



Department
of Health

Health Care Provider Outreach Updates

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Regulatory Changes

Commissioner Letter

Providers enrolled in NYSIIS

- Provider Organizations
 - American Academy of Pediatrics
 - American Academy of Family Physicians
- Regional Lead Resource Centers
- Posted on NYSDOH website:
www.health.ny.gov/lead



ANDREW M. CUOMO
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Department
of Health

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

September 2019

Dear Health Care Provider:

This letter is to update you on recent changes to New York State (NYS) Public Health Law and regulations regarding the requirements for management of children with lead exposure. Additionally, this letter will share new guidance and educational materials on childhood lead exposure developed by the New York State Department of Health (NYSDOH) available for your use when providing care to your pediatric patients.

Studies show that no amount of lead exposure is safe for children. Even low levels of lead in blood have been shown to affect a variety of adverse health effects including: reduced growth indicators; delayed puberty; lowered intelligence quotient; and hyperactivity, attention, behavior, and learning problems. Children under six years old are more likely to be exposed to lead than any other age group, as their normal behaviors result in them breathing in or swallowing dust from old lead paint that gets on floors, window sills, and hands, and can be found in soil, toys, and other consumer products. Some of your young patients are undoubtedly affected. New York has more pre-1950 housing containing lead paint than any other state in the nation. In fact, lead paint has been found in approximately 43 percent of all of New York's dwellings.

In response to our greater understanding of lead's effects on pediatric health and in accordance with leading organization recommendations, NYS Public Health Law (§ 1370) and regulations (Part 67 of Title 10 of the New York Codes, Rules, and Regulations) were recently amended to



Department
of Health

Information Shared with Health Care Providers

- September 2019 – Released new guidance
 - “Guidelines for Health Care Providers for the Prevention, Identification, and Management of Lead Exposure in Children” (Full Guidelines and Quick Reference Guide)
- September to October 2019 – Released new educational materials and provider tools
- October to December 2019 – NYSDOH presentation series
- Ongoing efforts in parallel to increase public awareness

Provider Lecture Series



Metropolitan / Hudson Valley Region

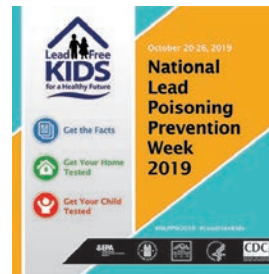
- The Children's Hospital at Montefiore

Central / Eastern Regions

- SUNY Upstate Medical University
- Albany Medical College

Western Region

- Kaleida Health / Oishei Children's Hospital
- University of Rochester Medical Center



Quick Reference Guide: Management of Children According to Blood Lead Level (BLL)

Note: On May 17th, 2017 the U.S. Food and Drug Administration advised that Magellan Diagnostics' LeadCare® analyzers should no longer be used with venous blood samples <https://emergency.cdc.gov/han/han00463.asp>.

- All confirmatory and follow-up venous samples must be analyzed by a New York State approved lab for toxicology-blood lead-comprehensive testing.¹
- The higher the blood lead level, the more urgent the need for confirmatory venous testing and timely follow-up testing.
- If repeated attempts to obtain a venous confirmatory sample are unsuccessful, a second capillary sample may be used to guide follow up actions to avoid significant delays in management. However, as capillary samples can yield frequent false positives, a venous confirmatory sample should still be pursued.

