ALLIANCE TO END CHILDHOOD LEAD POISONING

FAX TRANSMISSION COVER SHEET

TO: Mary Cahill

FROM: Don Ryan

TOTAL PAGES (+ COVER): 4 **DATE:** 10-8-99

FAX MACHINE NUMBER:

REMARKS:

This attachment should have been included in the fax sent earlier. (copy of letter sent to the President re National Childhood Lead Poisoning Prevention Week)

IF RETRANSMISSION IS NECESSARY, PLEASE CALL: (202) 543-1147.

227 Massachusetts Avenue, N.E. • Suite 200 • Washington, D.C. 20002 • 202-543-1147
Fax 202-543-3466 • Email: acclp@aeclp.org

ALLIANCE TO END CHILDHOOD LEAD POISONING

September 10, 1999

The President
The White House
Washington, D.C. 20500

Attn: Office of Presidential Messages

Dear Mr. President:

I write to request that you declare October 24-30, 1999 "National Childhood Lead Poisoning Prevention Week." Despite steady progress over the past two decades to regulate inappropriate uses of lead, the tragedy of childhood lead poisoning remains very real for nearly one million preschoolers in the U.S. (4.4% of children aged 1 - 5). In the U.S., most children are poisoned in their own homes by deteriorating lead-based paint and lead-contaminated dust.

While lead poisoning crosses all barriers of race, income, and geography, most of the burden of this disease falls disproportionately on low-income families or families of color, who generally live in older, poorer quality housing. In the U.S., children from low-income families are eight times more likely to be poisoned than those from high income families. African American children are five times more likely to be poisoned than white children. Nationwide, almost 22% of African American children living in older housing are lead poisoned, a staggering statistic, particularly given the overall decline in blood lead levels in the last decade. In some communities, more than half of preschool children are lead-poisoned.

Even low levels of exposure to lead impair children's ability to learn and thrive, causing reductions in IQ and attention span, reading and other learning disabilities, hyperactivity, aggressive behavior, hearing loss, and coordination problems. These effects are persistent and interfere with their success in school and later life.

This year there will be several events during the last week of October 1999, announcing several initiatives of the Campaign for a Lead-Safe America, a national public education campaign sponsored by a grant from the U.S. Department of Housing and Urban Development. The Alliance To End Childhood Lead Poisoning is working with the Campaign to build participation by state and local lead poisoning prevention and child advocacy groups nationwide. At this time, nearly 200 community organizations across the country have indicated their wish to take part in the Campaign for a Lead-Safe America.

227 Massachusetts Avenue, N.E. • Suite 200 • Washington, D.C. 20002 • 202-543-1147
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Formal designation of a national week for lead poisoning prevention would magnify the impact of these efforts and highlight the need to protect children from lead poisoning and ensure their healthy development. We urge you to formally designate the last week of October "National Childhood Lead Poisoning Prevention Week." We have enclosed a draft proclamation for your review and background.

We stand ready to provide any additional information your office may require. Please contact a member of my staff, Barbara Monfort, if we can be of any further assistance.

Sincerely,

Don Ryan

Don Ryan
Executive Director

Enclosure

DRAFT PROCLAMATION

Designating "National Childhood Lead Poisoning Prevention Week"

WHEREAS, lead poisoning is the number one environmental health hazard to children in the United States;

WHEREAS, according to the United States Centers for Disease Control and Prevention, 890,000 preschool children in the United States have harmful levels of lead in their blood;

WHEREAS, children may become poisoned by lead in water, soil, or consumer products;

WHEREAS, most children are poisoned in their own homes through exposure to lead particles when lead-based paint deteriorates or is disturbed during home renovation and repainting jobs;

WHEREAS, lead paint remains in almost two-thirds of all U.S. housing;

WHEREAS, lead poisoning crosses all barriers of race, income, and geography;

WHEREAS, children from low income families are eight times more likely to be lead poisoned than those from high income families;

WHEREAS, African-American children are at five times higher risk than white children; and

WHEREAS, lead poisoning can cause serious, long term harm to children including reduced IQ and attention span, behavior problems, learning difficulties, and impaired growth;

THEREFORE, I HEREBY DECLARE October 24-30, 1999, as "Childhood Lead Poisoning Prevention Week".

ALLIANCE TO END CHILDHOOD LEAD POISONING

FAX TRANSMISSION COVER SHEET

TO: Mary Cahill

FROM: Don Ryan

TOTAL PAGES (+ COVER): 5 **DATE:** 10-8-99

FAX MACHINE NUMBER: 456-6218

REMARKS:

We would really appreciate your help.

IF RETRANSMISSION IS NECESSARY, PLEASE CALL: (202) 543-1147.

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ALLIANCE TO END CHILDHOOD LEAD POISONING

October 8, 1999

The President
The White House
Washington, D.C. 20500

Dear Mr. President:

This follows our letter of September 10, 1999, a copy of which is attached, regarding our request that you declare the weeks of October 24-30, 1999 and October 22-28, 2000, "National Childhood Lead Poisoning Prevention Week." Since our earlier letter, Senate Resolution 199 has been introduced with 28 original co-sponsors. A copy of the resolution is attached for your information. This resolution demonstrates the strong and bipartisan support in Congress for intensified efforts to protect children from lead poisoning.

In addition to this impending Senate action, over 100 local groups from across the country join in urging you to designate National Childhood Lead Poisoning Prevention Week. We have attached a list of these groups to this letter.

Your official designation of October 24-30 as National Childhood Lead Poisoning Prevention Week will provide maximum visibility for the Campaign for a Lead-Safe America's activities that week, including a major media event in Washington, DC. The Alliance is working with the Campaign for a Lead-Safe America, a national public education campaign sponsored by the U.S. Department of Housing and Urban Development, to build participation by state and local lead poisoning prevention and child advocacy groups nationwide.

