

## **GOVERNOR'S LEAD POISONING PREVENTION COMMISSION**

Maryland Department of the Environment  
1800 Washington Boulevard  
Baltimore MD 21230

Approved Minutes  
October 4, 2012

### **Members in Attendance**

Cheryl Hall, Karen Stakem Hornig, Mel Jenkins, Ed Landon, Pat McLaine, Barbara Moore, and Delegate Nathaniel Oaks.

### **Members not in Attendance**

Patrick Connor, Dr. Maura Dwyer, Linda Roberts., and Mary Snyder-Vogel.

### **Guests in Attendance**

Shaketta Denson – CECLP, Hosanna Asfaw-Means, Rita AuYeung – UMB student, Ron Wineholt – AOBA, Lesa Hoover – AOBA, Molly Call – CECLP, Kathy Howard, MMHA, Donna Webster – WCHD (via phone), Horacio Tablada – MDE, John O'Brien – MDE staff, Paula Montgomery – MDE staff, John Krupinsky – MDE staff, and Tracy Smith – MDE staff.

### **Introductions**

Pat McLaine started the meeting at 9:39 a.m. Everyone introduced themselves. July minutes were approved.

### **Future Meeting Dates**

Next month's meeting will be on November 8<sup>th</sup> at MDE. Commission meeting will be brief (9:30 a.m. – 10:00 a.m.). Hearings (Cliff Mitchell) will begin at 10 a.m. on new CDC recommendations. Participants in the hearing will have 5 minutes to talk and should bring 20 copies of testimony.

### **Discussion**

**2011 Childhood Lead Registry Report** - Horacio Tablada reviewed the 2011 Childhood Blood Lead Surveillance in Maryland Annual Report. The report will be posted on MDE's web-site and released via social media and a press release. At request of commissioners, copies of this report were provided during the meeting and will be e-mailed to Commission Members. The numbers of Maryland children 0-72 months of age tested was 109,534, a decrease of 5,295 compared to 2010. In Baltimore, the number of children tested increased by 2,317. State-wide, the number of children with first time BLLs 10µg/dL and above continued to decrease, from 399 in 2010 to 342.

State-wide, 60% of new cases were in non-affected properties (rental properties built between 1950 and 1978 and owner-occupied). In Baltimore City, 37% of new cases were living in affected properties, with 5% in post-1950 rental and 32% in owner-occupied properties. In

Maryland Counties, 21% of new cases were living in affected properties, with 41% in post-1950 rental and 38% in owner-occupied properties.

The 2011 report identified 2,129 children with first time BLLs between 5 and 9 $\mu$ g/dL (newly identified in 5-9  $\mu$ g/dL range). Previous reports had reported all children with BLLs in this range. Additional emphasis will be placed on blood lead tests @ lower levels the next Annual report.

With regards to the decrease in the number of children screened, MDE suggested that difficulty in matching Medicaid records, results reported as “zero” and data entry into the Stellar dB could account for some of the decrease in the number of children that were tested. Pat McLaine commented that blood lead levels of zeros need further investigation, since this may represent levels below a limit of detection of one and is a lab reporting issue. The failure to report all BLL testing to MDE is also a reporting issue.

Cliff Mitchell noted that DHMH has started a comprehensive Medicaid discussion to improve testing results, including revising targeting plan, linking reporting and better matching.

Ken Strong commented about the quality of data from providers. Issues in data quality for 2011 are also of concern: although 100% of reports had complete name and date of birth, race was missing in over 50%, guardian’s name in 36%, type of sample in 13% and address in 10% of samples. These issues become more important with the decrease in BLL of concern to 5 $\mu$ g/dL. Pat McLaine commented that information on race was commonly missing in other states, although it is required by regulation. DHMH is responsible for enforcement and additional enforcement is needed to correct these problems. MDE staff indicated that children with levels of 10  $\mu$ g/dL and above are being followed on a 1 on 1 basis with case management. Additional data completeness is needed to assure quality at lower BLLs. Commissioners were asked to review the report and send questions to Tracy Smith with cc to Pat McLaine; Dr. Keyvan can address these issues at a future meeting.

2010 Evaluation - The Work Group has met once or twice since the last Commission meeting and is currently fine tuning the 2010 Work Plan. Ed Landon requested information for incoming funds for a chart. Pat McLaine commented that the purpose is the big picture of resources since the Federal picture has changed dramatically.

DHMH Request for Comment on Management of Childhood Lead Exposure - Pat McLaine noted that the Commission will hold a hearing about follow-up of Maryland children based on the new CDC recommendations at our November meeting on November 8th. A copy of the request for comment was distributed. It includes a summary of changes by CDC and questions being considered by DHMH and was sent out to physicians.

Cliff Mitchell reported that seven or eight comments have been received thus far. Case management by Health Departments @ 5-9 $\mu$ g/dL and what to do about historic cases of children with BLLs in the 5-9  $\mu$ g/dL range. Cliff Mitchell will summarize all comments and provide them to the Chair as background for the Commissioners. Commissioners were urged to send names of any individuals or groups (including providers, advocates, housing officials, local health departments) who should be invited to the hearing to Cliff Mitchell. DHMH hopes that the Commission will have comments to Secretary Sharfstein before the end of the year. Tracy Smith will request all Commissioners to provide names to Cliff Mitchell.

Cliff Mitchell reported that DHMH has been reorganized and that the Environmental Health Bureau is now part of the Prevention and Health Promotion Division. The Office of Healthy Homes and Communities includes lead, asthma, swimming pools, and other environmental concerns.