BLL (µg/dL)	Confirmation of Capillary Sample with a Venous Sample	Follow-Up Venous Testing Schedule AFTER Confirmed Venous BLL (≥5 µg/dL)	Management ²
<5	No confirmation needed. Average BLL for U.S. children ages 1-5 years is 1.4 µg/dL ³	Not applicable. Refer to Management column.	<p>Bolded text indicates NYS Public Health Law and regulation requirement. Unbolded text is based on Centers for Disease Control and Prevention (CDC) and other guidance.</p> <ul style="list-style-type: none"> Test all children at age 1 year and again at age 2 years, regardless of initial result. If child <6 years, perform a Lead Exposure Risk Assessment (see p. 9) at every well child visit, and test again if lead risk is found. Provide anticipatory guidance⁴ to parent or guardian regarding major sources of lead exposure and ways to prevent exposure.
5 to <15	Venous test as soon as possible but no later than 3 months.	Every 1-3 months until BLLs are confirmed to be <5 µg/dL based on two tests at least 3 months apart, then proceed as above for <5 µg/dL.	<p>AFTER CONFIRMED VENOUS TEST, all activities above AND:</p> <ul style="list-style-type: none"> Perform a Clinical Lead Exposure Assessment (see p. 3).³ Provide lead exposure risk reduction education.⁴ Consider the child at risk for developmental delays and behavior concerns and provide ongoing developmental surveillance with prompt referrals for developmental services if needed. Test all children who spend time in the home and refer pregnant women in the home for testing. Coordinate care with local or state health department including environmental education and management. Notify family of the need for follow-up venous testing on a periodic basis. Frequency of follow-up testing for children with previous blood lead level elevations are best guided through consultation with a Regional Lead Resource Center.^{6,7}
15 to <25	Venous test as soon as possible but no later than 1 week.	Every month until BLL is <15 µg/dL, then proceed as above for BLLs 5 to <15 µg/dL.	<p>All activities above AND:</p> <ul style="list-style-type: none"> Consider consulting with a Regional Lead Resource Center.⁴
25 to <45	Venous test as soon as possible but no later than 48 hours.	Consult with a Regional Lead Resource Center ⁶ for guidance on a follow-up venous testing schedule until BLL is <25 µg/dL, then proceed as above for BLLs 15 to <25 µg/dL.	<p>All activities above AND:</p> <ul style="list-style-type: none"> Consult with a Regional Lead Resource Center.⁴
45 to <70	Venous test as soon as possible but no later than 24 hours.	Consult with a Regional Lead Resource Center (RLRC) ⁶ RLRC may recommend a second venous test before initiating chelation. However, if results of the second test are not readily available, treatment should not be delayed. Follow venous testing schedule as per RLRC instructions until advised to adhere to the testing schedule above.	<p>All activities above AND:</p> <ul style="list-style-type: none"> Notify local or state health department within 24 hours for environmental investigation and follow-up services. Consult with Regional Lead Resource Center⁶ within 24 hours to discuss hospitalization and chelation.⁷ Hospital discharge only to housing determined to be lead-safe in consultation with the local or state health department.
≥70	This is a medical emergency. Confirm immediately with a venous test.		<p>All activities above AND:</p> <ul style="list-style-type: none"> Consult with a Regional Lead Resource Center.⁴ Admit immediately to a hospital for chelation.⁷

Clinical Lead Risk Assessment Questions for All Children Less than 6 Years:

These questions correspond with Does Your Child Need A Lead Test?, which should be used with parents/guardians at child visits between six months and six years of age. See www.health.ny.gov/publications/6670.pdf

- Does your child live in or regularly visit a building with potential lead exposure**, such as peeling or chipping paint; recent or ongoing renovation or remodeling; or high levels of lead in the drinking water? Older dwellings (built before 1978) may have lead-based paint. Consider day care, preschool, school, and homes of babysitters or relatives. Children with Medicaid, those entering foster care, and recently arrived refugees are at higher risk for lead poisoning. The risk to a child from past exposure to elevated lead in drinking water depends on many factors including a child's age, weight, amount of water consumed, and the amount of lead in the water.
- Has your child spent any significant time outside the U.S. in the past year?** All children born outside the U.S. and children visiting other countries for extended periods of time should be tested upon arrival or return to the U.S. due to higher lead risk in many countries.
- Does your child currently have a sibling, housemate, or playmate with an elevated blood lead level and your child has not been tested?**
- Does your child have developmental disabilities and/or exhibit behaviors that puts him/her at higher risk for lead exposure?** Young children and children with developmental disabilities (autism spectrum disorder and Down syndrome) may have behaviors that place them at higher risk for lead exposure. These may include: pica; putting nonfood items (e.g., fingers, toys, jewelry, keys, or soil) in their mouth; mouthing painted surfaces; ory behaviors that disturb painted surfaces.
- Does your child have frequent contact with an adult whose job or hobby involves exposure to lead?** An adult may bring home lead from a job or hobby, such as house painting; plumbing; construction; auto repair; welding; battery recycling; lead smelting; jewelry; stained glass or pottery making; fishing (lead in sinkers); making or shooting firearms; and collecting lead or pewter figurines.
- Does your family use traditional medicine, health remedies, cosmetics, powders, spices, or food from other countries?** Lead can be in items such as Ayurvedic medicines, alcohol, azarcon (Alarcon, luja, rueda, coral), greta, litargio, ghasard, pay-loo-sh, beta goli, Daw Tway, and Daw Kyin; cosmetics including Kohl, surma, and sindoor; and some candies and products from other countries, particularly Mexico. See www.health.ny.gov/publications/6517.pdf.
- Does your family cook, store, or serve food in crystal, pewter, or pottery from other countries?** Lead exposure risk from pottery is higher with old, cracked/chipped, and painted china and in pottery from other countries particularly from Latin America or Asia. Also, imported samovars, urns, and kettles could be soldered with lead. See www.health.ny.gov/publications/6517.pdf.

