

GOVERNMENT OF THE DISTRICT OF COLUMBIA



October 2010

**TO ALL PEDIATRICIANS, HEALTH CLINICS AND MANAGED CARE ORGANIZATIONS
SERVING D.C. RESIDENTS**

Dear Healthcare Provider,

We take this opportunity to remind you of the importance of lead screening for all young children who live in the District of Columbia. The District is a high-risk jurisdiction for exposure to lead. Close to 90% of its residential housing was built prior to 1978, the first year that use of lead-based paint was restricted by law. As you know, lead is a powerful neurotoxin, and exposure to only a small amount of lead dust can trigger an elevated blood lead level in a young child.

Because of the preponderance of older housing in the District of Columbia, it is critical for all children who live in the District to be screened for lead. District law requires that this occur at least twice: first between ages 6 and 14 months, and a second time between ages 22 and 26 months.¹ In addition, if there is no documentation of previous lead screening, federal law requires that all Medicaid-eligible children between the ages of 36 and 72 months of age also receive a screening blood lead test.²

The universal screening of all one and two year olds living in the District of Columbia is strongly supported by the US Centers for Disease Control and Prevention (CDC), and it is not only the law here in the District, but it is additionally mandated under the federal EPSDT (Early and Periodic Screening, Diagnosis and Treatment) terms present in all Medicaid provider agreements.

District law also mandates the immediate reporting of all elevated blood lead levels to the child's parent or guardian. Note that even levels that do not reach the "elevated" threshold of 10 micrograms per deciliter ($\mu\text{g}/\text{dL}$) still put a child's health at risk, potentially affecting a child's cognitive and neurobehavioral functions and causing developmental delays.³

The District of Columbia Government, through the District Department of the Environment's Childhood Lead Poisoning Prevention Program (CLPPP), follows up with all cases involving a child with an elevated blood lead level, conducting case management that includes an environmental investigation of the child's primary residence and of any other pre-1978 property where the family indicates the child spends a significant amount of time. If the investigation identifies lead-based paint hazards, follow-up enforcement also occurs, ensuring those hazards are eliminated.

The ability of the District of Columbia Government to eradicate childhood lead poisoning in the District relies heavily upon your compliance with the screening requirements mandated by law. Given the

¹ District law requires additional screening, beyond ages one and two, when circumstances justify it. For example, when a child lives in or frequently visits housing built before 1978 with recent, ongoing, or planned renovation or remodeling, D.C. regulations require that additional blood lead screening occur, even if the child has already been screened twice. See D.C. Municipal Regulations § 22-7301.3

² Section 1905(r) of the Social Security Act requires additional screening for Medicaid-eligible children if there is no documentation of previous screening.

³ See, e.g., Canfield, R.L., Henderson, C.R., Cory-Slechta, D.A., Cox, C., Jusko, T.A., Lanphear, B.P. Intellectual Impairment in children with blood lead concentrations below 10 $\mu\text{g}/\text{dL}$. N Engl J Med. 2003; 348:1517-1526

importance of screening to the District's ability to protect children's health, health care providers and facilities are subject to fines and other penalties under the law for failure to meet their responsibilities pursuant to the District's lead screening and reporting laws.

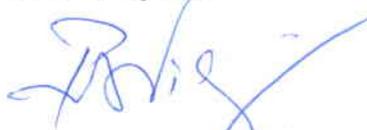
While our goal is to eliminate lead hazards from the District's housing, until we reach it, we need all providers to take their lead screening and reporting responsibilities to heart. For more information, please visit our website at ddoe.dc.gov, or call the District of Columbia CLPPP Branch Chief, Harrison Newton, at 202-535-2624.

Thank you for your cooperation, and for all you do to protect children's health in our nation's capital.

Sincerely,



Christophe A.G. Tulou, Acting Director
District Department of the Environment



Dr. Pierre Vigilance, Director
Department of Health



Dr. Julie Hudman, Director
Department of Health Care Finance