

**Education Committee**  
**LB 1038 – Testimony**  
**January 31, 2012**

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Good Afternoon, Senator Adams and members of the Education Committee. My name is Dr. Joann Schaefer (J-O-A-N-N--S-C-H-A-E-F-E-R), Chief Medical Officer and Director of the Division of Public Health with the Department of Health and Human Services. I am here to testify in opposition to LB 1038. This bill raises the same questions of policy as LB 204, which was vetoed by the Governor during the 2011 Legislative Session.

LB 1038 requires blood lead testing of all children prior to enrollment in kindergarten in all public and private schools in the state. The bill encourages parents to test their children after the age of 12 months and before the age of 4 years. The cost of the testing is to be borne by the parent or guardian or by DHHS in the cases where children are enrolled in Medicaid or CHIP. The bill excludes a child from attending school if a screening and/or a blood lead test has not been performed.

The federal Department of Health and Human Services Centers for Disease Control and Prevention published a report in the Morbidity and Mortality Weekly Report of August 7, 2009, entitled “Recommendations for Blood Lead Screening of Medicaid-Eligible Children Aged 1-5 Years: An Updated Approach to Targeting a Group at High Risk.” This report recommends moving away from the broad-brush approach of testing all children for lead poisoning to targeting our resources in those areas where children may be most at risk.

The items listed in the definition of very low risk are unfortunately going to result in each child having a blood test, simply because a parent and their medical provider will not be able to state that their child “has never eaten a non food item.” I am unaware of a toddler that could ever meet this definition. The second question of concern is: “Did he/she ever play with a toy that was recalled by the Consumer Product Safety Commission for lead contamination?” A search of their site at this time leads to either 898 press releases for various lead infractions or numerous individual pages of press releases of toy recalls dating back to 1974, making finding actual information on toys recalled for lead issues extremely difficult.

Therefore, through an abundance of caution, medical professionals are going to blood test every child. A more realistic and targeted approach is needed.

Medicaid has a long established program known as Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT). Part of this program is a requirement to screen and test Medicaid enrolled children for lead poisoning. LB 1038 effectively expands this to all children. It would be more appropriate to concentrate on practitioner and parental engagement rather than implement a policy that is likely to over identify children resulting in unnecessary testing.

The requirement that children have blood lead testing before entering school puts an additional burden on the school system in terms of pre-notification of parents, additional recordkeeping, and follow-ups.

The Department acknowledges the concern of lead in our state and the recent recommendations to the CDC for action have been lowered to 5ug/dl. However, the change in recommendation does not affect our position on this bill. The Department remains committed to working with our partners across the state in other ways.

I would be happy to answer any questions.