Clinical Lead Exposure Assessment for Children with BLLs ≥5 µg/dL:

History	Current Status: Symptoms of lead exposure; previous blood lead test results; family history of lead poisoning; dietary history; development; country of birth; extended travel outside the U.S.; recent immigrant, refugee or adoptee.
	Child Behaviors: Pica; degree of hand-to-mouth activity; mouthing/chewing on window sills, furniture, keys, and toys; frequent playing in soil; inadequate hand washing before eating.
	Potential Paint Sources: Age and condition of home and other places child spends time (day care, relatives); evidence of chewed or peeling paint on woodwork, furniture, or toys; recent renovations; condition of windows; methods used to control dust and dirt (wet mopping vs. sweeping, use of door mats).
	Potential Non-Paint Sources: Use of imported cosmetics, health remedies, spices, or children's jewelry; food served, stored, or prepared in pottery from other countries particularly from Latin America or Asia, painted china, pewter, or leaded crystal; bare soil in outdoor play areas.
	Caregiver Exposures and Behaviors: Occupations and hobbies of household members; painted or unusual materials burned in fireplaces or near home.
Physical Exam: Include complete neurologic exam.	
Nutritional Assessment: Evaluate growth and adequacy of diet, including iron, vitamin C, and calcium intake with follow-up anticipatory nutritional counseling.	
Developmental Assessment: Evaluate achievement of, or regression from, milestones, particularly in psychosocial and language domains. This should include use of a standardized developmental screening tool ⁸ and follow-up anticipatory developmental counseling.	
Laboratory Tests: Evaluate iron status and hemoglobin or hematocrit. Arrange follow-up blood lead testing per the <i>Management of Children According to Blood Lead Level</i> p. 2.	
Referrals: For suspected developmental delays, refer to Early Intervention Program for children less than three years old or the child's school district for children three years or older, and, if appropriate, a pediatric developmental specialist. For nutritional assistance, refer to for WIC and SNAP Benefits.	

New Resources for Providers and Patients

Lead Poisoning is a **Danger** for every baby and child



Here's what you should know.

Does your child need a lead test?

Child's Name:
Child's Date of Birth:
Today's Date:
(FOR OFFICE ONLY) – MRN #:

- | | | | |
|---|-----|----|----------|
| 1. Does your child live in or regularly visit a building built before 1978 with potential lead exposures, such as peeling or chipping paint, recent or ongoing renovation or remodeling, or high levels of lead in the drinking water? | YES | NO | NOT SURE |
| 2. Has your child spent any time outside the United States in the past year? | YES | NO | NOT SURE |
| 3. Does your child live or play with a child who has an elevated blood lead level? | YES | NO | NOT SURE |
| 4. Does your child have developmental disabilities, put nonfood items in their mouth, or peel or disturb painted surfaces? | YES | NO | NOT SURE |
| 5. Does your child have frequent contact with an adult who may bring home traces of lead from a job or hobby such as: house painting, plumbing, renovation, construction, auto repair, welding, electronics repair, battery recycling, lead smelting, jewelry, stained glass or pottery making, fishing (weights, "sinkers"), firearms, or collecting lead or pewter figurines? | YES | NO | NOT SURE |
| 6. Does your family use traditional medicines, health remedies, cosmetics, powders, spices, or food from other countries? | YES | NO | NOT SURE |
| 7. Does your family cook, store, or serve food in crystal, pewter, or pottery from other countries? | YES | NO | NOT SURE |
| 8. Did your child miss a lead test? New York State requires all children be tested for lead at age 1 and again at age 2. | YES | NO | NOT SURE |

If you answered "YES" or "NOT SURE" to any of these questions, your child may need a blood lead test.

Lead is a concern, especially for children under age 6. It's important for you and your health care provider to know your child's blood lead level.

www.health.ny.gov/LeadTestKids



Reducing Environmental Exposures

The Seven Best Kid-Friendly Practices



What Your Child's Blood Lead Test Means

The blood lead test tells you how much lead is in your child's blood. Lead can harm a child's growth, behavior, and ability to learn. The lower the test result, the better.

Most lead poisoning occurs when children lick, swallow, or breathe in dust from old lead paint. Most homes built before 1978 have old lead paint, often under newer paint. If paint peels, cracks, or is worn down, the chips and dust from the old lead paint can spread onto floors, windowsills, and all around your home. Lead paint dust can then get onto children's hands and toys, and into their mouths.