We would like to request the opportunity to meet with White House staff with responsibility for domestic policy, environmental protection and children's health to discuss this matter. Please contact Barbara Monfort at 202-543-1147, to set up a meeting or if we can be of any further assistance.

Sincerely,

Don Ryan

Don Ryan
Executive Director

Enclosures

227 Massachusetts Avenue, N.E. ◆ Suite 200 ◆ Washington, D.C. 20002 ◆ 202-543-1147
Fax: 202-543-4466 ◆ Email: aeclp@aeclp.org

State and Local Groups Supporting Designation
of National Childhood Lead Poisoning Prevention Week

Alabama State CLPPP	Montgomery	AL
Alliance To End Childhood Lead Poisoning	Washington	DC
Anne Arundel Co. Department of Health	Annapolis	MD
Arab Community Center for Economic and Social Services	Dearborn	MI
Association of Parents to Prevent Lead Exposure	Cleveland	OH
Baltimore City Health Department	Baltimore	MD
Bethel New Life, Inc.	Chicago	IL
Brooklyn Lead Safe House	Brooklyn	NY
California State CLPPP	Oakland	CA
California State Dept. of Community Services and Development	Sacramento	CA
Center for Human Development	Pleasant Hill	CA
Charlotte Organizing Project	Charlotte	NC
Chesterfield Health Department	Chesterfield	VA
Chicago Lawyers' Committee for Civil Rights	Chicago	IL
Childhood Lead Action Project	Providence	RI
Citizen Action of New York	Buffalo	NY
City of Buffalo Division of Neighborhoods	Buffalo	NY
City of Charlotte Neighborhood Development	Charlotte	NC
City of Columbus	Columbus	OH
City of Fort Worth Public Health Department	Fort Worth	TX
City of Providence Mayor's Office	Providence	RI
City of Springfield Office of Housing	Springfield	MA
CLEARCorps	Baltimore	MD
Cook County CLPPP	Chicago	IL
Detroit Health Department; LPPCP	Detroit	MI
Dorchester Bay Economic Development Corporation	Dorchester	MA
Douglas County Health Department	Omaha	NE
Dover Office of LPPP	Dover	DE
Dubuque Housing Services	Dubuque	IA
Durham Department of Housing	Durham	NC
Duval County Health Department	Jacksonville	FL
Economic and Employment Develoment Center	Los Angeles	CA
Ecumenical Social Action Committee	Jamaica Plain	MA
Environmental Defense Fund	Washington	DC
Esperanza Community Housing Corporation	Los Angeles	CA
Greater Minneapolis Day Care Association	Minneapolis	MN
Hawaii State Department of Health	Honolulu	HI
Healthy Children Organizing Project	San Francisco	CA
Houston CLPPP	Houston	TX
Houston Department of Health and Human Services	Houston	TX
Hunter College Center for Occupational and Environmental Health	New York	NY
Indiana State Department of Health	Indianapolis	IN
Infant Welfare Society	Chicago	IL
Ironbound Community Corporation	Newark	NJ
Just a Start Corporation	St. Cambridge	MO
Kansas City, MO, Health Department - CLPPP	Kansas City	MO
Kentucky State CLPPP	Frankfort	KY
LaSalle University Neighborhood Nursing Center	Philadelphia	PA
Lead-Safe Cambridge	Cambridge	MA
Lead-Safe Cuyahoga	Cleveland	OH

Lead Action Collaborative	Boston	MA
Lead Poisoning Prevention Education and Training Program	Stratford	NJ
LeadBusters, Inc.	Kansas City	KS
Lisbon Avenue Neighborhood Development	Milwaukee	WI
Los Angeles County CLPPP	Los Angeles	CA
Malden Redevelopment Authority	Malden	MA
Maryland Department of Housing	Crownsville	MD
Massachusetts State Housing and Community Reinvestment	Boston	MA
Michigan ACORN	Detroit	MI
Michigan Department of Community Health	Lansing	MI
Michigan League for Human Services	Lansing	MI
Minneapolis Lead Hazard Control Program	Minneapolis	MN
Missouri Coalition for the Environment	St. Louis	MO
Missouri State CLPPP	Jefferson City	MO
Montgomery County Lead Hazard Reduction Program	Dayton	OH
Mothers of Lead Exposed Children	Richmond	MO
National Center for Lead-Safe Housing	Columbia	MD
National Health Law Program	Chapel Hill	NC
Natural Resources Defense Council	New York	NY
New Haven Health Department	New Haven	CT
New Jersey Citizen Action	Highland Park	NJ
New York City CLPPP	New York	NY
Ohio Department of Health	Columbus	OH
Palmerton Environmental Task Force	Palmerton	PA
Petersburg Health Department	Petersburg	VA
Phillips Neighborhood Healthy Housing Collaborative	Minneapolis	MN
Phoenix Lead Hazard Control Program	Phoenix	AZ
Project REAL - Richmond Redevelopment Agency	Richmond	CA
Quincy-Weymouth Lead Paint Safety Initiative	Quincy	MA
Rhode Island Department of Health - CLPPP	Providence	RI
Rhode Island State Housing	Providence	RI
Richmond Department of Public Health - Lead-Safe Richmond	Richmond	VA
San Francisco Mayor's Office of Housing	San Francisco	CA
Savannah NPCD	Savannah	GA
Scott Co. Health Department - CLPPP	Davenport	IA
South Jersey Lead Consortium	Bridgeton	NJ
Southeast Michigan Coalition on Occupational Safety and Health	Detroit	MI
St. Louis County Government	Clayton	MO
Syracuse Department of Community Development	Syracuse	NY
Tenants' Action Group	Philadelphia	PA
The Way Home	Manchester	NH
United for Change CDC	Washington	DC
United Parents Against Lead of Michigan	Paw Paw	MI
University of Massachusetts Dartmouth Lead Program	New Bedford	MA
University of Nevada at Las Vegas Harry Reid Center	Las Vegas	NV
Urban League of Portland	Portland	OR
Vermont Public Interest Research Group	Montpelier	VT
West County Toxics Coalition	Richmond	CA
West Dallas Coalition for Environmental Justice	Dallas	TX
Wisconsin State CLPPP	Madison	WI
Wyoming Department of Health - Lead Program	Cheyenne	WY

