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Congress of the United States

House of Representatives

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February 22, 2016

Ms. Cathleen Bennett
Acting Commissioner
New Jersey Department of Health
P.O. Box 360
Trenton, NJ 08625

Dear Ms. Bennett:

We are writing to request information on the New Jersey Department of Health's (NJDH) role in preventing childhood lead poisoning. NJDH 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, in light of news reports that 11 New Jersey cities and two counties have a significant proportion of children testing for unsafe blood lead levels.[1]

Lead exposure can cause serious damage to the heart, kidneys, reproductive system, and brain.[2] 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.[3] 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.[4] 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] *Why are Lead Levels in Children So High in 2 N.J. Counties?,* NJ.com (Feb. 7, 2016).

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

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

[4] 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.[5]

NJDH 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.[6] Through this program, the NJDH was awarded three-year funding for lead poisoning prevention programmatic activities in 2014.[7] In FY 2014, the state of New Jersey received $316,643 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.[8] 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.[9] In FY2015, New Jersey received roughly $4.4 million from this grant.

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 drinking water.[12] In addition to lead in the water supply, some four million children in the

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[5] 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).

[6] 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).

[7] 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).

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

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

[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).

[12] *Id.*

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]

According to recent news reports, eleven cities in New Jersey have a higher proportion of young children with dangerous lead levels than Flint, Michigan.[14] Eighteen cities in Pennsylvania reported higher levels of lead exposure than Flint, with nearly a quarter of all children testing above the 5 micrograms per deciliter reference level in some cities.[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 NJDH under the CDC's Lead Poisoning Prevention Program.

    a. What funding has NJDH received through the Childhood Lead Poisoning Prevention Program in the past three fiscal years? How has NJDH used that funding?

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[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] *Why 11 N.J. Cities Have More Lead-Affected Kids Than Flint, Michigan*, NJ.com (Feb. 3, 2016).

[15] *18 Cities in Pennsylvania Reported Higher Levels of Lead Exposure than Flint*, Vox (Feb. 3, 2016).

[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).

2. How has NJDH 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 NJDH 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 NJDH 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 under the Lead Poisoning Prevention program.

    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. What criteria does the state use to identify or select children for blood lead level testing?

    c. 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?

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

    e. 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?

    f. 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

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[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).

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: Valeria Harr, Director
Department of Human Services, Division of Medical Assistance and Health Services