



ANNUAL

RESEARCH MEETING

TODAY'S RESEARCH DRIVING TOMORROW'S OUTCOMES

Exploring a Universal Lead Screening Requirement: A California Case Study

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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

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