106th CONGRESS

1st Session

S. RES. 199

Designating the week of October 24, 1999, through October 30, 1999, and the week of October 22, 2000, through October 28, 2000, as 'National Childhood Lead Poisoning Prevention Week'.

IN THE SENATE OF THE UNITED STATES

October 7, 1999

Mr. REED (for himself, Ms. COLLINS, Mr. TORRICELLI, Mr. REID, Mr. LEVIN, Mr. WELLSTONE, Mr. LIEBERMAN, Mr. KERRY, Mr. KENNEDY, Mr. SARBANES, Mr. DORGAN, Mr. SCHUMER, Mr. AKAKA, Mr. INOUYE, Mr. CHAFEE, Mrs. BOXER, Ms. MIKULSKI, Mr. DODD, Mr. WYDEN, Mr. CONRAD, Mr. GRAHAM, Mr. DURBIN, Mr. DEWINE, Ms. LANDRIEU, Mr. JOHNSON, Mr. JEFFORDS, Mr. SMITH of Oregon, Mr. ROBB, and Mr. FRIST) submitted the following resolution; which was referred to the Committee on the Judiciary

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RESOLUTION

Designating the week of October 24, 1999, through October 30, 1999, and the week of October 22, 2000, through October 28, 2000, as 'National Childhood Lead Poisoning Prevention Week'.

Whereas lead poisoning is a leading environmental health hazard to children in the United States;

Whereas according to the United States Center for Disease Control and Prevention, 890,000 preschool children in the United States have harmful levels of lead in their blood;

Whereas lead poisoning may cause serious, long-term harm to children, including reduced intelligence and attention span, behavior problems, learning disabilities, and impaired growth;

Whereas children from low-income families are 8 times more likely to be poisoned by lead than those from high income families;

Whereas children may become poisoned by lead in water, soil, or consumable products;

Whereas most children are poisoned in their homes through exposure to lead particles when lead-based paint deteriorates or is disturbed during home renovation and repainting; and

Whereas lead poisoning crosses all barriers of race, income, and geography: Now, therefore, be it

Resolved, That the Senate--

(1) designates the week of October 24, 1999, through October 30, 1999, and the week of October 22, 2000, through October 28, 2000, as 'National Childhood Lead Poisoning Prevention Week'; and

(2) requests that the President issue a proclamation calling upon the people of the United States to observe such day with appropriate programs and activities.

MEETING ON PREVENTING CHILDHOOD LEAD POISONING

Today, you will be meeting with the Alliance to End Childhood Lead Poisoning at Bruce Reed's request. They are hoping to have the President designate the week of October 24, 1999 and the week of October 22, 2000 as "National Childhood Lead Poisoning Prevention Week". A resolution making the same recommendation was introduced in the Senate by Jack Reed and has 28 cosponsors.

They are planning on holding an event with public-private partners and HUD to call attention to the importance of lead poisoning prevention the week of October 24. They feel that the President's proclamation would provide maximum visibility for the activities they have planned, which include launching a national public education campaign on lead poisoning prevention.

They may also wish to discuss the release of a recent GAO report indicating that only 20 percent of Medicaid-eligible children are being screened for lead poisoning and that many states have not adopted the mandatory EPSDT lead screening policy.

HCFA is preparing to issue guidance to address this issue. The guidance will:

Clarify that States are required to provide all Medicaid-eligible children with a screening blood lead test at 12- and 24-months of age. In addition, children over the age of 24 months up to 72 months of age for whom no record of a previous screening blood lead test exists, should also receive a screening blood lead test. Any follow-up services, including diagnostic or treatment services determined to be medically necessary that are within the scope of the Federal Medicaid statute, should also be provided. This would include both case management services and the one-time investigation to determine the source of lead for children diagnosed with elevated blood levels.

State that Federal Medicaid funds are available for non-medical services that may be needed to treat lead poisoning. While Medicaid covers the medical services that a child with lead poisoning needs, there remain other (non-medical) type services, such as housing, lead abatement and environmental investigation of the source of lead, that may also be needed in these cases. Case management services, which are claimed as a medical service, can be used to reach beyond the bounds of the Medicaid program to coordinate access to a broad range of services, regardless of whether the Medicaid program is funding the service to which access is gained.

EXAMPLE: Rhode Island was recently approved to expand its statewide 1115 Medicaid demonstration waiver to cover the cost of replacing windows in the homes of children diagnosed with lead poisoning. While replacing windows is not a covered item under the "regular" Medicaid program, Rhode Island was able to obtain HCFA approval for this based on savings from other aspects of their 1115 waiver.

Letter dated on or about 8/19/99

The Honorable Donna Shalala
Room 615F
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Shalala:

The Advisory Committee on Childhood Lead Poisoning Prevention (ACCLPP) is appointed by you to monitor the nation's progress in preventing lead poisoning in children. In 1991, the Department of Health and Human Services (HHS) established as a national goal the elimination of childhood lead poisoning from the United States by the year 2011. We believe that this goal remains important and achievable, and it has been a cornerstone for many of our recent efforts to control childhood lead poisoning. However, we have serious concerns about several issues that may substantially undermine the realization of our nation's goal to eliminate childhood lead poisoning. These are summarized here and detailed below.

