

Congress of the United States
Washington, DC 20515

May 5, 2021

The Honorable Rochelle Walensky, M.D.
Director
U.S. Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

Dr. Walensky,

We are writing regarding alarming findings that blood lead testing for young children have substantially dropped in many parts of the country.¹ We ask that the U.S. Centers for Disease Control and Prevention (CDC) continue publishing data on this issue and redouble efforts immediately to work with state and local health departments to address this troubling trend, including making additional federal funds available to those partners to ensure that at-risk children are being screened for this neurotoxin which can have lifelong impacts.

On October 8, 2020, we sent a letter to the former CDC Director Dr. Robert Redfield highlighting this deeply concerning drop in blood lead testing, especially during the ongoing COVID-19 pandemic.² In response, on February 25, 2021, the CDC released a Morbidity and Mortality Weekly Report (MMWR) with data about decreases in young children who received blood lead level (BLL) testing during January 2020 through May 2020. We applaud the CDC for collecting and publishing this data. We request that the CDC continue publishing this data through the end of the COVID-19 public health emergency. We also urge the CDC to leverage its resources, including through additional funding, to help state and local health departments to address this documented and significant drop in blood lead level testing.

As you know, the CDC states that there is no safe level of lead. Lead poisoning has severe and long-lasting implications for childhood development. Lead exposure can lead to behavioral, endocrine and cardiovascular conditions, as well as learning difficulties and neurodevelopmental deficits. Research has shown that childhood lead exposure can impact healthy growth and development in addition to limiting lifelong socioeconomic advancement.^{3,4}

The CDC's February MMWR found that approximately 500,000 fewer children, in the 34 reporting jurisdictions, were tested for lead exposure during the first 5 months of 2020 than during the same

¹ Zeltner, B. (2020, September 11). Kids Are Missing Critical Windows for Lead Testing Due to Pandemic. Kaiser Health News. <https://khn.org/news/kids-are-missing-critical-windows-for-lead-testing-due-to-pandemic/>

² <https://dankildee.house.gov/media/press-releases/rep-kildee-expresses-concern-cdc-over-low-lead-testing-children>

³ Centers for Disease Control and Prevention. (2020, January 7). Health Effects of Lead Exposure. <https://www.cdc.gov/nceh/lead/prevention/health-effects.htm>

⁴ Reuben, A., Capsi, A., & Belsky, D. (2017). Association of Childhood Blood Lead Levels With Cognitive Function and Socioeconomic Status at Age 38 Years and With IQ Change and Socioeconomic Mobility Between Childhood and Adulthood. *JAMA*, 317(12), 1244–1251. <https://jamanetwork.com/journals/jama/fullarticle/2613157>

period in 2019. The MMWR estimates that approximately 10,000 children with elevated BLL were missed because of decreased testing.⁵ Given the serious lifelong impacts of lead poisoning this finding is deeply troubling.

Further, although the MMWR did not collect socioeconomic data, it states that a disproportionate impact is anticipated among children at risk for increased lead exposure, including children from racial or ethnic minority groups, from families who have been economically or socially marginalized, and those living in older housing with lead-based paint and plumbing. Tragically, these communities have also been disproportionately affected by the COVID-19 pandemic.

We understand that the coronavirus pandemic forced many families to skip or delay well-child pediatric appointments for their children in which BLL testing occurs. However, with vaccine distribution efforts ramping up and President Joe Biden's goal of all adults being eligible for vaccinations by April 19, 2021, and our society will soon begin returning to normal. This means parents and children can seek regular medical care and receive critical screenings like BLL tests.

The CDC must work with health care providers to identify children who have missed well-child visits and ensure that all children receive lead testing, including children who missed routine lead screening, children with prior elevated blood lead levels who need follow-up testing, and children with possible lead exposure. Additionally, the CDC should consider either funding a stand-alone public education campaign to help reach parents who children missed blood lead screening or incorporate such efforts into other CDC public outreach efforts to address declines in routine childhood vaccinations that have also been reported.

We also encourage the CDC to use this opportunity of decreased blood lead screening to re-envision a surveillance system based on environmental lead screening. Currently, children, via blood lead screening, are being used as detectors of environmental contamination. Primary prevention efforts for lead, as recommended by the CDC and American Academy of Pediatrics, should focus on the detection of lead in a child's environment before a child is exposed. Primary prevention efforts, such as home investigations and abatements for all Medicaid-eligible, are paramount when considering the potentially life-altering consequences of lead exposure. Of note, as we increasingly recognize the role of historic and systemic racism in the health of our communities, lead elimination should be a leading priority in our efforts to achieve health equity.

We recognize the COVID-19 public health emergency has stretched federal, state and local public health official thin. However, we cannot allow for public health officials to overlook other major health issues, including childhood lead poisoning, which still remain a dire threat to our children's health and well-being. Congress appropriated \$40 million in Fiscal Year (FY) 2021 to combat childhood lead poisoning. For FY 2022, we are again pushing our colleagues to provide additional funds to CDC's Childhood Lead Poisoning Prevention letter to ensure CDC can focus attention on this issue. And we also plan to pursue specific report language about lead elimination so that Congress can make clear to the CDC that remains a high priority.

⁵ https://www.cdc.gov/mmwr/volumes/70/wr/mm7005a2.htm?s_cid=mm7005a2_x

Additionally, we hope that any funds available to your agency through the American Rescue Plan and other packages in response to the COVID-19 pandemic will also be prioritized to address this troubling trend. Lead toxicity impacts children in a number of harmful ways and must be addressed.

Sincerely,



Daniel T. Kildee
Member of Congress



Gwen Moore
Member of Congress