Exploring a Universal Lead Screening Requirement: A California Case Study

Erin Shigekawa, MPH
California Health Benefits Review Program
University of California, Berkeley
Co-Authors

• Sara McMenamin, PhD, MPH, UC San Diego

• Sarah Hiller, MPIA, UC San Diego

• Riti Shimkhada, PhD, MPH, UCLA Center for Health Policy Research
Overview

• The California Health Benefits Review Program
• State Activity in the Social Determinants of Health
• California Case Study: Lead Screening Bill
• Challenges and Considerations
The California Health Benefits Review Program

• Independent and objective resource that provides evidence-based analyses for the California Legislature

• Analyzes current bills at the request of the Legislature
  • 3 areas: Medical effectiveness, cost and use, public health

• Timely, rigorous analyses produced in 60 days or less
The CHBRP Team

• Team model:
  • Central staff at UC Berkeley
  • Faculty and staff task force from several UC campuses
  • Actuaries
  • Medical librarians

• Advisors and reviewers:
  • Content experts
  • National Advisory Council
State Activity in the Social Determinants of Health

- Medicaid waivers and pilot programs
- State task forces (e.g., Health in All Policies)
- Legislation
  - Screening and testing policy
  - Coverage of services
California Case Study: Lead Screening Bill

• No level of lead in the body is known to be safe.

• Common sources of lead include:
  • Lead-based paint (pre-1978);
  • Lead contaminated soil and dust;
  • Some foods, cosmetics, and dishware with leaded glaze.
California Case Study: Lead Screening Bill

As introduced, Assembly Bill 1316 would require:

- State-regulated insurance to provide coverage for **blood lead level testing of all children 6-72 months** (rather than only those “at-risk”)
  - Targeted → universal
- Essentially changes standard of care
- Appropriate case management if lead poisoning identified (via Department of Public Health)
Medical Effectiveness Findings

• Individual Level:
  • Damage is irreversible
  • Possible to minimize further exposure

• Population Level:
  • Insufficient evidence that a universal screening approach is more effective than a targeted approach
Public Health Impacts

• Individual Level:
  • 4,800 additional children with elevated blood lead levels would be identified in year one; mitigation

• Population Level:
  • Potential for future identification of lead exposure “hot spots”
    → lead abatement, prevention on community level
    → requires action by other state agencies, stakeholders
Challenges and Considerations

• Complexities for policy makers
  • Evidence, resources, potential harms of exposure, intervention
• Impacting social determinants through legislation
• By definition, issue is broader than health care delivery
• May require coordination of multiple state agencies
California Health Benefits Review Program

www.chbrp.org

@CHBRP_at_UC