We have four major concerns which span many areas of childhood lead poisoning prevention. These are:

- The current Medicaid benefit for lead source detection is inadequate to meet the current standard of care, and must be expanded to cover appropriate laboratory analysis of likely sources such as dust.

- We recommend that the Committee, in collaboration with staff from the Centers for Disease Control and Prevention (CDC), play a central role in developing scientifically valid criteria for issuing waivers for lead screening to individual state Medicaid programs, and that no such waivers be issued by the Health Care Financing Administration (HCFA) until these criteria are fully developed.

- There must be a long-term commitment to continued funding for the Federal/Wisconsin Blood Lead Proficiency Testing Program.

- Department of Health and Human Services should develop and assure adequate funding for an international effort to eliminate childhood lead poisoning, with CDC providing leadership and in collaboration with other appropriate Federal agencies.

Background

Over the past two decades, we have made great strides toward ending childhood lead poisoning in the United States. The frequency of elevated blood lead levels among children aged 1-5 years has decreased substantially, from 88 percent in 1976-1980 to 4 percent in 1991-1994. Nevertheless, childhood lead poisoning remains one of our nation's most common environmental health problems. Nearly one million children are estimated to have elevated blood lead levels--a condition which causes permanent neurologic damage and impaired cognitive functioning. Important sources of lead exposure remain unattended and continue to be discovered. Most of the nation's housing stock still contains leaded paint--the most common source--and the expanding world economy brings new sources into the United States regularly. As a result, we still have substantial work ahead to eliminate this most common and completely preventable childhood environmental disease.

In the last two years there has been renewed national interest in Federal policies and programs to control childhood lead poisoning. In late 1997, CDC issued newly revised guidelines for screening children for lead poisoning, recommending an approach that targets screening to those children at highest risk. In the past 18 months, the United States General Accounting Office (GAO) issued a series of reports identifying and highlighting important gaps in the nation's childhood lead poisoning prevention campaign. The most important finding in the GAO reports was the observation that young children enrolled in Medicaid are at nearly three times the risk for lead poisoning of non-Medicaid enrolled children, and that despite longstanding requirements that all Medicaid enrolled children be screened for lead exposure, few had actually received a blood lead test.

These recent events have raised concerns within the Committee that national progress toward the elimination of childhood lead poisoning could stall. Protecting all children from lead poisoning requires maintaining a national focus, with clearly stated goals, objectives, and strategies that are supported and enforced. Here are the four elements of the Federal program about which we have urgent concerns.

Medicaid should reimburse for laboratory testing of potential environmental lead sources.

The Committee is concerned about a recent HCFA policy change limiting Medicaid reimbursement for environmental investigations performed to identify the source or sources of lead exposure for children with lead poisoning. The essential part of the treatment of children with lead poisoning is the identification of the environmental source of lead and subsequent action to eliminate further lead exposure. Naturally, if the lead source is not identified, treatment efforts will fail. Thus, for some time, HCFA has permitted federal Medicaid funds to be used to reimburse for this service. And, in response to the January 1999 GAO report entitled, *Lead Poisoning: Federal Health Care Programs Are Not Effectively Reaching At-Risk Children,* HCFA has reported to this Committee its intention to make clear that such

reimbursement is required for state programs rather than optional. However, at the same time that HCFA is emphasizing that environmental investigation is reimbursable, it has also restricted the scope of the service so as to undermine its essential purpose.

Specifically, in September 1998, HCFA revised the State Medicaid Manual to indicate that no Medicaid reimbursement is available for lead testing of any substances (water, paint, etc.) which are sent to a laboratory for analysis. This inappropriately restrictive policy precludes the use of dust lead testing, an essential and relatively inexpensive method of determining if paint is the source of lead exposure. The result of this restriction is that investigations for children served by Medicaid are effectively limited to visual assessment of the home, interviews of occupants, and on-site X-ray fluorescence (XRF) analysis of lead paint content where such analyzers are available. Such investigations fall far short of meeting the standard of care for investigating the home of a lead-poisoned child, which is set out in Chapter 16 of the United States Department of Housing and Urban Development's *Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing.* As described therein, and widely affirmed by state practice, a complete investigation needs to include analysis of environmental samples to identify the source of lead exposure as warranted. One cannot assess lead content of water, dust, and soil simply by looking; laboratory analysis is necessary. And, even if the presence of lead paint can be confirmed by XRF, determining if the paint is actually the source of lead exposure depends on laboratory analysis of dust, the most common pathway of poisoning for young children.

The Committee strongly recommends that HCFA revise the State Medicaid Manual to explicitly allow reimbursement for collection and laboratory analysis of environmental samples for lead content to determine the source or sources of lead exposure for a lead-poisoned child. Without this change, Medicaid is covering a substandard service that does not meet the existing standard of care or provide the relevant medical information to guide the major treatment intervention.

Criteria for waivers to Federal blood lead screening requirements for Medicaid enrollees should be developed by the Committee in conjunction with CDC, and no waivers should be granted until these criteria are developed.

The Committee is concerned about the process for and timing of any HHS policy decisions to grant waivers to individual states allowing them to opt out of mandatory lead screening of young children insured by Medicaid. Just nine months ago, HCFA issued simplified mandatory lead screening requirements for young Medicaid enrollees, requiring a screeningblood lead test at ages one and two years. Although this requirement has yet to be fully implemented, states are beginning to request waivers to it. The Committee recognizes that the concept of such waivers has been recommended by both CDC and GAO as possible appropriate policy when reliable and representative blood lead data are available to justify such decisions. However, any waiver process must be based on sound and representative blood lead screening data, which in general is lacking. No state request for a waiver should be

granted or even considered in the absence of reliable, representative prevalence data from screening and population surveys.