Most children have had some contact with lead in old paint, soil, plumbing, or another source. This is why New York State requires doctors to test all children with a blood lead test at age 1 year and again at age 2 years. For children up to age six years, your doctor or nurse should ask you at every well child visit about ways your child may have had contact with lead. Children who have had contact with lead should be tested.

A test result of 5 µg/dL or greater, using blood from a fingertip, should be checked again with a second test using blood taken from a vein (often in the arm). If the second result is still 5 µg/dL or greater, you should follow the steps below.

Test Result in micrograms per deciliter (mcg/dL)	Next Steps
0-4	<p>• There is very little lead in your child's blood.</p> <ul style="list-style-type: none"> • The average lead test result for young children is about 1.4 micrograms per deciliter (µg/dL).
5-14	<p>• Your child's lead level is high. A result of 5 µg/dL or higher requires action.</p> <ul style="list-style-type: none"> • Your doctor or nurse will talk with you about your child's diet, growth and development, and possible sources of lead. • Your local health department will talk with you about how to protect your child and will visit your home to help you find sources of lead. • Your child should be tested again in 1 to 3 months.
15-44	<p>• Your child's lead level is quite high. You and your doctor should act quickly.</p> <ul style="list-style-type: none"> • Your doctor or nurse will talk with you about your child's diet, growth and development, and possible sources of lead. • Your local health department will talk with you about how to protect your child and will visit your home to help you find sources of lead. • Your child should be tested again in 1 month or sooner depending on the blood lead level and your doctor's guidance.
45 or higher	<p>• Your child needs medical treatment right away.</p> <ul style="list-style-type: none"> • Your doctor or local health department will call you as soon as they get the test result. • Your child might have to stay in a hospital, especially if your home has lead. • Your local health department will visit your home to help you find sources of lead. • Your child should not go back home until the lead sources are removed or fixed. • Your child needs to be tested again after treatment.

Child's Name: _____ Test Result: _____ µg/dL Date: _____

If the test result is not written here, ask your doctor or nurse for it, write it down, and save for your records.

For all test results, follow the advice on the other side to keep your child's lead level from rising.

How to Protect Your Child From Lead Poisoning

Fix peeling lead paint and make home repairs safely.



- Keep children away from peeling or chipped paint.
- Before making repairs in a home built before 1978, call your local health department to learn how to work safely and keep dust levels down.
- Children and pregnant women should stay away from repairs that disturb old paint, such as sanding and scraping. They should stay away until the area is cleaned using wet cleaning methods and a HEPA vacuum (not dry sweeping).

Wash dust off hands, toys, bottles, windows, and floors.



- Wash your child's hands and face after play, before meals, and before bed.
- Wash toys, stuffed animals, pacifiers and bottles with soap and water often.
- Mop floors often, and use damp paper towels to clean window wells and sills.

Be careful not to bring lead home on clothes, toys, or jewelry.



- Lead is in some children's jewelry, toys, keys, and old furniture. Sign up for children's product recall alerts at www.cpsc.gov/cpscilst.aspx.
- Some jobs and hobbies can involve contact with lead. These include: painting, plumbing, construction, car repair, working with firearms, stained glass, and pottery. To lower lead dust, change work clothes before going home; take shoes off at your door; wash work or hobby clothes separately; wash face, hands and uncovered skin before going home.

Keep lead out of your food and tap water.



- Let tap water run for one minute before using it, if it hasn't been run for a few hours. Town and well water could have lead from old plumbing.
- Only use cold tap water for drinking, cooking, and making baby formula. Boiling your water does not get rid of lead.
- Don't serve or store food in pewter, crystal, or cracked pottery.
- Call your health department, or visit the website below, to see which dishes, spices, candy, cosmetics, and health remedies have been found to have lead.

Serve foods that have calcium, iron, and vitamin C.



- These foods help keep lead from being stored in your child's body.
- Foods with calcium: milk, cheese, yogurt, tofu, and green vegetables.
 - Foods with iron: beans, lean meat, fortified cereal, and peanut butter.
 - Foods with vitamin C: oranges, grapefruit, tomatoes, and green peppers.

Find out more about lead.

www.health.ny.gov/lead










Talk with your child's health care provider.

Call your local health department. Find them at www.health.ny.gov/environmental/lead/exposure/childhood/program_contact_map.htm

Good Nutrition Helps: Reduce the Effects of Lead!

Lead can harm children's growth, behavior and ability to learn, and can affect them for life. Lead can also be a problem for adults, especially pregnant women and their babies. However, when there is nutritious food in the body, it is difficult for lead to be absorbed.

