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November 14, 2006

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The Honorable David A. Catania
Chairperson, Committee on Health
Council of the District of Columbia
1350 Pennsylvania Avenue, NW Suite 115
Washington, DC 20004

Dear Councilmember Catania:

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This letter is in reference to Bill 16-413 "Childhood Lead Screening Amendment of 2005."

DC Action for Children is the District's only non-profit advocacy organization dedicated to improving conditions for children, youth and their families in the District of Columbia. As the District's only multi-issue advocacy organization for children, youth and families, we take the lead in the promotion of child, youth and family-friendly supportive legislation, policies, and programs. I am pleased to submit comments supporting Bill 16-413 "Childhood Lead Screening Amendment of 2005."

As you know, in the District, an estimated one out of six children under the age 6 suffers from lead poisoning. As such, Washington, DC is ranked as one of the highest "at-risk" cities in the nation regarding lead poisoning. One of the results of elevated blood levels are that children are seven times more likely to drop out of high school than the population as a whole.

DC ACT is encouraged by the city's effort to hire a Lead Coordinator to manage and maximize all lead prevention, treatment, and abatement issues. In the spirit of utilizing all city resources wisely and eliminating redundant services, I would like to briefly highlight some of the concerns you expressed during the hearing.

Lead Screenings: Lead screenings are required by the Medicaid EPSDT program, Health Check. The Health Check periodicity schedule is consistent with Bill 16-413 which requires the first blood lead level to be taken between 6 and 14 months. The Childhood Lead Screening Program is not a Medicaid provider however the Program is screening Medicaid children. Therefore, the city is paying for services twice for the same population of children. DC ACT recommends the Program refer Medicaid children to their primary care physician and reallocate resources to perform screenings on uninsured children. According to the Census Bureau's March 2005 and 2006 Current Population Survey, there are approximately 9,000 children under the age 18 who could benefit from the Program's free lead screenings.

Data Collection: Carlos Cano from the Department of Health and Gina Lagomarsino, the Lead Coordinator, testified in support of an OCTO funded integrated lead and immunization registry. This integration will track children receiving screenings to ensure children are not tested unnecessarily. The Medical Assistance Administration is also in the process of implementing the Standard Medical Records Form (SMRF). The SMRF will be used by pediatricians throughout the city. The SMRF is a centralized database that will integrate EPSDT screenings and data. These

*Deceased

screenings include immunization and lead. MAA is hopeful that the SMRF will accurately reflect the percentage of children receiving EPSDT screens. The SMRF and the OCTO project share common purposes. The city only needs one integrated database. MAA, OCTO, and the Ms. Gina Lagomarsino should be working together to develop that one integrated database. In a city of scarcity, agencies must work together in order to maximize our limited resources.

Thank you for the opportunity to submit this letter of testimony. Should you have any questions, you may reach me by calling DC ACT, 234-9404.

Sincerely,

Frankeena L. Wright

Frankeena L. Wright
Senior Health Policy Analyst