Additionally, the Committee is concerned about who will have responsibility for making decisions about waivers. While HCFA might appear to be the logical choice to assess waivers for Medicaid benefits, it is our understanding that the expertise of HCFA staff is in the health care financing and administrative areas, rather than in public health practice and epidemiology. Any waiver-granting process will require evaluation of state level screening data, an evaluation which can only be completed by personnel with the appropriate public health evaluation skills. We therefore suggest that the Committee be charged with the task of developing scientifically-based criteria for state waivers from Medicaid's lead screening policy. Once such criteria are developed, HCFA can administer the process of receiving state applications and awarding waivers, with additional input from CDC staff, as needed. This approach offers HHS the advantage of tapping the significant public health, pediatric, and epidemiologic expertise on childhood lead poisoning that exists on the Committee. This charge would also be a logical extension of the Committee's historical role in developing lead screening recommendations for CDC. Another significant advantage is that, as a federally-chartered advisory committee, ACCLPP operates in a public venue with the opportunity for public comment. Developing waiver criteria in such a structured public venue would allow all interested parties to observe and comment during the proceedings.

The Committee believes that beginning a process of granting waivers now may be premature for two reasons. First, since the revised and simplified lead screening policy for Medicaid-enrolled children has only been in place since October 1998, this policy has yet to be fully implemented or its impact evaluated. Moreover, all available data suggest that current lead screening rates among children covered by Medicaid are very poor, despite federal requirements. For example, the January 1999 General Accounting Office (GAO) Report to Congress documented very low lead screening rates (about 18%) for children enrolled in Medicaid, lax oversight by HCFA and the states, and inconsistent adoption of federal requirements by state Medicaid programs. Before the Department makes a decision to stop requiring screening of significant segments of the high-risk Medicaid population, the Committee believes that HHS must take every action to ensure that the new screening policy is effectively implemented by state Medicaid programs. If some state requirements are relaxed now, addressing the serious screening gaps documented in the GAO report and improving state Medicaid policy and practice will become more difficult. We fear that this approach will undermine our ability to convey the message about the high risk for lead poisoning among children enrolled in Medicaid in the vast majority of states.

In addition, the Committee has not been given an opportunity to review the epidemiologic data supporting the current requests to HCFA for state waivers. Therefore, we are not yet able to formulate any judgements about whether or not these specific requests are meritorious on a scientific basis. Thus, the Committee believes that consideration of pending state waivers should be deferred until such time as objective criteria are developed and until the Committee

and HHS have had an opportunity to develop strategies to prevent or minimize any unintended effects of the waiver policy on the larger effort to improve lead screening of high-risk Medicaid-enrolled children.

For these reasons, the Committee recommends that HCFA defer development of a Medicaid blood lead screening waiver process until such time as the need for waivers and the criteria have collaboratively been developed by the Committee in conjunction with CDC.

Adequate funding for the Federal/Wisconsin Blood Lead Proficiency Testing Program must be assured.

The Committee has learned that long-term funding of the Federal/Wisconsin Blood Lead Proficiency Testing Program is in jeopardy. As the diagnosis of lead poisoning is based, for the most part, upon laboratory measurement of blood lead concentration, accurate and reliable laboratory testing is essential to efforts to identify and manage this disease. The accuracy of blood lead measurements has become even more important over the years, as we have learned that even very low levels of lead in blood are linked to long-term neurodevelopmental compromise in children. To address this critical need, a blood lead proficiency testing program has been in operation since the early 1970's through the financial support of the Maternal and Child Health Bureau (MCHB) and the Health Resources and Services Administration (HRSA) and with the technical assistance of the CDC. In the early years of this program, HRSA provided financial support and CDC administered the program and provided technical assistance. Several years ago, the Wisconsin State Laboratory of Hygiene joined this important partnership, assuming responsibility for program administration.

As a result of this longstanding public health laboratory partnership, several hundred participating laboratories are able to evaluate how accurately they can measure blood lead levels each month. The Blood Lead Proficiency Testing Program serves a total of 320 public and private laboratories in the United States and 45 international laboratories. Those laboratories that perform poorly are given the opportunity to improve through provision of technical assistance from the CDC and the Wisconsin State Laboratory of Hygiene. One of the unique features of this program is the frequency of proficiency testing. To ensure laboratory proficiency, three to five specimens are sent monthly to participating laboratories. This high frequency of proficiency evaluation ensures that commercial laboratories provide highly accurate blood lead results, minimizing the chance of false positive or false negative blood lead specimen determinations.

As changes in blood lead testing technology occur, the availability of an objective external quality assessment tool becomes even more critical. With the introduction of innovative portable blood lead testing devices in 1997, the Blood Lead Proficiency Testing Program quickly geared-up to serve laboratories using this new technology. Recently, because filter paper techniques for measuring blood lead were being introduced into the commercial market without an objective means of evaluating laboratory performance, the Blood Lead Proficiency

Testing Program added a filter paper-based proficiency testing component--the only blood lead proficiency testing program for lead measurement on filter paper currently available. This important program is provided at no cost to participating laboratories, and capitalizes on the considerable collective expertise among its two federal partners--MCHB and CDC--as well as its state partner, the Wisconsin State Laboratory of Hygiene.

Recently the Committee learned that continued funding for this important program was in jeopardy. We now understand that this immediate funding crisis has been resolved and continued fiscal support for the proficiency testing program has been assured by MCHB through FY 2000. The Committee wants assurance that financial support for this essential program will continue beyond this time period.

