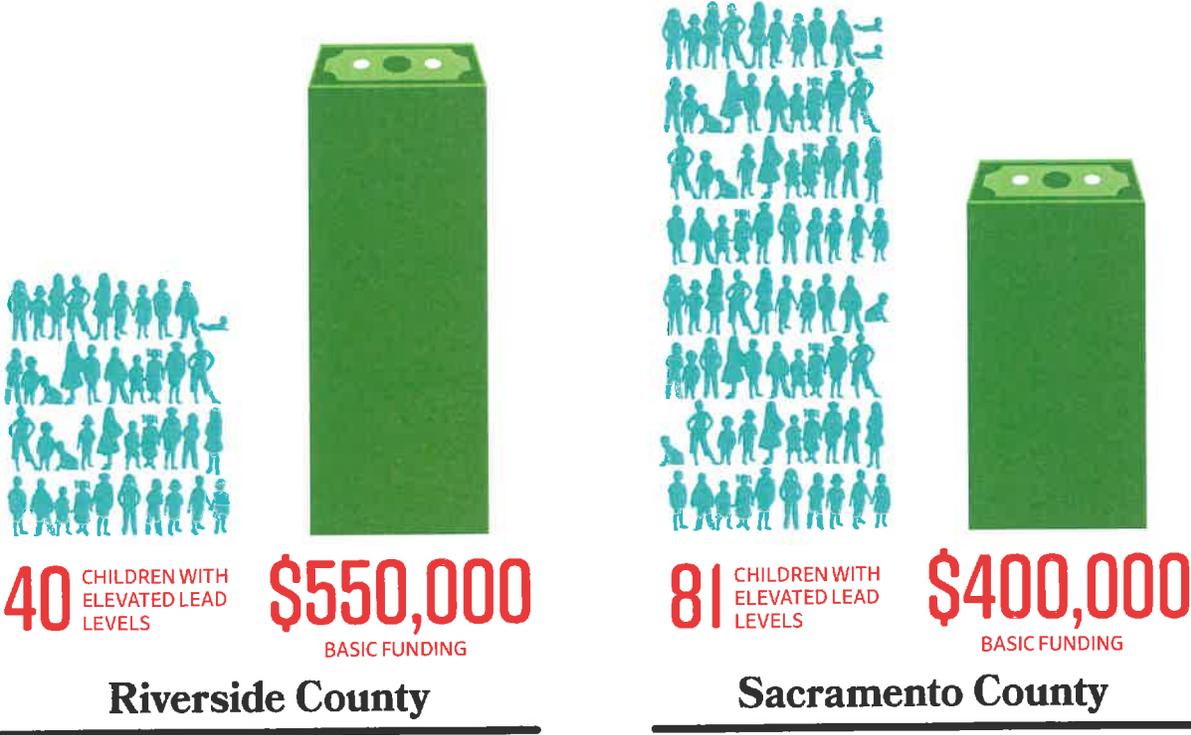
Recommendation to the Legislature

The Legislature should amend state law to require that laboratories report Medi-Cal identification numbers or equivalent identification numbers with all lead test results.

OTHER MANAGEMENT PRACTICES THAT CDPH SHOULD IMPROVE

Update the formula causing inequitable funding allocations

For more information, see page 43 of our report.



Recommendation to CDPH

CDPH should update its methodology for allocating funds to local prevention programs, including accounting for the most recent annual count of children with lead poisoning in each jurisdiction. CDPH should revise the allocations before each three-year contract cycle.