

9/9/2024

NEED TO INCREASE CHILD BLOOD LEAD TESTING AND SCREENING

Dear Colleagues:

In 2023, only 21% of children ages 1-3 years enrolled in the Oregon Health Plan (OHP) were tested for lead. This means that many children may suffer continued undetected exposures that could result in developmental delays and behavioral issues. For this reason, universal screening of children is recommended, and in the case of OHP-enrolled children, required. As of October 2023, OHA lowered the blood lead case definition to 3.5 µg/dL to align with the CDC.

IT'S A REQUIREMENT

*Oregon Administrative Rule (OAR) 410-151-0040- requires blood lead testing for OHP-enrolled children at age 12 months and 24 months. Any child between ages 24 and 72 months with no record of a blood lead test must receive one. **Completion of the Lead Screening Questionnaire does not meet the blood lead testing requirement for children under Medicaid.***

A venous blood draw is preferred. Capillary blood screening is acceptable but should be confirmed with a venous draw for blood levels ≥ 3.5 µg/dL. All results are reportable to OHA.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening exams must include lead testing and follow the Bright Futures Periodicity Schedule:

https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.

ALSO, PHD RECOMMENDS...

All children not enrolled in OHP be screened for lead exposure using OHA's Lead Screening Questionnaire. Recommended ages for screening are 12 and 24 months, or at 3–5 years of age if never screened. OHA's questionnaire and additional guidance are here: healthoregon.org/lead.

Medical providers follow CDC's lead screening guidance for newly arrived refugee children. This includes blood lead testing of all refugees ≤ 16 years of age with a follow-up test within 3–6 months on all refugees ≤ 6 years of age, regardless of the initial screening result. Additional guidance is here: <https://www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/lead.html>

Sincerely,



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LEAD SOURCES AND CASE STUDIES

Testing makes a difference. Children who are exposed to lead and have a blood lead level at or above the blood lead reference value receive case management from the state or local public health authority to help identify and reduce further lead exposures. Recent news of lead-contaminated cinnamon applesauce and the following case studies show how exposures can be mitigated because a child was screened for lead.

Contaminated Eczema Cream Initiates Nationwide Product Recall

Routine blood lead testing of two unrelated children resulted in local public health investigations that identified daily use of the same eczema cream, produced in Vietnam, informally sold nationwide on Facebook, and marketed for infants and children. Lab analyses of the cream samples identified very high lead levels. OHA collaborated with the FDA's investigation that eventually led to a nationwide recall of the product and an investigation by the Drug Administration of Vietnam into the manufacturing facility.

Lead-Based Painted Banisters in a 1960s Apartment Complex

A three-year-old was tested for lead after the mother expressed concerns about the child's tendency to put objects in her mouth. The initial blood lead level was 8 µg/dL. One month later it reached 34 µg/dL, the highest blood lead level in Oregon at the time. To reduce further exposure and the need for chelation, OHA investigated the child's residence, a 1960s apartment complex, and identified a metal stair banister on which the child had chewed on numerous occasions. Testing the banister showed lead levels 17 times as high as the federal definition of lead-based paint. OHA recommended remediation of all banisters in the complex, which was completed within six months, preventing additional lead exposures in the entire complex.

Parent Occupation

A 3-year-old enrolled in the Oregon Health Plan (Medicaid) received her first blood lead test upon the parent's request due to lethargy and abdominal pain. A venous draw result of 7 µg/dL prompted a joint OHA and local public health authority investigation that identified lead hazards in the garage and yard due to the father's occupation in the fishing industry. Subsequent blood lead tests showed declines in the child's levels. Had the child been tested at 12 months as required for Medicaid enrollment, early lead exposure issues might have been identified and mitigated.

While lead-based paint in pre-1978 housing continues to be the most common source of lead exposure for Oregon children, exposures from adult hobbies and occupations, overseas travel, and contaminated consumer products contribute to the case load.

REPORTING RULES

OAR 333-017-0000(6): “Blood lead level at or above the blood lead reference value” means a lead level, in at least one venous blood sample or in two capillary blood samples drawn within 12 weeks of each other, of at least 3.5 micrograms per deciliter.

OAR 333-018-0015(3)(c)(A): Within one local public health authority working day: blood lead level at or above the blood lead reference value.

OAR 333-018-0015(3)(d): Within seven days: Any blood lead level tests including the result.

ENROLLMENT AS A MEDICAID PROVIDER

If you are a provider and have questions about enrolling as a Medicaid provider, please do the following:

- Please ensure updated contact information for the contact(s) who can provide the relevant documentation. You can update your contact information by contacting Provider Enrollment at 1-800-336-6016, Option #6 or provider.enrollment@odhsoha.oregon.gov.
- Provide the email address(es) of the contact(s) who will be able to access and submit the documentation within 14 days of the date of request through secure email to OHA.
- Submitting or resolving fee-for-service claims: Email Provider Services at DMAP.ProviderServices@odhsoha.oregon.gov.
- If you are serving CCO-members, please contact the CCO for specific guidance, also visit: <https://www.oregon.gov/oha/HSD/OHP/Tools/EPSDT-Guidance.pdf>

More information about the EPSDT program and benefits to OHP members can be found at www.oregon.gov/epsdt, or contact the program at epsdt.info@odhsoha.oregon.gov

WE WOULD LOVE TO STAY IN TOUCH!

Please share your e-mail address with the PHD Childhood Lead Poisoning Prevention Program at leadprogram@odhsoha.oregon.gov. For more information, visit healthoregon.org/lead

**SURVEY: PEDIATRIC LEAD SCREENING AND TESTING BY OREGON
MEDICAL PROVIDERS**

In an effort to better understand the lead screening and testing strategies of Oregon pediatric medical providers, our program developed a 5-minute anonymous survey.

To complete the survey, use your smartphone's camera to scan the QR code below, or use the web link below.



<https://forms.office.com/g/NwD6EeQTMi>