An international lead poisoning prevention effort at the CDC is needed.

The international aspects of childhood lead poisoning have substantial impact on lead poisoning elimination efforts in the United States. In many parts of the world, especially in the developing world, lead exposure is a much greater problem than it is in the United States. For example, lead is still widely used in gasoline, and only twenty countries have completed the phase-out of leaded gasoline, even while global automobile use is steadily increasing. Additionally, uses as varied as leaded glazes for ceramic food containers to automobile battery recycling and metal wire stripping contribute to the global lead burden. In the developing world, where most of our foreign-born arrivals originate, children are heavily exposed to numerous sources of lead, and many enter the United States with elevated blood lead levels. Additionally, these new residents bring unique sources of lead exposure with them, in the form of cultural practices. These sources result in considerable exposure to United States resident children. For example, in my own state of California, as many as twenty percent of all children identified with lead poisoning are exposed to lead through a cultural practice, object or behavior ranging from foods to folk remedies to use of lead contaminated cosmetics. Increasingly we live in a global economy, and our food and consumer products from abroad contain lead. The plan to eliminate childhood lead poisoning in the United States cannot succeed without a global perspective and global elimination efforts. For this reason, the Committee has strongly urged CDC to expand its domestic mandate to a global one, by developing a global lead elimination agenda and program and seeking additional funding for international efforts to prevent childhood lead poisoning. Moreover, the Committee views the international lead issue as an important responsibility for the Secretary, especially in the crucial area of establishing a specific CDC international lead program with specific resources earmarked for prevention. We understand that such efforts would need to be linked to international programs at agencies such as the United States Agency for International Development, the World Health Organization, the World Bank, and the Environmental Protection Agency Office of International Affairs. Health and Human Services, and

particularly CDC, have been crucial to the dramatic reduction of lead poisoning in the United States during the last several decades. These lessons learned need to be applied to accelerate international lead poisoning elimination strategies.

If you wish to contact me directly, I can be reached at my office in California; phone–(510) 622-5010; fax–(510) 622-5002; e-mail–cumminssk@aol.com; address–Childhood Lead Poisoning Prevention Branch, California Department of Health Services, 1515 Clay Street, Suite 1801, Oakland, California 94612. Representatives of the Committee would like to meet with you as soon as possible, hopefully before the end of the summer, to expand upon these concerns and to offer achievable solutions to these problems. As your advisors and experts in the field, we feel an obligation to keep you informed so that the Federal government can continue on the path of its stated goal of the ending childhood lead poisoning. We look forward to meeting with you.

Sincerely,

Susan K. Cummins, M.D., M.P.H.
Chair
Advisory Committee on Childhood Lead Poisoning Prevention

Enclosure

cc:
Jeffrey P. Koplan, M.D., M.P.H.
David Satcher, M.D., Ph.D.
Richard J. Jackson, M.D., M.P.H.

ALLIANCE TO END CHILDHOOD LEAD POISONING

October 8, 1999

The President
The White House
Washington, D.C. 20500

Attn: Office of Presidential Messages

Dear Mr. President:

This follows our letter of September 10, 1999, a copy of which is attached, regarding our request that you declare the week of October 24-30, 1999, "National Childhood Lead Poisoning Prevention Week." Since our earlier letter, Senate Resolution 199 has been introduced with 28 original co-sponsors. A copy of the resolution is attached for your reference. This resolution demonstrates the strong interest in Congress and bi-partisan support for intensified efforts to protect children from lead poisoning.

In addition to this impending Senate action, over 100 local groups from across the country have responded to express their support for the designation of this national week in October. We have attached a list of those groups to this letter.

Your official designation of October 24-30 as National Childhood Lead Poisoning Prevention Week will provide maximum visibility for the Campaign for a Lead-Safe America's activities that week, including a major media event in Washington, DC. The Alliance is working with the Campaign for a Lead-Safe America, a national public education campaign sponsored by the U.S. Department of Housing and Urban Development, to build participation by state and local lead poisoning prevention and child advocacy groups nationwide.

We would like to request the opportunity to meet with White House staff with responsibility for domestic policy, environmental protection and children's health to discuss this matter. Please contact Barbara Monfort at (202) 543-1147, to set up a meeting or if we can be of any further assistance.

Sincerely,

Don Ryan

Don Ryan
Executive Director

Enclosure

227 Massachusetts Avenue, N.E. ◆ Suite 200 ◆ Washington, D.C. 20002 ◆ 202-543-1147
Fax. 202-543-4466 ◆ Email. aeclp@aeclp.org

