

April 22, 2002

MEMO TO: Advocates for Lead Poisoning Prevention and Health Care for Low-Income Families

FROM: Don Ryan, Alliance to End Childhood Lead Poisoning Jane Perkins, National Health Law Program

RE: Sign-On Letter to Secretary Thompson re: Medicaid Blood Lead Screening

[See below for full text of letter]

The group sign-on letter protesting the planned retreat on lead poisoning screening for children served by Medicaid was delivered to HHS Secretary Thompson today.

The response to our electronic alert has been overwhelming. A total of 50 national organizations and almost 200 regional, state and local organizations joined in calling on Secretary Thompson to block the planned retreat of federal leadership and oversight on Medicaid screening. In addition, more than 200 individuals, including many staff of state and local health and housing agencies co-signed the letter. We greatly appreciate the rapid response from such a broad range of organizations and individuals.

A copy of this letter and all the co-signers is available at [www.healthlaw.org](http://www.healthlaw.org) or at [www.aeclp.org/medicaid.doc](http://www.aeclp.org/medicaid.doc)

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We will keep you apprised of developments on this front. If you have the time and energy, please call your Representative in Congress and urge them to sign onto the letter to Secretary

Thompson that Representatives Menendez and Gutierrez are now circulating to voice Congressional opposition to this policy change. If you don't know your representative's number, you can call the main switchboard at 202-225-3121 and ask to be connected.

[See below for full text of letter, or [click to view](#) in PDF Format]

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April 22, 2002

Honorable Tommy Thompson  
Secretary  
Department of Health and Human Service  
Hubert Humphrey Building  
200 Independence Avenue, S.W.  
Washington, DC 20201

Dear Secretary Thompson:

We, the undersigned 473 national, regional, state, and local organizations and individuals, call on the Department of Health and Human Services (HHS) to ensure that children are screened and treated for lead poisoning under Medicaid, as federal law requires.

Achieving the national goal of protecting all children from lead poisoning requires concerted effort by many sectors, most critically action to make housing safe from lead hazards. As the program serving the health needs of our most vulnerable children, Medicaid's role is essential to the national prevention equation: screening low-income children at risk for lead poisoning and providing the services needed to those found poisoned.

Children served by Medicaid are undisputedly at the most elevated risk for lead poisoning. Medicaid enrollees account for an estimated 93% of severely lead-poisoned children and 60% of all children with elevated blood lead levels.

It is equally clear that low-income communities of color bear the brunt of this disease.

National health data confirm poisoning rates eight times higher among low-income children than children from upper-income families, while African-American children are at five times higher risk than white children. In highest risk neighborhoods in many cities, one-third of preschool children are poisoned by lead, a shameful statistic and a formula for school failure.

Despite wide knowledge of these facts, screening for lead poisoning by state Medicaid programs is abysmal. In 1998 GAO found 81% *noncompliance* with blood lead screening requirements. Since that time, only eight states have reported screening rates above 20 percent. It is now painfully clear that the vast majority of lead-poisoned children served by Medicaid are never identified. As a result, poisoned children do not receive the services they need and lead hazards in their homes are left in place to poison siblings and future occupants.

Given these failures, we are strongly opposed to the Centers for Medicare and Medicaid Services' (CMS) plan to walk away from the problem by terminating the federal role in setting minimal protective standards for Medicaid blood lead screening. As you noted in your confirmation hearings before the Senate Finance Committee, we must strive to bring greater focus and resources to reduce the health disparities that persist in this country for minority and other under-served communities. The continuing poisoning of low-income children demands leadership by HHS, not abdication of federal responsibility.

We call on HHS to:

- maintain protective standards for lead poisoning screening and treatment that account for variations in risks and patterns of lead poisoning across the country;
- maintain the *State Medicaid Manual* §5123.2.D.1. in its current format and do not allow states to adopt a plan that allows less than universal screening of Medicaid-eligible children until new recommendations for targeting Medicaid screening are provided by the federal Advisory Committee on Childhood Lead Poisoning Prevention;

- follow CDC guidance in setting lead screening standards for age and risk factors and rely on the recommendations of the federal Advisory Committee on Childhood Lead Poisoning Prevention in making subsequent revisions to the *State Medicaid Manual* to accommodate appropriate targeting of Medicaid lead screening services, and disseminate their recommendations and CMS policy to the states in a letter to State Medicaid Directors;
- require states to report blood lead screening data annually and to hold states accountable;
- insist that states develop reliable and representative data on prevalence rates to identify communities and populations at elevated risk; and,
- immediately authorize Medicaid payments for analyzing samples to identify lead paint chips and dust hazards in a poisoned child's home to guide corrective action.

The ultimate solution to lead poisoning may well require Medicaid to play a larger role in prevention. We urge you to take these immediate steps to give meaning to President Bush's pledge to "Leave No Child Behind."

Sincerely,

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