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Congress of the United States

House of Representatives

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February 22, 2016

Dr. Monica Bharel
Commissioner
Massachusetts Department of Public Health
250 Washington Street
6th Floor
Boston, MA 02108

Dear Dr. Bharel:

We are writing to request information on the Massachusetts Department of Public Health's role in preventing childhood lead poisoning. The Massachusetts Department of Public Health is responsible for coordinating the State's childhood lead poisoning prevention and surveillance efforts and receives federal funds in furtherance of these goals. It is important that we understand those efforts.

Lead exposure can cause serious damage to the heart, kidneys, reproductive system, and brain.[1] According to the World Health Organization (WHO), at its most severe exposure levels, lead attacks the brain and central nervous system to cause coma, convulsions, and even death.[2] Lead exposure is particularly harmful to the developing brains and nervous systems of young children—even low levels of exposure are associated with irreversible neurologic damage and behavioral disorders.[3] In 2012, the Centers for Disease Control and Prevention (CDC) lowered the "reference level" for lead poisoning from 10 micrograms per deciliter to 5 micrograms per deciliter, in recognition of a growing scientific consensus that no amount of lead in the blood is

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[1] Centers for Disease Control and Prevention, *Very High Blood Levels Among Adults—United States, 2002-2011*, Morbidity and Mortality Weekly Report (Nov. 29, 2013).

[2] World Health Organization, Lead Poisoning and Health (www.who.int/mediacentre/factsheets/fs379/en/) (accessed Feb. 3, 2016).

[3] Centers for Disease Control and Prevention, *Educational Interventions for Children Affected by Lead* (Apr. 2015) (online at www.cdc.gov/nceh/lead/publications/Educational_Interventions_Children_Affected_by_Lead.pdf).

safe for children. The CDC recommends follow-up and interventions to reduce lead exposure for children with blood lead levels at 5 micrograms per deciliter or more.[4]

The Massachusetts Department of Public Health receives federal funding that can be used for lead poisoning prevention programs through two federal grants, both issued through the CDC. The Childhood Lead Poisoning Prevention Program, designed to eliminate childhood lead poisoning in the United States, provides funding to state health departments to screen children for elevated blood level levels.[5] Through this program, the Massachusetts Department of Public Health was awarded three-year funding for lead poisoning prevention programmatic activities in 2014.[6] In FY 2014, the State of Massachusetts received $421,842 for these efforts.

CDC also provides funding to states through the Preventive Health and Health Services Block Grant to address public health needs in locally defined ways.[7] One of the permissible uses of this grant is to provide money to address environmental health issues, including assessment of children's blood lead levels.[8] In FY2015, Massachusetts received roughly $1.9 million from this grant.[9]

The gravity of the situation in Flint, Michigan has brought to light troubling circumstances across the United States. Dr. Richard J. Jackson, former director of the National Center for Environmental Health at CDC noted, "Lead in Flint is the tip of the iceberg. … Flint is a teachable moment for America."[10] Congress banned lead water pipes 30 years ago, but between 3.3 and 10 million older pipes remain in use throughout the country.[11] In the last fifteen years, a number of cities – including Washington, D.C., Durham and Greenville, North Carolina, Columbia, South Carolina, and Jackson, Mississippi – have reported unsafe levels of lead in their

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[4] Centers for Disease Control and Prevention, *Fact Sheet: Blood Lead Levels in Children* (online at www.cdc.gov/nceh/lead/acclpp/lead_levels_in_children_fact_sheet.pdf) (accessed Feb. 3, 2016).

[5] Centers for Disease Control and Prevention, *CDC's Childhood Poisoning Prevention Program* (Feb. 9, 2015) (online at www.cdc.gov/nceh/lead/about/program.htm).

[6] Centers for Disease Control and Prevention, *CDC's Childhood Poisoning Prevention Program Funding* (Dec. 9, 2014) (online at www.cdc.gov/nceh/lead/funding.htm).

[7] Centers for Disease Control and Prevention, *Preventive Health and Health Services Block Grant* (Apr. 15, 2015) (online at www.cdc.gov/phhsblockgrant/).

[8] Healthy People 2020, *Environmental Health* (accessed Feb. 3, 2016) (online at www.healthypeople.gov/2020/topics-objectives/topic/environmental-health).

[9] Centers for Disease Control and Prevention, *National Allocation of Funds for Health People 2020* (Nov. 24, 2015) (online at www.cdc.gov/phhsblockgrant/allocation.htm).

[10] *American is Flint*, New York Times (Feb. 6, 2016) (online at www.nytimes.com/2016/02/07/opinion/sunday/america-is-flint.html?_r=0).

