Valley. Strong afternoon thundershowers in the western Plains. Sunny, elsewhere. Weather map, page 24.

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STATES CALLED LAX ON TESTS FOR LEAD IN POOR CHILDREN

MOST FLOUTING 1989 LAW

Youths on Medicaid, Who Are Exposed to High Levels, Are Untreated, Report Says

By ROBERT PEAR

WASHINGTON, Aug. 19 — Federal investigators say most states are flouting a 1989 law requiring that young children on Medicaid be tested for lead poisoning. As a result, they say, hundreds of thousands of children exposed to dangerously high levels of lead are neither tested nor treated.

The General Accounting Office, an investigative arm of Congress, found that "few Medicaid children are screened for blood-lead levels," even though the problem of lead poisoning is concentrated among low-income children on Medicaid. Medicaid recipients are three times as likely as other children to have high amounts of lead in the blood.

Separately, a Federal advisory panel said this week that "current lead screening rates among children covered by Medicaid are very poor, despite Federal requirements."

Cost is not the main reason for the failure to test children, health officials say. The laboratory test usually costs less than $10.

Officials cite more complex reasons for the low rates of testing. Many doctors do not see lead exposure as a problem for their patients and therefore do not believe tests are necessary, or they are unaware of the Federal requirements. In addition, many poor children do not go to the doctor until they are sick, and most children with high levels of lead in the blood display no obvious symptoms at first.

Under Federal law, states are responsible for the screening of children on Medicaid. They can provide such services directly, or they can arrange for the services to be provided by doctors, clinics and health maintenance organizations.

President Clinton has repeatedly emphasized that all Government policies should be evaluated for their effects on children. But the General Accounting Office found that most of the children served by Medicaid and other Federal health programs were not tested for lead, as Federal law and regulations dictate they should be.

"Federal lead-screening policies are often not followed" by state officials, and the Federal Health Care Financing Administration, which supervises Medicaid, does not review state compliance with these policies,

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States Faulted Over Lax Testing for Lead in Poor Children

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the auditors said.

The Centers for Disease Control and Prevention says 890,000 children age 1 through 5 have so much lead in their blood that it could harm their health or their ability to learn.

About 535,000 of these children are enrolled in Medicaid, but fewer than 20 percent of Medicaid recipients in that age group — 1.2 million of the 6.3 million recipients — are ever tested, the accounting office found.

"This is a dismal record," said Senator Robert G. Torricelli, Democrat of New Jersey, who recently introduced a bill to increase lead testing of children.

The state auditor of California, Kurt R. Sjoberg, reached a similar conclusion in a new report on the experience of that state, which has far more Medicaid recipients than any other state.

"Thousands of lead-poisoned children have been allowed to suffer needlessly" because California has not complied with the Federal requirement to test them for lead poisoning, Mr. Sjoberg said.

Dr. Susan K. Cummins, chief of the state's lead poisoning prevention program, said perhaps 20 percent of the children on Medicaid in California had been tested for lead. "And that's probably an optimistic estimate," she said.

Federal rules say children on Medicaid must be tested for lead poisoning at the age of 12 months and again at 24 months. Medicaid recipients ages 3 to 6 must also be tested if they had not previously been screened.

Children on Medicaid have a higher risk of lead poisoning because they often live in older housing with peeling lead-based paint and with dust contaminated by such paint. More than 80 percent of houses built before 1978 have lead-based paint.

Screening rates vary greatly from state to state. In Washington state, Federal auditors found that fewer than 1 percent of the children on Medicaid had been tested for lead poisoning. Elsewhere, they said, rates range from 3 percent in Montana to 10 percent in Colorado, 40 percent in New Jersey and 46 percent in Alabama. Many states, including Connecticut, said they did not have statewide data on testing rates or the prevalence of lead poisoning.

New York has a state law that requires day-care centers and nursery schools to ask parents for evidence of screening. The New York City Health Department reported that more than 40 percent of children ages 1 to 5 had been tested. Statewide data for New York were not immediately available.

Despite the Federal requirements, Thomas W. Bedell, the Medicaid director in Washington state, said: "We don't believe we have much of a problem with lead exposure here. So we don't think it's cost-effective to impose 100 percent screening. There are better ways to spend our money."

Dr. Maxine D. Hayes, the acting health officer for Washington state, added, "We don't think it's right for the Federal Government to dictate what states should do" in testing children.

Under Federal rules, Medicaid will pay for testing and treating a child, but will not pay for testing of substances like water and paint that are sent to a laboratory for analysis.

"Medicaid reimbursement is available only for the provision of medical services," said Sally K. Richardson, director of the Federal Medicaid program. "Water and paint are environmental elements. If a child has already been diagnosed as lead-poisoned, the testing of these elements serves no direct medical purpose."

Federal rules to curb poisoning rates are not followed.

But public health experts say this policy often cripples efforts to identify the cause of a child's lead poisoning.

The advisory panel that voiced concern about the low rates of screening also said this week that Medicaid should pay for laboratory tests of dust, water and other substances in the homes of children poisoned by lead.

"Such testing is good public health policy, and it's definitely the standard of care for treating lead-poisoned kids," said Dr. Cummins, the chairwoman of the panel, the Advisory Committee on Childhood Lead Poisoning Prevention.

Heather M. Mauro, a resident of Atco, N.J., said she felt fortunate tha her children had been tested for lea because the tests detected high lev els of lead in all four youngsters Their home, a large Victorian, wa built in the late 1800's or early 1900'

Lead poisoning can cause learnin disabilities, behavior problems an neurological damage in children, an Mrs. Mauro said she believed tha her children had suffered such prol lems because of exposure to lead.

State officials across the countr are encouraging families on Medi aid to join health maintenance o ganizations. But Sara Rosenbaum, professor of health law and policy George Washington University, sa that in their contracts with H.M.O. states rarely specified the full rang of services that should be provided children with lead poisoning.

In New Jersey, Edward J. Roga a spokesman for the Department Human Services, said "we are n happy" with the fact that only percent of children on Medicaid hav been tested for lead poisoning. "W want to strengthen our contrac with H.M.O.'s to make sure the achieve a greater level of scree ing," he said.

Connecticut officials said they d not have statewide data on lead tes ing of Medicaid recipients. In Har ford, where doctors and hospita have made special efforts to elim nate lead poisoning, a recent study 877 preschoolers found that 93 pe cent had been tested. But Judith Sol mon, executive director of the Chi dren's Health Council, a child adv cacy group, said, "We don't assum the results would be the same other parts of the state."

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