Cliff Mitchell reported on a quality improvement project with RWJ to improve the WIC referral process for children not tested for lead that would involve giving the mother a referral to return to the child's provider for testing; no communication would be needed between WIC and the provider. DHMH hopes that this project will have an impact on increasing screening among the most vulnerable and at-risk children and improving testing rates of children covered by Medicaid. Cliff Mitchell indicated that he was looking into improving the reimbursement process for the Baltimore City Health Department. DHMH is also working with MDE to improve lead testing and with migrating data from Stellar into the new HELPS system.

A comment was made about the lack of money that is available from CDC for case management. MDE has picked up previous loss of funding for this year. Going from 10 to 5  $\mu$ g/dL will at least triple the number of affected children. A comment was made about what the appropriate clinical public health response should be due to limited resources.

A question was raised about whether sources are the same @ 5-9  $\mu$ g/dL; concerns were raised that there may be no obvious source (lead in water in schools, previous residence, etc.)

With regards to the November hearing, DHMH's Secretary has requested comments from the Commission by the end of 2012. Ideas/suggestions for procedures/process/format for the November hearing were discussed. The hearing will start after the minutes have been approved. Assuming a large number of individuals plan to testify, individuals will be given 3 minutes and asked to bring written copies of their comments. Most other States are waiting for further direction/guidance from CDC. Pat McLaine commented that CDC had recommended that programs focus on primary prevention activities and not take the same approach they had taken at levels of 10  $\mu$ g/dL and above (case management, a secondary prevention approach).

Pat McLaine indicated that additional information was available from an August presentation on the new CDC guidelines at Johns Hopkins School of Public Health.

DHMH sent the notice about the hearing to Med Chi; it was not sent to nurse practitioners, PAs or to Mount Washington Pediatrics. Cliff Mitchell indicated that he would ensure that these groups were informed about the hearing and individual Commission members were encouraged to also invite interested groups and individuals. The November 8th hearing may assist in the 2013 target plan revision. Ultimate goal at DHMH is to have lead testing rates comparable to immunization rates.

### **Agency Updates**

#### **MDE – Paula Montgomery**

MDE is working on implementation of HB 644 with current staff (which includes owner occupied properties, rentals built before 1978, and day care facilities). HB 644 also includes the Renovation, Repair, and Painting (RRP) Rule and is aimed at primary prevention. MDE may be responsible for the enforcement of any work that is performed.

MDE has performed outreach with current lead training providers and other government agencies and partners. MDE will seek self-authorization from EPA after writing regulations. HB 644 extends the universe of properties to pre-1978 rental, owner-occupied and child care facilities. There are currently 2,500 EPA certified RRP firms. MDE is seeking a January 1, 2014 implementation date, which is one (1) year before new law changes. MDE needs to decide between adopting the current Federal program as is or (modifying) the current accreditation program. MDE may have additional ideas/suggestions for the Commission next Spring. MDE's requirements minimally must be as stringent as EPA. Comments included looking @ permits issued and working with local code officials. A comment was made about requiring dust wipe clearance sampling for government supported programs.

MDE is improving the lead rental registry database. There is a current IT project linking inspection certifications with registrations. MDE is also looking at the issue of all units being uniquely registered. 15,000 letters were mailed out last week to property owners, indicating that they may be out of compliance and could owe MDE money. This is expected to further improve gaps in registration and help clean up the database before the next annual mail-out. 5,000 such letters were previously mailed. MDE's system continues to move toward more automation and on-line registrations.

#### **DHCD - Ed Landon**

There will be a Governor's Housing Conference on October 16th at the Baltimore Hilton. Emphasis will be on foreclosures, and other housing issues.

Lead Commission Meeting  
October 4, 2012  
Page Five

**Baltimore City Health Department** - Hosanna Asfaw-Means

The lead program is working with senior leadership for a thoughtful and collaborative approach/strategies to children with BLLs 5-9  $\mu\text{g}/\text{dL}$ . BCHD had lots of success last year with gatherings and meetings about Healthy Homes. BCHD is looking at the possibility of doing filter paper testing because the lack of follow-up testing is a big issue for many Baltimore children. Lead screening was conducted previously on site and at Health Fairs.

**Office of Child Care** – Cheryl Hall

Nothing to report with regards to lead.

**Maryland Insurance Administration** - Karen Stakem Hornig

Work of the Lead Liability Protection Workgroup has been completed and the report is due December 1, 2012. This will be discussed at the December meeting.

**Baltimore City Housing** – Ken Strong

Work plan presented. Four (4) new people will be hired. The policy and procedural manual has been completed. Work will start on January 1, 2013 with 210 homes to be completed in 2.5 years. MOUs are needed with the Health Department and Coalition. A grant was received from Able Foundation to do eligibility screening in the home with laptop computers and to identify other services for which clients may be eligible. Ken noted a concern about the Special Loans Program requirements that treat everyone as a “borrower” with underwriting required even though a grant is provided. Ed Landon asked about using a consolidated consistent checklist to include all basic housing items and recommended using a good home inspection report for all properties. Ken Strong indicated that lead abatement and weatherization will be the common scope of work. Commissioners were requested to send any comments to Ken Strong.

**Public Comment**

Molly Call from The Coalition to End Childhood Lead Poisoning reported that Lead Poisoning Prevention Week is from October 21 - 27. Cliff Mitchell asked about providing publicity for the November 8<sup>th</sup> Hearing during these activities.

The meeting adjourned at 11:42 a.m. The next meeting is scheduled for November 8<sup>th</sup>, at 9:30 at MDE.