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Assembly
California Legislature

ASSEMBLY COMMITTEE ON
ENVIRONMENTAL SAFETY AND TOXIC MATERIALS
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OVERSIGHT HEARING

Childhood Lead Levels: Millions of Children in Medi-Cal Have Not Received Required Testing for Lead Poisoning

To:	Members of the Joint Legislative Audit Committee; Assembly Committee on Health; and, of the Senate Committees on Environmental Quality and Health
From:	Assemblymember Bill Quirk, Chair, Assembly Environmental Safety & Toxic Materials Committee
Subject:	Review of the State Audit, *Childhood Lead Levels: Millions of Children in Medi-Cal Have Not Received Required Testing for Lead Poisoning* (report 2019-105)
Date:	Tuesday, March 10, 2020

Introduction

The Joint Legislative Audit Committee, on March 6, 2019, approved a request from Assemblymembers Eloise Gómez Reyes and Rudy Salas, to direct the California State Auditor to examine the oversight of childhood blood lead test data and associated services by the Department of Health Care Services (DHCS) and the California Department of Public Health (CDPH). The State Auditor's Office released resultant report, *Childhood Lead Levels: Millions of Children in Medi-Cal Have Not Received Required Testing for Lead Poisoning* (report 2019-105) on January 7, 2020. The report found that CDPH has not sufficiently identified areas of the state at high risk for childhood lead exposure, nor has it met its obligation to reduce the lead risks in those areas.

The goals for today's hearing are:

1. Hear an overview of the State Auditor's findings and recommendations for improved compliance for testing all eligible children on state assistance programs, such as the California Medical Assistance Program, known as Medi-Cal;

2. Hear from DHCS and CDPH on their plans and timelines for implementing the State Auditor's recommendations; and,

3. Consider how the Legislature can further ensure the appropriate laws are in place to provide the state's health departments with the statutory authorities needed for success in testing children for lead and improving services needed to prevent lead exposure.

Lead

Lead has been listed on California's Proposition 65 list since 1987 as a substance known to the state to cause reproductive damage and birth defects, and has been listed as a chemical known to cause cancer since 1992. Exposure to lead can seriously harm a child's health. Even a slight elevation in blood lead levels (BLL) can reduce IQ and stunt development. Millions of children are being exposed to lead in their homes, increasing their risks for damage to the brain and nervous system. Exposure to lead also slows growth and development, contributes to learning and causes behavior problems, hearing, and speech impairment. There is no level of lead exposure that has been proven safe, either for children or for adults.

Although all children are at risk for lead exposure, poor and minority children are disproportionately affected. The Center for Disease Control and Prevention's (CDC) 2012 Advisory Committee on Childhood Lead Poisoning Prevention statement *Low Level Lead Exposure Harms Children: A Renewed Call for Primary* Prevention stated that "such effects [of lead exposure] do not appear to be confined to lower socioeconomic status populations. Therefore, the absence of an identified BLL without deleterious effects combined with the evidence that these effects, in the absence of other interventions, appear to be irreversible, underscores the critical importance of primary prevention." 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. Economic studies have shown lead exposure can be a result of poverty as well as a contributor to the cycle that perpetuates and deepens the state of being poor.

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 § 1367.3)

Pursuant to CDPH's authority under the Childhood Lead Poisoning Prevention Program (CLPPP), blood lead test results are reported electronically to CDPH and are stored in a database called the Response and Surveillance System for Childhood Lead Exposures (RASSCLE2). The lead test results are aggregated so that repeat blood lead tests for the same individual can be identified and are stored together.

RASSCLE2 is web-based and information in RASSCLE is available to local prevention programs that contract with CDPH to administer the program locally 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 CDPH and the appropriate local prevention program.

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 RASSCLE2 and earlier databases. Interestingly, use of this data to identify "hot spots" of lead contamination (where there are high proportions of children with elevated blood lead levels) or pockets of underserved communities in each county remains to be provided publicly on a regular basis to the counties with which it contracts.

Local Prevention Programs

CDPH currently contracts with 50 local prevention programs. These programs are located in 46 counties, three cities, and the city and county of San Francisco. The programs—which local public health departments operate—are intended to accomplish a number of goals, such as increasing the testing of at-risk children, providing case management for children with lead poisoning, and eliminating certain sources of lead exposure. In some contracted counties, CDPH performs the environmental investigations, during which an inspector examines a child's home for sources of lead exposure. In areas where the local public health departments choose not to contract with CDPH, CDPH provides the required case management services directly.

State Audit

Pursuant to the Legislature's request, in January 2020, the State Auditor released the audit entitled, *Childhood Lead Levels: Millions of Children in Medi-Cal Have Not Received Required Testing for Lead Poisoning*[i] (Audit). The Audit focused on both the administration of lead tests to children in Medi-Cal and the activities of the CLPPP. In general, the State Auditor determined that millions of children in Medi-Cal are not receiving the lead tests they should be receiving, and CDPH is not prioritizing the prevention of lead poisoning.

