October 2026
Replaces: January 2026

Blood Lead Screening

Policy

WIC Policy Memo:
WIC Requirements for blood lead screening and referral
To implement the provision in Public Law 106-387, WIC State agencies must require that upon enrollment of a child, the parent or caretaker must be asked if the child has had a blood lead screening test. If the child has not had a test, they must be referred to programs where they can obtain such a test. WIC Policy Memorandum 93-3A, "WIC's Role in Screening for Childhood Lead Poisoning," dated March 23, 1993, encourages WIC State agencies to inquire during WIC nutritional screening if a client has had a blood lead test and to make the necessary referral to obtain one, when appropriate. Therefore, the legislative requirement does not represent a new or additional activity or cost for the WIC Program.

Blood lead screening responsibilities and nutrition risk criteria
Elevated blood lead levels as defined in WIC Policy Memorandum 98-9, "Nutritional Risk Criteria," is an allowed nutrition risk criterion for which an applicant would be determined to be at nutrition risk. The WIC Program can help individuals exposed to lead by: 1) referring them to lead treatment programs; 2) providing supplemental foods high in iron and calcium which help to alleviate the effects of elevated blood lead levels; 3) emphasizing the importance of diet in the treatment of lead exposure and assisting in developing an appropriate plan for nutrition intervention; and, 4) providing information on how to reduce exposure to lead.

Authority

WIC Final Policy Memorandum 2001- 1 WIC Allowable Costs – Clarification of WIC's FY 2001 Appropriations Act Provision Regarding Blood Lead Screening

WIC Policy Memorandum 1993-3 WIC's Role in Screening for Childhood Lead Poisoning

Procedures

WIC's role in reducing children's exposure to lead
The goals of the Iowa WIC Program are to reduce children's exposure to lead and to advocate for all children under the age of six years to be tested for lead poisoning.
The WIC agency's role is to help prevent lead poisoning and minimize negative outcomes by:

- Educating parents about how to avoid environmental lead exposure,
- Assessing history of lead testing and referring children for testing,
- Identifying community resources for blood lead tests and services,
- Collaborating with providers to ensure services are available,
- Assigning nutrition risk factors to lead affected children,
- Encouraging parents/caretakers to be assertive when requesting a test, and

- Providing a nutritional assessment and dietary education to minimize deficiencies that can influence lead absorption.

Screening and Referring

- WIC staff will assess whether children have had appropriate periodic lead testing
- Refer children that need to be tested
- Document
    - The answers to the lead testing questions in the Blood panel and
    - The referral for testing in the Referral panel of the WIC data system if applicable. (See the Revised (Proposed) Lead Testing Chart in the Best Practices section for testing recommendations.)

Steps to follow

1. Explain that a test for lead is different from the test for anemia (hemoglobin) and the importance of blood lead testing for all children.
    - Remind parents that children are most at risk between the ages of 12-36 months of age,
    - More than one test is needed to check for exposure to lead
    - Iowa law requires children to have at least one blood lead test before kindergarten.
2. Assess if the child has been tested for lead (including the date and test results). If the child has already had a lead test, results may be available through the state Health Information Exchange (HIE). If permission was provided in Identity screen of the WIC data system, they may be able to be accessed by selecting the Import from HIE in the Blood Panel screen.
    - If the child has been tested recently then
        - Discuss the test results,
        - Provide counseling as appropriate,
        - Refer for follow-up services as needed, and
        - Encourage the parent/caretaker to make sure that the child receives additional tests based on the child's risk status.
    - If the child has not been tested in the past year or has never been tested
        - Determine the appropriate means for getting lead testing completed based on community resources:
            - Refer to their health care provider, or
            - Refer and request follow-up by the Child Health (Title V) Program, or
            - Refer to the local Childhood Lead Poisoning Prevention Program (CLPPP) (https://hhs.iowa.gov/health-prevention/child-adolescent-health/childhood-lead-poisoning-prevention-program) for help making testing arrangements.
3. Explore ways to reduce any barriers to obtaining lead testing.
4. Provide information about reducing lead exposure from the environment including checking their home for possible lead hazards and explaining how good nutrition helps prevent lead absorption.