Eat a variety of these nutritious foods

<p>Calcium Makes it hard for lead to enter the body</p>  <p>Dairy products</p>  <p>Sweet potatoes Dried fruits</p>	<p>Iron Protects against harmful effects of lead</p>  <p>Eggs Peanut butter</p>  <p>Lean meats, fish, and seafood Whole grain breads and cereals</p>	<p>Vitamin C Helps the body absorb calcium and iron better</p>  <p>Peppers</p>  <p>Fruits</p>  <p>Tomatoes</p>  <p>Potatoes</p>
<p>Some foods are good sources of both calcium and iron</p>		
 <p>Dark green vegetables Soy products Beans, peas, and lentils Almonds</p>		

Did You Know?

The most common cause of lead poisoning is dust and chips from old paint. Lead can also be found in some products imported from the Middle East, Latin America, South Asia, and China.



Paint dust and chips

Imported cosmetics, jewelry, foods, and medicines

Jobs and hobbies

Remember!

Children may not look or act sick, but a blood test could show that they have high lead levels. New York State requires health care providers to test all children for lead with a blood lead test at age 1 year and again at age 2 years.

Learn more about how you can protect your family from lead at www.health.ny.gov/lead or contact your local health department.



Eat a Variety of Nutritious Foods to Help Reduce the Effects of Lead

Calcium

Makes it hard for lead to enter the body



Dried fruits

Sweet potatoes

Dairy products

Vitamin C

Helps the body absorb calcium and iron better



Fruits

Peppers

Tomatoes

Potatoes

Iron

Protects against harmful effects of lead



Peanut butter

Lean meats, fish, and seafood

Whole grain breads and cereals

Eggs

Some foods are good sources of calcium and iron



Soy products

Almonds

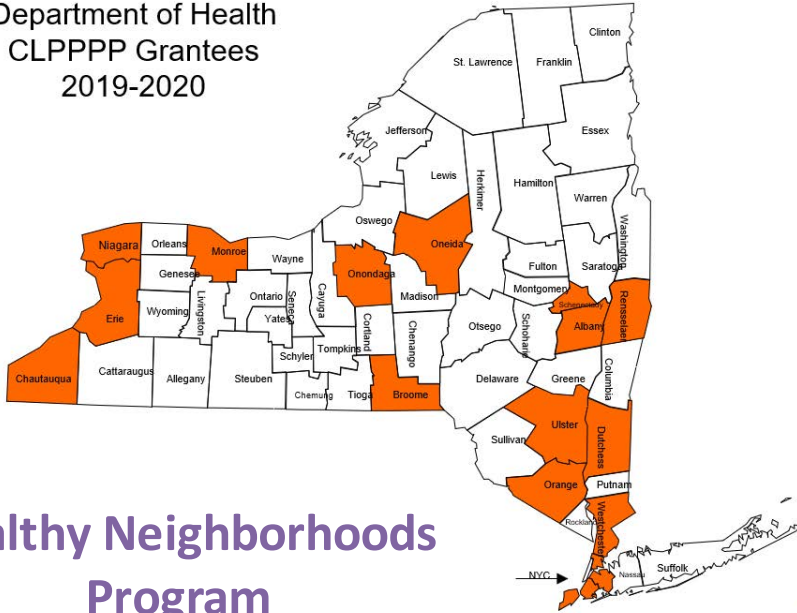
Beans, peas, and lentils

Dark green vegetables

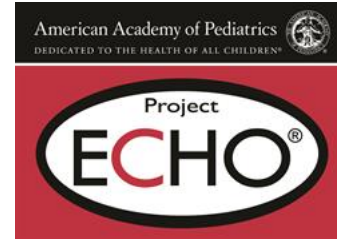
Learn more about how you can protect your family from lead at www.health.ny.gov/lead or contact your local health department.

Other Health Care Provider Opportunities

New York State
Department of Health
CLPPPP Grantees
2019-2020



Healthy Neighborhoods Program



Media Campaign

- To raise awareness by HCPs and parents about the importance of blood lead testing at both one and two years of age
- Data used to identify counties and municipalities where children were at higher risk of exposure to lead and where no media outreach had been performed
- Combination of posters in bus shelters and laundromats, and social media

Bus Shelter Ads



Laundromat Ad Boards



Social Media

Instagram

nysdoh Sponsored



Learn More






nysdoh Your baby probably looks and feels healthy, but they could still have been exposed to lead.

Health NYSDOH @HealthNYGov

Lead can harm your child's growth, behavior and ability to learn. Talk to their doctor about lead and schedule a blood lead test if needed.



