

United States Senate

WASHINGTON, DC 20510

March 28, 2024

Rushil Desai
Chief Executive Officer
Aetna Better Health of Illinois
PO Box 818031, MC F661
Cleveland, OH 44181

Dear Mr. Desai:

We write to draw your attention to the alarming and unacceptable findings from a recently published study in the *Journal of the American Medical Association Pediatrics*, which estimates that two-thirds of young children in Chicago have been exposed to lead through their home drinking water. This demands significant and swift action to aid those children who have been exposed to lead and prevent more children from being poisoned in their homes. Today, we are calling upon Aetna to meet this moment with meaningful, proactive public health interventions to address the long-known jeopardy facing children in Chicago.

The health risks posed by lead exposure to children are severe, damaging, and irreversible. The Centers for Disease Control and Prevention and the U.S. Environmental Protection Agency (EPA) state that there is no safe level of lead exposure. Studies have shown that low-income and minority children bear the disproportionate burden of lead poisoning—contributing to delays in social and cognitive development, and billions of dollars in health care costs.

Under the Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, all Medicaid-enrolled children are required to receive lead screenings at the ages of 12 months and 24 months, in addition to any child between ages 24 and 72 months with no record of a previous screening. There is a specific and presumptive categorization that Medicaid-enrolled children are at risk for lead poisoning. Further, states are required to provide medically necessary diagnostic testing and treatment services to children with elevated blood levels. Additionally, the Illinois Department of Public Health (IDPH) has identified every zip code in Chicago as a “high-risk” area in its health care provider screening guideline, necessitating screening. Despite these federal and state requirements, only a fraction of covered children receive these mandatory lead screenings and critical follow up services. That must change.

Medicaid managed care companies have an obligation to ensure that Medicaid-eligible children and their families are aware of the services that are a part of the EPSDT benefit and have access to required screenings and necessary treatment. In practice, we are concerned that is not happening. In Chicago’s Englewood neighborhood, which has among the very highest prevalence rates of elevated blood lead levels in the city, fewer than 40 percent of young children were screened in 2021.

Chicago has 400,000 lead lines—more lead service lines than any other city in the country. We also know that, according to the Chicago Department of Public Health (CDPH),

there are lead hazards in about 99 percent of residences built before 1978, with lead-based paint as a primary source of exposure. While historic efforts are underway to conduct lead pipe remediation through federal investments in the *Infrastructure Investment and Jobs Act* (IIJA, P.L. 117-58), these removal projects will take a significant amount of time, which at-risk children do not have. Because of the well-documented, known harms from lead exposure, we cannot ignore this data or wait longer to act.

We are calling upon Aetna to proactively meet this moment by taking the following steps to help prevent the heightened risk of lead exposure to Medicaid-enrolled children in Chicago:

- Send NSF International/American National Standards Institute (NSF/ANSI) Standard 53 or 58-certified water filters to every household with a Medicaid-enrolled child in Chicago, or a residence with a documented history of lead hazards occupied by a covered beneficiary. This should be an ongoing, replenishing supply in accordance with recommended replacement schedules until the beneficiary opts out.
- Send user-friendly, EPA-approved lab tests, to every household with a Medicaid-enrolled child in Chicago, or a residence with a documented history of lead hazards occupied by a covered beneficiary in conjunction with the city's on-going water testing and inventory and mapping efforts.
- Send a qualified home visitor, such as a public health nurse, to every household with a Medicaid-enrolled child in Chicago, or a residence with a documented history of lead hazards occupied by a covered beneficiary, to educate households on lead risks and proper risk-reduction methods. This should include use and replacement of NSF/ANSI Standard 53 or 58-certified water filters, use of tests for lead in their drinking water, and information about lead paint hazards in homes built before 1978.
- Send evidence-informed, linguistically, and culturally appropriate educational materials to such households to notify them of the risks of lead exposure, the actions they can take to prevent lead poisoning, and the resources available to them.
- Send educational materials, based upon expert recommendations from local public health and medical authorities, to every enrolled provider in your network who serves pediatric patients to notify them about the lead screening requirements and protocols for children.

We encourage Aetna to take a maximal view of the risk-benefit assessment and proactively send such materials to all covered children in Chicago, based upon enrollment and claims data at your disposal. There are additional tools and data sources available to help target these resources to households with known or suspected lead hazards, including: [Chicago's Water Service Line Inventory](#). We encourage you to also partner with CDPH, IDPH, and community-based stakeholders who serve low-income and high-risk individuals, such as federally qualified health centers and WIC clinics or community-based organizations, to proactively route these resources.

There are health care savings that can accrue from taking these basic, preventive measures to protect beneficiaries. Studies estimate that for every dollar spent controlling lead hazards, at least \$17 is returned in health benefits. Illinois alone stands to benefit from up to \$89 billion in avoided health care costs by investing in lead pipe remediation. But there is an even more important moral imperative to prevent the poisoning of low-income children when the risks are known and avoidable.

Congress has acted to fund lead pipe remediation through IIJA as well as EPA's low-interest, principal-forgiveness loan programs such as State Revolving Funds and grants such as the *Water Infrastructure Improvements for the Nation (WIIN) Act* programs. Congress has also appropriated millions of dollars to aid public housing agencies with their lead paint mitigation efforts and to help low-income homeowners and owners of rentals that house low-income families to eradicate lead paint hazards. Medicaid managed care organizations must respond to this crisis with all of the public health prevention tools at their disposal as well.

Please respond to this letter no later than May 2, 2024 with Aetna's plan to fulfill these requests and mitigate the risk of lead exposure for children in Chicago. Thank you for your attention to this important matter.

Sincerely,



Richard J. Durbin
United States Senator



Tammy Duckworth
United States Senator