5. Provide information about good hygiene practices and home cleaning that help reduce lead exposure in children.

Best Practices

Pay extra attention to children most likely not to be tested

These children include those who:

- Receive their health services from a physician or medical provider who does not provide lead testing as recommended
- Are not covered by Medicaid, Hawki or private insurance
- Have insurance that requires a high deductible or does not provide coverage for lead testing of non-symptomatic children
- Have guardians or parents that are not compliant with medical or public health recommendations for care
- Are recent immigrants, refugees or foreign adoptees;
- Are in foster care; or
- Are a member of a racial or ethnic population that is underserved

Lead poisoning prevention messages for all WIC families

Key messages for preventing lead poisoning that WIC staff should provide include the following:

- Providing meals and snacks high in iron and calcium decreases the amount of lead a child absorbs from objects, surfaces, dust or the environment
- Asking about the use of traditional or ethnic spices, herbs, medicines or products, especially those imported from outside the U.S. that may potentially be contaminated with lead and how the family can verify their safety or find a safe alternative
- Identifying possible lead hazards in the home or community
- Cleaning the home regularly to remove dust and/or paint chips
- Restricting children from playing in areas likely to be contaminated with lead (e.g., bare soil, near the windowsill)
- Providing information about ways to stop lead from work or hobbies from contaminating the home, car or the laundry if someone in the household has a job involving lead (most common: works in construction or manufacturing) or a hobby involving lead (most common: shoots firearms, makes ammunition)
- Explaining why it is important to keep children and pregnant women out of areas being renovated or remodeled, especially in older houses

For reference

Revised (Proposed) Lead Testing Chart

Child's Age	Blood Lead Testing Recommendation

0-less than 12 months of age	Assess* the child's need for early testing.
12-35 months of age	Test every child at 1 and 2 years of age. Check whether the child has had recommended lead testing at every contact. Consider interim testing if there are elevated exposure risks. * Provide confirmatory (venous) testing if a prior capillary test was abnormal. Test children with past exposure as recommended based on prior test results.
36 – 60 months of age	Check whether the child has had recommended lead testing at every contact. Provide lead testing for children if testing was not done at 1 and 2 years of age or if test history is unknown. Provide confirmatory (venous) testing if a prior capillary test was abnormal. Test children with past exposure as recommended based on prior test results. Assess* whether the child has a higher-than-average risk of exposure to lead and test as appropriate, at least annually.

*Iowa Childhood Lead Poisoning Risk Questionnaire

Blood lead testing at WIC clinics

Local WIC contractors may choose to offer lead testing at WIC clinics if time and resources are available.

- Drawing blood for lead testing at the same time as drawing blood for hemoglobin tests helps assure that children at risk for lead poisoning are identified and appropriate follow-up is provided.
- WIC funds are not to be used for lead testing equipment, supplies, laboratory analysis, or staff time.
    - Other funds such as Empowerment funds, A local Childhood Lead Poisoning Prevention Program (CLPPP), Hawki, a local HUD Lead Hazard Control Program

or other local funds would have to be used.
    - Other considerations include; time, additional equipment and supplies needed, documentation, notification of test results, billing and follow-up.
        - The Childhood Lead Poisoning Prevention Program at HHS is available at 800-972-2026 for consultation or questions if needed.

Billing for nutrition counseling of lead poisoned children

Nutrition counseling for children with elevated blood lead levels is highly recommended and is reimbursable through EPSDT. (EPSDT can be billed for nutrition counseling that goes beyond that provided by WIC. Nutrition counseling for lead poisoning falls into this category.)

- WIC agencies that also have a Child Health Program (Title V) contract may bill EPSDT directly for nutrition counseling.
- Other WIC agencies may seek reimbursement through a contract with the Child Health Programs (Title V) in their service area.