[11] *Unsafe Lead levels in Tap Water Not Limited to Flint*, New York Times (Feb. 8, 2016).

drinking water.[12] In addition to lead in the water supply, some four million children in the United States live in homes that have lead-based paint that can result in lead poisoning. Low-income and minority children are disproportionately affected by these conditions.[13]

Even several years after CDC revised the reference level for lead poisoning to 5 micrograms per deciliter, Massachusetts has yet to tighten its standards.[14] In the most recent round of reporting to CDC, Massachusetts reported 5,000 children with elevated blood level levels. Eleven percent of those children are in the Boston area.[15] According to the most recent CDC data, Pennsylvania, New York, Ohio, Illinois, Massachusetts, and New Jersey have the highest reported numbers of children with blood lead levels at or above 5 micrograms per deciliter.[16]

These children are at risk for serious intellectual, behavioral, and academic deficits, with lifelong and irreversible consequences.[17] We seek to better understand the methodologies that states use to collect, analyze and report blood lead level data to the CDC and to the public. Furthermore, we seek to understand whether our federal investments in lead poisoning prevention and public health surveillance are up to the task of addressing this public health challenge, and whether additional resources are merited.

To assist in our inquiry, please provide the following documents and information at your earliest convenience:

1. Please provide all grant documents and reports submitted by the Massachusetts Department of Public Health under the CDC's Lead Poisoning Prevention Program.

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[12] *Id.*

[13] Centers for Disease Control and Prevention, *Fiscal Year 2016 Justification of Estimates for Appropriation Committees* (www.cdc.gov/budget/documents/fy2016/fy-2016-cdc-congressional-justification.pdf).

[14] *State fails to meet guidelines on lead in homes*, Boston Globe (July 22, 2015) (online at www.bostonglobe.com/metro/2015/07/21/state-fails-meet-federal-guidelines-lead-homes/NN5DyX8qigKiqg7e5p45cI/story.html).

[15] *New requirements needed on lead paint*, Boston Globe (July 29, 2015) (online at www.bostonglobe.com/opinion/editorials/2015/07/28/new-requirements-needed-lead-paint/pGYUwXDg88k88JTPTqGneK/story.html).

[16] Centers for Disease Control and Prevention, *Number of Children Tested and Confirmed BLL's ≥10 µg/dL by State, Year, and BLL Group, Children < 72 Months Old* (Jan. 11, 2016). The most recent data is from 2014. Data is not available for all states.

[17] Centers for Disease Control and Prevention, *Fiscal Year 2016 Justification of Estimates for Appropriation Committees* (www.cdc.gov/budget/documents/fy2016/fy-2016-cdc-congressional-justification.pdf).

a. What funding has the Massachusetts Department of Public Health received through the Childhood Lead Poisoning Prevention Program in the past three fiscal years? How has Massachusetts Department of Public Health used that funding?

2. How has the Massachusetts Department of Public Health used the funding it has received from the Preventive Health and Health Services Block Grant in the past three fiscal years? Please provide a detailed description of how such funds have been used.

    a. Has the Massachusetts Department of Public Health used any of the funding provided by the Preventive Health and Health Services Block Grant for monitoring of children's blood lead levels? If so, please explain in detail how these funds were used.

    b. Does the Massachusetts Department of Public Health plan to use any of this block grant funding for blood lead level testing, monitoring, or interventions going forward?

3. Please describe the methodology the state uses to collect blood lead level data reported to the CDC.

    a. How many children were tested in each of the past five years? What percentage of all children aged 6 and below does this represent? How has this trend changed over time?

    b. How does the state analyze blood lead levels for trends in order to design public health interventions? At what blood lead level are such interventions triggered, such as case management, follow-up services, or lead abatement services?

    c. Does the Department make blood lead level results available publicly on its website? Is such data available at the neighborhood level?

    d. Does the Department report lead exposure incidents at the blood lead level of 5 micrograms per deciliter, the reference level established by the CDC, or at some higher or lower threshold?

    e. Please describe any recent changes in the state's methodology for collecting, analyzing, or reporting blood lead level data.

4. Does the Department continue to monitor children found to have elevated blood lead levels? How frequently are the children re-tested?

5. In 2012, the Centers for Medicare & Medicaid Services (CMS) revised its policy with respect to screening Medicaid eligible children for lead poisoning to align with the CDC

recommendations.[18] The CDC encouraged targeted screening in states that have sufficient data to demonstrate that universal screening is not the most effective method of identifying exposure to lead.

a. What is the State's lead screening plan for Medicaid beneficiaries? Has the State changed lead screening practices in light of the revised 2012 guidance?

b. A base level of lead screenings and support services are required for children under the age of 21. Has the State opted to support any lead screening or support services for other populations in the Medicaid program?

c. What services are available to Medicaid beneficiaries found to have elevated blood levels?

d. Please provide the incidence of elevated blood levels among the Medicaid population.

Thank you for your work on this critical challenge. Your prompt assistance is appreciated. If you have any questions, please contact Elizabeth Letter of the minority committee staff at (202) 225-3641.

Sincerely,

Frank Pallone, Jr.
Ranking Member

Gene Green
Ranking Member
Subcommittee on Health

Diana DeGette
Ranking Member
Subcommittee on Oversight
and Investigations

Paul D. Tonko
Ranking Member
Subcommittee on Environment
and the Economy

cc: Daniel Tsai, Assistant Secretary for MassHealth
Department of Health and Human Services, Office of Medicaid

[18] Memorandum from the Centers for Medicaid & Medicaid Services re: Medicaid Lead Screening and EQRO protocols (Mar. 30, 2012) (online at www.medicaid.gov/federal-policy-guidance/downloads/cib-03-30-12.pdf).