



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.  
*Commissioner*

James W. Clyne, Jr.  
*Executive Deputy Commissioner*

March 25, 2010

Brian E. Mason, Audit Manager  
Office of the State Comptroller  
Division of State Government Accountability  
110 State Street, 11<sup>th</sup> Floor  
Albany, New York 12236

Dear Mr. Mason:

Enclosed are the Department of Health's comments on the Office of the State Comptroller's follow-up review 2008-F-31 on "Oversight of the Childhood Lead Poisoning Prevention Program" (2004-S-49).

Thank you for the opportunity to comment.

Sincerely,

James W. Clyne, Jr.  
Executive Deputy Commissioner

Enclosure

cc: Robert W. Reed  
Guthrie S. Birkhead, M.D.  
Ellen J. Anderson  
Rachel deLong, M.D., M.P.H.  
Stephen Abbott  
Susan J. Slade  
Diane Christensen

**Department Of Health  
Comments On The  
Office of the State Comptroller's  
Follow Up Review 2008-F-31 on  
"Oversight of the Childhood  
Lead Poisoning Prevention Program"**

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The following are the New York State Department of Health's (Department) comments in response to the Office of the State Comptroller's (OSC) follow-up review 2008-F-31 on "Oversight of the Childhood Lead Poisoning Prevention Program" (Report 2004-S-49).

**General Comments:**

The OSC's follow-up report addresses the actions taken by the Department relative to the 18 OSC recommendations contained in report 2004-S-49. This follow-up has confirmed that, to date, the Department has fully implemented 15 of the 18 prior audit recommendations; has partially implemented two others; and has not implemented one recommendation. The Department welcomed the opportunity to share with the OSC its continued progress in addressing this critical public health issue, and it appreciates OSC's recognition of this progress in the report.

The following Department responses relate to the three OSC recommendations which have not been fully implemented.

**Recommendation #1:**

Use available databases and/or other resources to identify children who have not been screened for lead poisoning and refer these children to their provider or county health department for screening. (*Partially Implemented*)

**Response #1:**

As recognized in the follow-up report, the Department has undertaken key projects that utilize existing databases to identify and follow-up on children who have not been tested for lead, including a major initiative currently underway to link the statewide New York State Immunization Information System (NYSIIS) with the Childhood Blood Lead Registry (aka "LeadWeb"). Changes to Public Health Law Sections 2168 and 1370 were necessary before the NYSIIS/LeadWeb linkage could be made; the Department proposed these changes as part of the Article VII bill enacted in April 2009. These changes provide the authority to allow for the collection of results of blood lead tests by NYSIIS as well as for the disclosure of LeadWeb information to NYSIIS. The Department continues work on implementing these priority projects to improve lead testing of children.

**Recommendation #4:**

Require providers to follow up on those children for whom they do not receive lead screening results. (*Not Implemented*)

**Response #4:**

As indicated in the Department's comments in response to report 2004-S-49 as well as in its discussions with the OSC auditors during the course of the follow-up review, the Department does not believe that additional regulations or requirements are needed. The existing regulations are clear that health care providers are required to test children for lead at specific ages. The Department's approach to addressing the underlying issue behind this recommendation is to identify and reduce barriers that often result in families not following through to obtain lead tests that providers have ordered to be drawn at outside laboratory facilities. (It is relevant to note that measures of blood lead testing rates, such as annual surveillance data reports and quality assurance reports for managed care plans, do not "count" a child as being tested unless a blood lead test is actually completed.) In particular, the Department has implemented several key actions to facilitate the use of FDA-approved portable "point-of-care" blood lead testing devices, to allow health care providers to test children for lead in their offices or clinics. These actions include:

- Revision of state regulations (Part 67) to authorize appropriate blood lead testing by private physician office laboratories (POLs) and limited service registrant laboratories (including Article 28 clinics), and to require reporting of blood lead test results performed by these entities to the Department. These changes became effective June 20, 2009.
- Development and dissemination of guidance materials for both health care providers and laboratories regarding implementation of the revised regulations. These materials were disseminated in June and July 2009.
- Expansion of Medicaid reimbursement to cover lead testing performed by POLs and Article 28 clinic laboratories. A *Medicaid Update* article was published July 2009, with the new policy effective September 1, 2009.
- Amendment of the Public Health Law to authorize linkage between the state childhood lead and immunization registries. When fully implemented, this linkage will streamline the reporting of blood lead test results by POLs and will additionally support a variety of quality improvement activities. These will include furnishing health care providers, insurers and Local Health Departments (LHDs) feedback on lead testing practices, to drive practice improvements including follow-up on tests they have ordered but which have not been obtained. Implementation of this linkage is currently underway.

Taken together, these actions should greatly reduce or remove the barriers to obtaining lead tests, thereby addressing the underlying issue. The Department will continue to monitor lead testing rates and to assess feedback from health care providers and families, to assure lead testing requirements are supported by appropriate public health strategies.

**Recommendation #5:**

Work with the counties to expand the use of Provider Based Immunization Initiative (PBII) visits statewide and increase these visits to reach more providers. (*Partially Implemented*)

**Response #5:**

The PBII model noted by OSC is one of many strategies that LHDs may utilize to improve testing rates. The Department provides annual grant funding, guidance and oversight to LHDs' lead poisoning prevention programs, including specific measurable objectives and deliverables related to increasing local blood lead testing rates. LHDs are permitted appropriate flexibility to develop and implement local strategies to accomplish these requirements.

LHDs use a variety of effective strategies to improve blood lead testing rates, including specific data reports and tools developed by the Department through the statewide LeadWeb data system to support LHD tracking and follow-up of children requiring lead testing. The planned linkage of the statewide childhood lead and immunization registries scheduled for later this year will further enhance these strategies. The success of Department and LHD activities in this area is evidenced by the continued increase in statewide blood lead testing rates, as demonstrated in the Department's published surveillance reports. The latest birth cohort for which there is complete data is 2005. For New York State (including New York City) birth cohorts, the testing rate at age one year (9 months to <18 months) increased by 17 percent between 2002 and 2005, while the testing rate at age two years (18 to <36 months) increased by 15 percent over the same period. The Department continues to work closely with LHDs to further improve lead testing of children.