Alabama State CLPPP	Montgomery	AL
Alliance To End Childhood Lead Poisoning	Washington	DC
Anne Arundel Co. Department of Health	Annapolis	MD
Arab Community Center for Economic and Social Services	Dearborn	MI
Association of Parents to Prevent Lead Exposure	Cleveland	OH
Baltimore City Health Department	Baltimore	MD
Bethel New Life, Inc.	Chicago	IL
Brooklyn Lead Safe House	Brooklyn	NY
California State CLPPP	Oakland	CA
California State Dept. of Community Services and Development	Sacramento	CA
Center for Human Development	Pleasant Hill	CA
Charlotte Organizing Project	Charlotte	NC
Chesterfield Health Department	Chesterfield	VA
Chicago Lawyers' Committee for Civil Rights	Chicago	IL
Childhood Lead Action Project	Providence	RI
Citizen Action of New York	Buffalo	NY
City of Buffalo Division of Neighborhoods	Buffalo	NY
City of Charlotte Neighborhood Development	Charlotte	NC
City of Columbus	Columbus	OH
City of Fort Worth Public Health Department	Fort Worth	TX
City of Providence Mayor's Office	Providence	RI
City of Springfield Office of Housing	Springfield	MA
CLEARCorps	Baltimore	MD
Cook County CLPPP	Chicago	IL
Detroit Health Department; LPPCP	Detroit	MI
Dorchester Bay Economic Development Corporation	Dorchester	MA
Douglas County Health Department	Omaha	NE
Dover Office of LPPP	Dover	DE
Dubuque Housing Services	Dubuque	IA
Durham Department of Housing	Durham	NC
Duval County Health Department	Jacksonville	FL
Economic and Employment Develoment Center	Los Angeles	CA
Ecumenical Social Action Committee	Jamaica Plain	MA
Environmental Defense Fund	Washington	DC
Esperanza Community Housing Corporation	Los Angeles	CA
Greater Minneapolis Day Care Association	Minneapolis	MN
Hawaii State Department of Health	Honolulu	HI
Healthy Children Organizing Project	San Francisco	CA
Houston CLPPP	Houston	TX
Houston Department of Health and Human Services	Houston	TX
Hunter College Center for Occupational and Environmental Health	New York	NY
Indiana State Department of Health	Indianapolis	IN
Infant Welfare Society	Chicago	IL
Ironbound Community Corporation	Newark	NJ
Just a Start Corporation	St. Cambridge	MO
Kansas City, MO, Health Department - CLPPP	Kansas City	MO
Kentucky State CLPPP	Frankfort	KY
LaSalle University Neighborhood Nursing Center	Philadelphia	PA
Lead-Safe Cambridge	Cambridge	MA
Lead-Safe Cuyahoga	Cleveland	OH
Lead Action Collaborative	Boston	MA
Lead Poisoning Prevention Education and Training Program	Stratford	NJ

LeadBusters, Inc.	Kansas City	KS
Lisbon Avenue Neighborhood Development	Milwaukee	WI
Los Angeles County CLPPP	Los Angeles	CA
Malden Redevelopment Authority	Malden	MA
Maryland Department of Housing	Crownsville	MD
Massachusetts State Housing and Community Reinvestment	Boston	MA
Michigan ACORN	Detroit	MI
Michigan Department of Community Health	Lansing	MI
Michigan League for Human Services	Lansing	MI
Minneapolis Lead Hazard Control Program	Minneapolis	MN
Missouri Coalition for the Environment	St. Louis	MO
Missouri State CLPPP	Jefferson City	MO
Montgomery County Lead Hazard Reduction Program	Dayton	OH
Mothers of Lead Exposed Children	Richmond	MO
National Center for Lead-Safe Housing	Columbia	MD
National Health Law Program	Chapel Hill	NC
Natural Resources Defense Council	New York	NY
New Haven Health Department	New Haven	CT
New Jersey Citizen Action	Highland Park	NJ
New York City CLPPP	New York	NY
Ohio Department of Health	Columbus	OH
Palmerton Environmental Task Force	Palmerton	PA
Petersburg Health Department	Petersburg	VA
Phillips Neighborhood Healthy Housing Collaborative	Minneapolis	MN
Phoenix Lead Hazard Control Program	Phoenix	AZ
Project REAL - Richmond Redevelopment Agency	Richmond	CA
Quincy-Weymouth Lead Paint Safety Initiative	Quincy	MA
Rhode Island Department of Health - CLPPP	Providence	RI
Rhode Island State Housing	Providence	RI
Richmond Department of Public Health - Lead-Safe Richmond	Richmond	VA
San Francisco Mayor's Office of Housing	San Francisco	CA
Savannah NPCD	Savannah	GA
Scott Co. Health Department - CLPPP	Davenport	IA
South Jersey Lead Consortium	Bridgeton	NJ
Southeast Michigan Coalition on Occupational Safety and Health	Detroit	MI
St. Louis County Government	Clayton	MO
Syracuse Department of Community Development	Syracuse	NY
Tenants' Action Group	Philadelphia	PA
The Way Home	Manchester	NH
United for Change CDC	Washington	DC
United Parents Against Lead of Michigan	Paw Paw	MI
University of Massachusetts Dartmouth Lead Program	New Bedford	MA
University of Nevada at Las Vegas Harry Reid Center	Las Vegas	NV
Urban League of Portland	Portland	OR
Vermont Public Interest Research Group	Montpelier	VT
West County Toxics Coalition	Richmond	CA
West Dallas Coalition for Environmental Justice	Dallas	TX
Wisconsin State CLPPP	Madison	WI
Wyoming Department of Health - Lead Program	Cheyenne	WY

ALLIANCE TO END CHILDHOOD LEAD POISONING

September 10, 1999

The President
The White House
Washington, D.C. 20500

Attn: Office of Presidential Messages

Dear Mr. President:

I write to request that you declare October 24-30, 1999 "National Childhood Lead Poisoning Prevention Week." Despite steady progress over the past two decades to regulate inappropriate uses of lead, the tragedy of childhood lead poisoning remains very real for nearly one million preschoolers in the U.S. (4.4% of children aged 1 - 5). In the U.S., most children are poisoned in their own homes by deteriorating lead-based paint and lead-contaminated dust.

While lead poisoning crosses all barriers of race, income, and geography, most of the burden of this disease falls disproportionately on low-income families or families of color, who generally live in older, poorer quality housing. In the U.S., children from low-income families are eight times more likely to be poisoned than those from high income families. African American children are five times more likely to be poisoned than white children. Nationwide, almost 22% of African American children living in older housing are lead poisoned, a staggering statistic, particularly given the overall decline in blood lead levels in the last decade. In some communities, more than half of preschool children are lead-poisoned.