State law generally requires that children enrolled in Medi-Cal receive tests for elevated lead levels at the ages of one and two years. When the State Auditor's Office reviewed data maintained by DHCS, they found that from fiscal years 2009–10 through 2017–18, more than

1.4 million of the 2.9 million one- and two-year-old children enrolled in Medi-Cal did not receive any of the required tests, and another 740,000 children missed one of the two tests. As a result, the rate of eligible children receiving all of the tests that they should have was less than 27 percent. Without these tests, health care providers do not know whether these children are suffering from elevated lead levels and need treatment. Despite low lead testing rates, DHCS has only recently begun developing an incentive program to increase testing and a performance standard for measuring the extent to which managed care plans are providing the tests.

The State Auditor's Office also found that CDPH, which manages the state's CLPPP, does not focus on proactive abatement of lead hazards to prevent future poisoning. Instead, CDPH requires local childhood lead poisoning prevention programs (local prevention programs), to which it delegates many of its responsibilities, to monitor abatement in the homes of children who have already been poisoned. However, the audit found that such efforts only prevent future poisoning in those specific homes. Although CDPH claims that the local prevention programs are reducing lead exposure through education and outreach, it could not demonstrate the effectiveness of this outreach. Finally, CDPH has failed to meet several legislative requirements, including a mandate to update the factors that health care providers must use to determine whether a child is at risk of lead exposure, which would help them identify children who need testing.

In response to the Audit's findings and recommendations, the State Auditor's Office reports that DHCS agrees with the recommendations, but its approach for implementing certain recommendations does not fully address the related findings. CDPH agreed or partially agreed with most of the recommendations. However, its proposed implementation plan does not sufficiently address several concerns described in the Audit.

Legislative oversight

On February 13, 2018, the Assembly Environmental Safety & Toxic Materials Committee (Committee) held an oversight hearing on the lead exposure testing requirements for children enrolled in government assistance programs and had DHCS and CDPH testify about their roles in ensuring that those children are tested. Data provided by DHCS at the hearing showed that an average of 41.2% of 12-month olds and 33% of 24-month olds, on average, were tested for lead.

As a result of the hearing, CDPH and DHCS committed to share data with one another, monitor for untested children, and generally achieve stronger compliance with the mandate to test blood lead levels in all low-income children.

Since that hearing, DHCS has reported on its progress in coordinating with CDPH on data sharing. As of November 2019, DHCS reported to the Committee that 72.6% of Medi-Cal beneficiaries had been screened. This is inconsistent from the State Auditor's findings.

Consequences of not testing children who should be tested

Childhood lead exposure can have significant societal costs in terms of lifetime productivity loss due to lower cognitive attainment in afflicted children, and in costs of social services.

According to the 2015 CDC report, *Educational Interventions for Children Affected by Lead*, high BLLs in young children can permanently impair intellectual functioning and cause behavioral problems that last a lifetime. Because lead interferes with development and learning, children can face daunting challenges as they advance through the school system. The American Academy of Pediatricians has stated that, "1 in 5 children with attention deficit hyperactivity disorder (ADHD) have it because of lead exposure."

According to the study, *The Relationship between Early Childhood Blood Lead Levels and Performance on End-of-Grade Test,* testing showed that lead concentration in the blood as low as 2 micrograms per deciliter of blood (μg/dL) can lower the IQ in children. And once children have blood lead levels of 5 μg/dL and above (what's now considered lead poisoning), they can suffer severe neurological damage in the form of attention deficit and hyperactivity disorders.

There are long-term impacts and high costs of untreated (and preventable) lead exposure impacts. According to CDPH, "an average of $3,720 in lifetime earnings are lost for each one μg/dL increase in BLLs. Preventing even a small increase in blood lead of 2-3 μg/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."

Other estimates indicate that more than $50 billion in a single year is lost as a result of reduced cognitive potential and associated lost productivity. (*Gould 2009; Landrigan et al. 2002*)

Under the federal Individuals with Disabilities Education Act section 300.8, "Other Health Impairment," which includes lead poisoning, is a category of disability under which a child may be found eligible for special education and related services. This underscores the fact that lead poisoning has an impact on federal spending for kids with special educational needs as a result of lead exposure.

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

Consequences for insufficiently providing required services under Medi-Cal

If DHCS is not complying with the mandate to test children for lead, what other mandated services for enrollees in state assistance programs are not being provided? What are the

collective impacts to Medi-Cal enrollees, and to taxpayers who fund Medi-Cal, if services to prevent illness are not provided?

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 Medi-Cal 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, and potentially further mismanagement of Medi-Cal services that low-income Californians, as enrollees of those programs, should be receiving.

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[i] http://auditor.ca.gov/pdfs/reports/2019-105.pdf