Test for Lead at Ages 1 and 2
www.health.ny.gov

11:58 AM · Jul 25, 2019 · Twitter Ads Composer





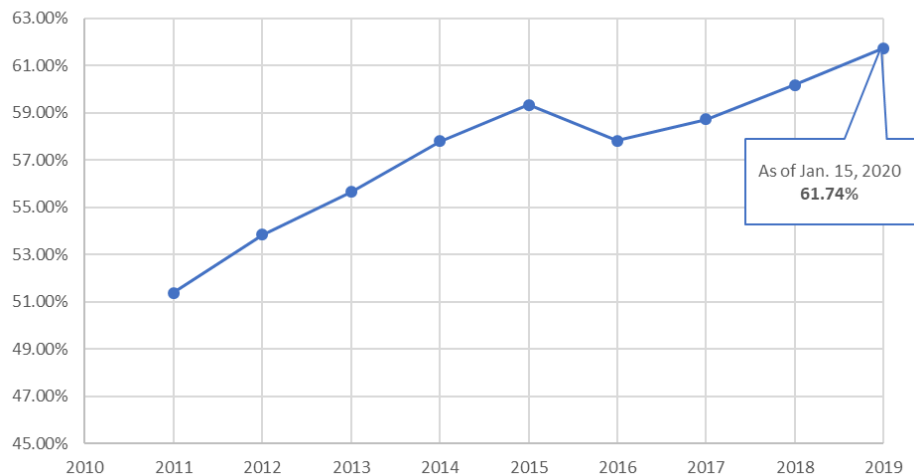

Outcome

- 72 bus shelter and 167 laundromat ads delivered over 9,000,000 impressions.
- Social media traffic ads delivered over 800,000 impressions and almost 3,000 clicks to the NYSDOH Lead Poisoning Prevention home page.
- Social media reach ads delivered over 1,600,000 impressions and almost 1,500 clicks to the NYSDOH Lead Poisoning Prevention home page.

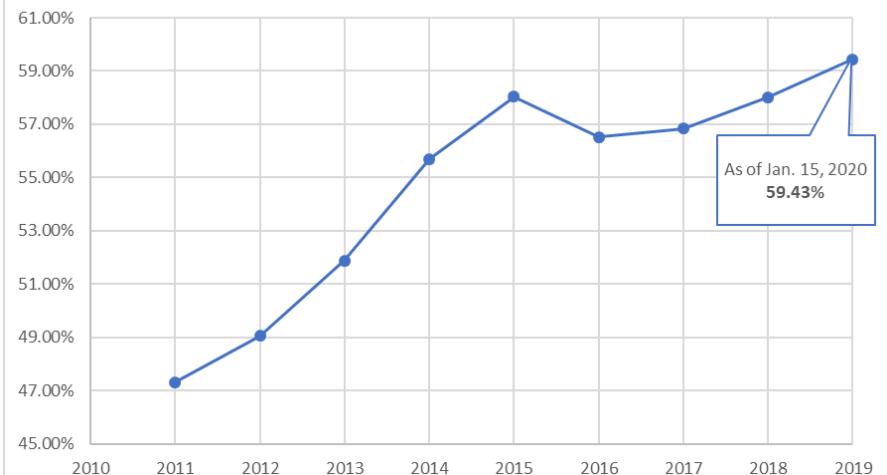
Health Care Provider Underperformance Initiatives

Health Care Provider Testing Updates

1 YEAR OLD ANNUAL TESTING RATE BY YEAR



2 YEAR OLD ANNUAL TESTING RATE BY YEAR



Health Care Provider Report Card

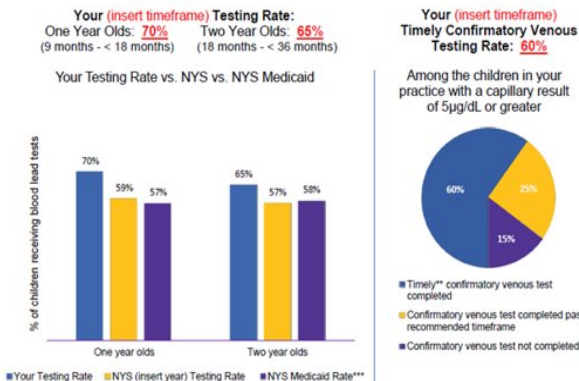
Provider Blood Lead Testing Report Card

(insert NYSIIS organization name and ID number)