Even low levels of exposure to lead impair children's ability to learn and thrive, causing reductions in IQ and attention span, reading and other learning disabilities, hyperactivity, aggressive behavior, hearing loss, and coordination problems. These effects are persistent and interfere with their success in school and later life.

This year there will be several events during the last week of October 1999, announcing several initiatives of the Campaign for a Lead-Safe America, a national public education campaign sponsored by a grant from the U.S. Department of Housing and Urban Development. The Alliance To End Childhood Lead Poisoning is working with the Campaign to build participation by state and local lead poisoning prevention and child advocacy groups nationwide. At this time, nearly 200 community organizations across the country have indicated their wish to take part in the Campaign for a Lead-Safe America.

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Formal designation of a national week for lead poisoning prevention would magnify the impact of these efforts and highlight the need to protect children from lead poisoning and ensure their healthy development. We urge you to formally designate the last week of October "National Childhood Lead Poisoning Prevention Week." We have enclosed a draft proclamation for your review and background.

We stand ready to provide any additional information your office may require. Please contact a member of my staff, Barbara Monfort, if we can be of any further assistance.

Sincerely,

Don Ryan
Executive Director

Enclosure

DRAFT PROCLAMATION

Designating "National Childhood Lead Poisoning Prevention Week"

WHEREAS, lead poisoning is the number one environmental health hazard to children in the United States;

WHEREAS, according to the United States Centers for Disease Control and Prevention, 890,000 preschool children in the United States have harmful levels of lead in their blood;

WHEREAS, children may become poisoned by lead in water, soil, or consumer products;

WHEREAS, most children are poisoned in their own homes through exposure to lead particles when lead-based paint deteriorates or is disturbed during home renovation and repainting jobs;

WHEREAS, lead paint remains in almost two-thirds of all U.S. housing;

WHEREAS, lead poisoning crosses all barriers of race, income, and geography;

WHEREAS, children from low income families are eight times more likely to be lead poisoned than those from high income families;

WHEREAS, African-American children are at five times higher risk than white children; and

WHEREAS, lead poisoning can cause serious, long term harm to children including reduced IQ and attention span, behavior problems, learning difficulties, and impaired growth;

THEREFORE, I HEREBY DECLARE October 24-30, 1999, as "Childhood Lead Poisoning Prevention Week".

THE WHITE HOUSE

WASHINGTON

October 20, 1999

Warm greetings to everyone observing National Childhood Lead Poisoning Prevention Week.

As America's children begin their exciting journey into the 21st century, one of the greatest gifts we can give them is a healthy start. Sadly, however, many children face needless obstacles to healthy development in their own homes. Among the most devastating of these obstacles is lead poisoning. Today nearly 5 percent of children between the ages of 1 and 5 surfer from this condition. While any child can be susceptible to lead poisoning and its effects, low-income children are at a significantly higher risk, since most children are poisoned by lead-based paint and lead-contaminated dust and soil that are found in older, dilapidated housing. For African-American children living in these conditions, the rate of those who suffer from lead poisoning is a staggering 22 percent.

The effects of lead poisoning can be serious and irrevocable. Even low levels of exposure to lead can hinder children's ability to learn and thrive, reducing their IQ and attention span and contributing to learning disabilities, hearing loss, impaired growth, and many other developmental difficulties. My Administration, through the Department of Housing and Urban Development and the Environmental Protection Agency, has taken important steps to eliminate the threat of lead poisoning. We have provided funding for such efforts as removing lead-based paint from housing built prior to 1978, when such paint was outlawed. We have also promoted increased blood testing of young children to determine the levels of lead in their blood.

However, when our children's well-being is at stake, we must do more. I commend the concerned citizens and organizations participating in this year's observance for raising awareness of the dangers of lead poisoning and for teaching families and communities how to prevent it. I urge all Americans to take this occasion to learn more about lead poisoning and to take part in local, state, and national efforts to create a healthier environment for our children.

Best wishes for a successful week.

Bill Clinton

STATES CALLED LAX ON TESTS FOR LEAD IN POOR CHILDREN

MOST FLOUTING 1989 LAW

Youths on Medicaid, Who Are Exposed to High Levels, Are Untreated, Report Says

By ROBERT PEAR

WASHINGTON, Aug. 19 — Federal investigators say most states are flouting a 1989 law requiring that young children on Medicaid be tested for lead poisoning. As a result, they say, hundreds of thousands of children exposed to dangerously high levels of lead are neither tested nor treated.

The General Accounting Office, an investigative arm of Congress, found that "few Medicaid children are screened for blood-lead levels," even though the problem of lead poisoning is concentrated among low-income children on Medicaid. Medicaid recipients are three times as likely as other children to have high amounts of lead in the blood.

Separately, a Federal advisory panel said this week that "current lead screening rates among children covered by Medicaid are very poor, despite Federal requirements."

Cost is not the main reason for the failure to test children, health officials say. The laboratory test usually costs less than $10.

Officials cite more complex reasons for the low rates of testing. Many doctors do not see lead exposure is a problem for their patients and therefore do not believe tests are necessary, or they are unaware of the Federal requirements. In addition, many poor children do not go to the doctor until they are sick, and most children with high levels of lead in the blood display no obvious symptoms at first.

Under Federal law, states are responsible for the screening of children on Medicaid. They need not provide such services directly; they can arrange for the services to be provided by doctors, clinics and health maintenance organizations.

President Bush and top Administration officials have repeatedly emphasized that all Government policies should be evaluated for their effects on children. But the General Accounting Office found that most of the children served by Medicaid and other Federal health programs were not tested for lead as Federal law and regulations dictate they should be.

"Federal lead-screening policies are often not followed by State officials, and the Federal Health Care Financing Administration, which supervises Medicaid, does not review state compliance with these policies."

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