



COMMITMENT INTEGRITY LEADERSHIP

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FACT SHEET

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Childhood Lead Levels

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

Background

Although California and the federal government have taken steps over the last 40 years to reduce lead poisoning, lead can be found in the air and soil, and in the drinking water of structures that contain lead pipes. Lead can be damaging—children under the age of six are especially vulnerable to lead poisoning and its harmful effects. The State calls for testing children who have the greatest risk of lead poisoning, including those enrolled in Medi-Cal or other programs for low-income children. The Department of Health Care Services (DHCS) and the California Department of Public Health (CDPH) have roles in preventing and detecting lead poisoning: DHCS oversees the provision of lead tests to children in Medi-Cal and CDPH oversees the statewide lead prevention program and implementing it to reduce the incidence of excessive lead exposures.

Key Recommendations

- The Legislature should require laboratories to report contact information and unique identifiers with children's lead test results to support CDPH's efforts to efficiently contact families and monitor test results.
- DHCS should ensure it adopts a performance standard for lead tests designed to monitor its success in lead testing of one- and two-year-old children and require managed care plans to identify each month children who need required lead tests and remind providers to test those children.
- CDPH should identify areas at high-risk for lead poisoning and publish the data; ensure local prevention programs' outreach results in a reduced number of children with lead poisoning; meet legislative mandates to help identify children at risk of lead exposure; and update its funding formula.

Key Findings

- DHCS did not ensure that, over a nine-year period, millions of children enrolled in Medi-Cal received all the lead tests they should to determine whether they have lead poisoning and require treatment.
 - Nearly half of the 2.9 million one- and two-year-old children enrolled in Medi-Cal were not tested and another 740,000 children missed one of the two tests they should have received. Further, many who did not receive all the tests were from areas with large numbers of children with elevated lead levels.
 - Although DHCS requires managed care plans to report to it the lead tests they provide, it does not use the data to identify the untested children and does not ensure providers are fully reporting the number being tested.
- While the U.S. average lead testing rate of children ages one and two years who are continuously enrolled in Medicaid and had at least one lead test is almost 45 percent, California's rate is approximately 36 percent.
- CDPH has not publicized a legally required analysis of areas of the State at high risk for childhood lead exposure, nor has it prioritized reducing the lead risks in those areas before children are poisoned.
 - It has data that shows the number of children with elevated lead levels, but it does not proactively reduce lead risks in those areas.
 - It requires local childhood prevention programs, to which it delegates many of its responsibilities, to monitor abatement in the homes of children who have already been poisoned but it does not adequately assess their performance.
- CDPH has not effectively managed the lead prevention program—it has not met several legislative mandates that could improve identifying children who need additional testing, dealt with the backlog of lead test results, or addressed its inequitable approach to funding local programs.