- New York State requires health care providers to test all children for lead with a blood lead test at age 1 year and again at age 2 years to assess a child's risk of lead exposure at each well-child visit, and to perform lead testing if a child is found to be at risk. (10 NYCRR 67-1.2)
- Medicaid requires that all children who are enrolled received a blood lead test at both 1 and 2 years of age. If no lead test has been completed, children should receive a test between 3 and 5 years of age.
- Capillary blood lead samples with a result of 5 µg/dL or greater require a confirmatory venous sample analyzed by a lab approved for toxicology blood lead comprehensive testing* within 3 months or less, depending on the initial capillary blood lead sample result.
- ALL capillary blood lead results obtained in a provider's office from a point-of-care device (i.e. LeadCareIt®) must be reported to the New York State Department of Health.

Launched October 2019

- Assist all providers in being more aware of their lead testing performance to encourage improvement
- 224 report cards have been generated by providers



• There is no safe level of lead exposure. Adherence to the NYS blood lead testing guidelines is essential to help prevent the negative and lasting effects of lead exposure in children.
 • Resources to improve your blood lead testing and confirmation rates are available in the NYSIIS lead reports.
 • Call 518-402-7600, email lppp@health.ny.gov, or visit www.health.ny.gov/environmental/lead for more information about provider testing requirements and lead poisoning prevention.

* To search for a lab approved for toxicology blood lead comprehensive testing, visit www.leadswatch.com/regulator/sites/approved-labs
 ** To see timeframes for confirmatory venous testing, visit www.health.ny.gov/publications/2551/
 *** Based upon NYS Medicaid and Lead Registry data match of children meeting the age criteria

Addressing Underperforming Providers

- Letter sent to underperforming health care provider practices in NYS (outside of NYC)
- Information shared with local health departments to aid in their outreach efforts
- Feedback included:
 - Assisting providers with questions about reporting of LeadCarell® results to NYSDOH (20)
 - Assisting providers with NYSIIS functionalities, i.e., generating reports, changing patient status, and updating organization information (13)



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HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

February 7, 2019

Dear Health Care Provider (s):

This letter is to inform you that the New York State Department of Health (NYSDOH) has identified your practice as being within the lowest quartile metric for blood lead testing of children at or around age ONE AND at or around age TWO years in 2018. Fewer than 25% of age-appropriate children in your practice have been tested. NYSDOH, local health departments, health plans, and health care provider organizations have the ability to generate blood lead testing reports within the NYS Immunization Information System (NYSIIS). NYS Public Health Law section 1370-c (PHL) and section 67-1.2 of title 10 of the New York State Code of Rules and Regulations (10 NYCRR) require health care providers to:

- Test ALL children at age one year AND AGAIN at age two with a blood lead test.
- Report all blood lead test results obtained from a point-of-care device to NYSDOH. Note: Clinical laboratories analyzing lead samples using comprehensive toxicology are also required to report their results to NYSDOH.
- Conduct a lead exposure risk assessment for all children ages six months to six years at every well child visit for risk of lead exposure, and if found to be at risk, obtain a blood lead test.
- Provide anticipatory guidance regarding lead exposure prevention to parents/guardians of children less than six years of age as part of routine care.

Lead poisoning is a serious and preventable environmental health problem. Epidemiological studies show there is no safe blood lead level (BLL). BLLs as low as 5 µg/dL in young children have been associated with learning disabilities, behavior problems, and lowered intelligence. Some of our young patients are undoubtedly affected since NYS has more pre-1950 housing containing lead paint than any other state in the nation, as well as a greater proportion of other well-known factors associated with increased risk of childhood lead exposure (poor housing quality, poverty, families living below the poverty level, non-white, Hispanic, and foreign-born). In fact, every county in NYS has had children with elevated lead levels.

To assist you with implementing immediate corrective actions to increase the blood lead testing of children within your practice, attached is: 1) a summary of NYSIIS Blood Lead Reports (purpose, criteria, and tips on when to use), and 2) instructions for generating your organization's Aggregate Clinical Performance Report (blood lead testing rates), and Test Due List Reports, Letters and Labels to notify parents/guardians when a child is due for a one year and two-year old test). If you require assistance with generating the NYSIIS reports, believe there may be a significant discrepancy with your testing rates, or would like to discuss other barriers to blood lead testing in your practice, please contact your [local health department](#) or the New York State Department of Health Lead Poisoning Prevention Program at (518) 402-7600 or email ljpp@health.ny.gov.

Moving forward, NYSDOH may be taking other actions to increase blood lead testing rates, which may include:

- Providing point-of-care blood lead testing devices for in-office use.
- Publicly reporting the blood lead testing rates of NYS health care provider organizations.
- Taking enforcement action(s) the NYSDOH deems appropriate for each violation of PHL.

