

United States Senate

WASHINGTON, DC 20510

October 25, 2019

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Washington, DC 20201

Dear Administrator Verma,

Childhood lead exposure remains a serious public health challenge for communities across the country. With Medicaid serving as an essential health coverage source for the nation's children, the Centers for Medicare & Medicaid Services (CMS) plays a critical role in the prevention, screening, and treatment of children affected by lead exposure. Accordingly, as we near the close of National Lead Poisoning Prevention Week, we write to receive an update on the steps CMS is taking to address demonstrated gaps in data pertaining to blood lead level screenings and urge CMS to renew its commitment to ensuring appropriate lead screening for children at risk of lead exposure

Decades of research demonstrate that lead exposure poses a serious and grave risk to the health of children. Lead exposure can lead to serious health consequences including a lifetime of disease and behavioral challenges. Even as rates of lead poisoning are falling nationwide, data from the Centers for Disease Control and Prevention (CDC) show that children in at least four million households across the United States are currently exposed to high levels of lead – whether from paint, contaminated soil, water, toys, or other household items.

For twenty years, federal law has required blood lead screening “as appropriate for age and risk factors” for all children enrolled in Medicaid. Such screenings are covered under Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit with all children covered by Medicaid required to receive blood lead screenings at 12 months and 24 months of age. In 2016, CMS under the previous administration took a number of actions aimed at improving blood lead screening and testing for Medicaid-eligible children, including the collection of data to try and help ensure the delivery of blood lead screening.


However, despite this progress, according to a recent report from the Government Accountability Office (GAO) (GAO-19-481), data on statutorily mandated blood lead screenings remains incomplete. For example, while the blood lead screening data reported annually by states to CMS provides basic information on the number of screenings performed, it does not identify the number of beneficiaries who received blood lead screenings. As a result, it is unclear how many children at risk of lead exposure are actually receiving required and needed blood lead screenings in accordance with federal requirements and CMS policy. This is unacceptable.

Progress in addressing this public health crisis will continue to be stifled without significant leadership from the CMS and other federal agencies. While we were encouraged by the steps CMS took in 2016, it is clear that more needs to be done to increase screening rates, emphasize prevention, and facilitate early intervention. While CMS has concurred with the recommendation in the 2019 GAO report regarding the need to collect accurate and complete data on blood lead screening for Medicaid beneficiaries, to our knowledge, CMS has not identified any concrete steps to meet the recommendations included in this report. In order to better understand how CMS plans to address the gaps identified in the 2019 GAO report related to blood lead screening and the specific steps CMS plans to take to address this issue, we ask that you please respond to the following questions:

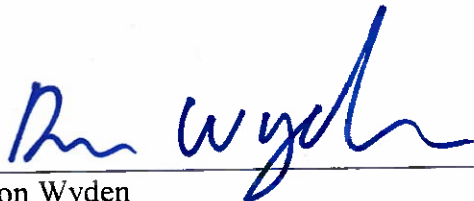
1. What specific actions has CMS taken or plan to take to address the issues and recommendations related to blood lead screening included in the 2019 GAO report?
2. What steps has CMS taken or plan to take to assist states with planning improvements to ensure complete and accurate reporting of data on blood lead screening?
3. What actions has CMS undertaken or plan to take, in collaboration with the CDC or other federal agencies, to develop improved methods of capturing data related to Medicaid beneficiaries who receive blood lead screenings?
4. In addition to working with the CDC and other federal agencies to improve lead screening data reporting, how is CMS working with Women, Infants, and Children (WIC) agencies or Head Start programs on ways state agencies can coordinate and partner to identify and screen at-risk children?
5. How is CMS engaging with state Medicaid agencies, managed care plans, health care providers, and other stakeholders to improve the rates and associated reporting of mandated blood lead screenings? What engagement, if any, has already occurred and to what result?
6. Moving beyond the importance of screening, how is CMS working with other federal partners, states, and others to ensure early intervention for children with confirmed elevated blood lead levels?
7. What, if any, additional support or oversight authority from Congress does CMS feel it needs in order to ensure the prevention, screening, and treatment for children impacted by lead exposure?

We request a response to this letter no later than November 30th, 2019. Thank you for your prompt attention to this matter, and we look forward to continuing to collaborate with CMS on this critical public health issue.

Sincerely,



Sherrod Brown
United States Senator




Ron Wyden
United States Senator



Debbie Stabenow
United States Senator



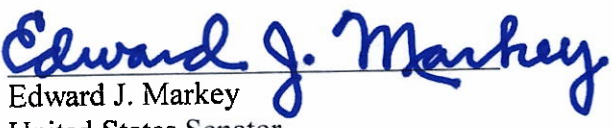
Tammy Baldwin
United States Senator




Amy Klobuchar
United States Senator



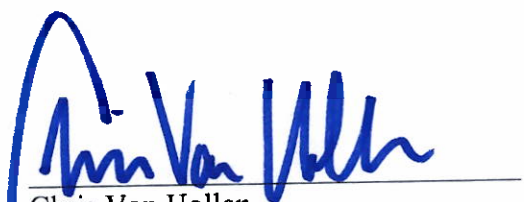
Elizabeth Warren
United States Senator



Edward J. Markey
United States Senator



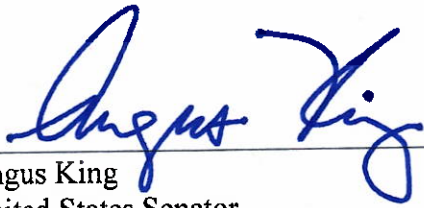
Tammy Duckworth
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Chris Van Hollen
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Kirsten Gillibrand
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Angus King
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Robert P. Casey, Jr.
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Gary C. Peters
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