



United States
Department of
Agriculture

Food and
Nutrition
Service

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Alexandria, VA
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SUBJECT: WIC Final Policy Memorandum 2001- 1
WIC Allowable Costs – Clarification of WIC’s FY 2001
Appropriations Act Provision Regarding Blood Lead Screening

TO: Regional Directors
Supplemental Food Programs
All Regions

The purpose of this memorandum is to clarify the WIC blood lead screening provision reflected in the FY 2001 WIC Appropriations Act (Public Law 106-387). The provision reads, “That funds made available under this heading shall be made available for sites participating in the special supplemental nutrition program for women, infants and children to determine whether a child eligible to participate in the program has received a blood lead screening test, using a test that is appropriate for age and risk factors, upon the enrollment of the child in the program.”

Childhood lead poisoning is one of the most common pediatric health problems in the United States (U.S.) today, and it is entirely preventable. About 1 million children younger than 6 years of age in the U.S. have blood lead levels of at least 10 micrograms per deciliter (ug/dl), a level high enough to adversely affect their intelligence, behavior and development. Minority and poor children are disproportionately affected. WIC is an important partner in the efforts to combat this serious, but preventable health risk.

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.

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.

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Public Law 106-387 **does not** require or allow WIC nutrition services and administration (NSA) funds to be used to conduct blood lead screening tests. A hematological test for anemia, such as hemoglobin, hematocrit, or free erythrocyte protoporphyrin test, is the only laboratory test required to determine a person's eligibility for WIC. It is therefore the only laboratory cost that may be charged to a WIC NSA grant. If blood is either drawn or drawn and tested for WIC eligibility and lead screening at the same time, WIC and the lead screening program must each pay its fair share of the total cost. WIC's share of the total cost will not exceed the amount it would pay if it conducted its blood iron test for WIC eligibility separately.

Please refer to WIC Policy Memorandum 93-3A, mentioned above, for more detailed guidance on cost issues and WIC's role in helping individuals access blood lead screening services and providing nutritional intervention for WIC participants exposed to lead.

/s/ Patricia N. Daniels

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