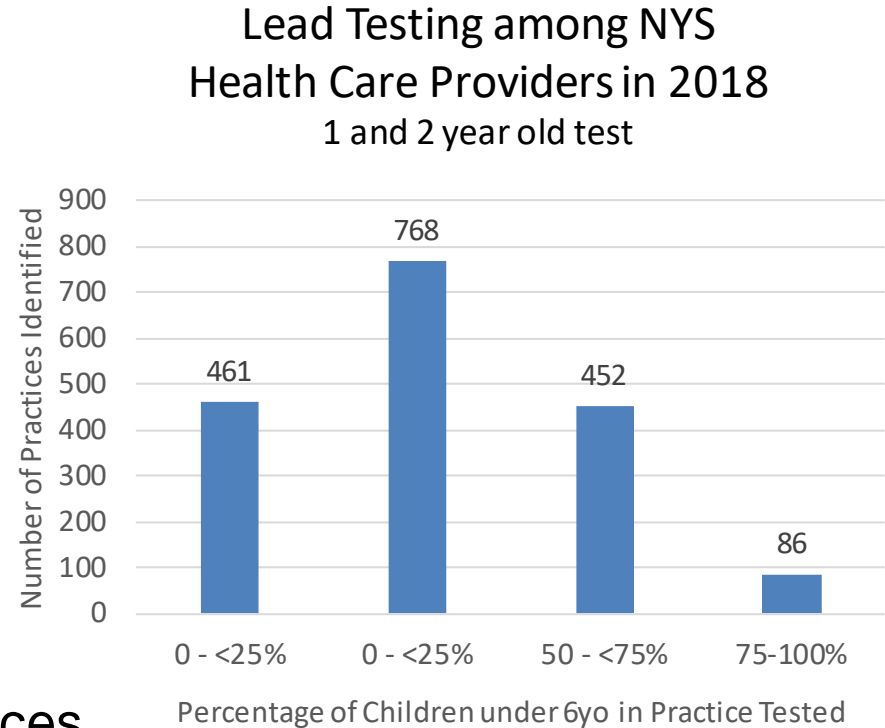
Empire State Plaza, Corning Tower, Albany, NY 12237 | health.ny.gov



Department
of Health

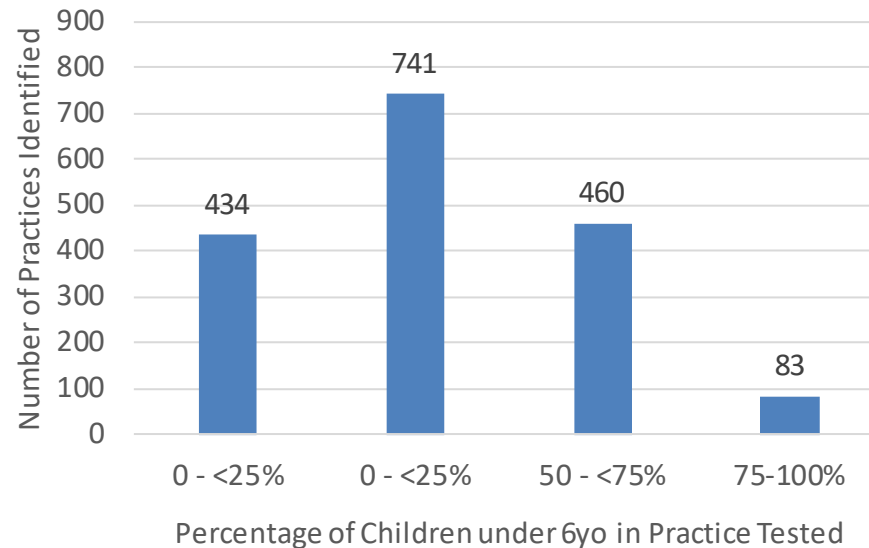
2019 Letter

- Data informed by New York State Immunization Information System (NYSIIS) Reports
- Practices testing less than 25% of eligible children
 - 1 year old test: 87 practices
 - 2 year old test: 79 practices
 - 1 and 2 year old test: 461 practices



2020 Letters

Lead Testing among NYS Health Care Providers in 2019 1 and 2 year old test



Next Steps

- Letters anticipated to be sent in late Winter 2020
- Continue to respond to inquiries and track feedback
- Continue to develop guidance and share resources for local health departments and payers to assist providers with testing and reporting barriers
- Perform repeat analysis for 2020

Questions?