GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

Maryland Department of the Environment
1800 Washington Boulevard
Baltimore MD 21230

Approved Minutes
May 2, 2013

Members in Attendance

Patrick Connor, Cheryl Hall, Karen Stakem Hornig, Ed Landon, Pat McLaine, Barbara Moore (via conference phone) and Linda Roberts.

Members not in Attendance

Dr. Maura Dwyer, Mel Jenkins, Delegate Nathaniel Oaks, and Mary Snyder-Vogel.

.

Guests in Attendance

Shaketta Denson – CECLP, Hosanna Asfau-Means – BCHD, Dana Schmidt – MMHA, John O'Brien – MDE staff, Ron Wineholt – AOBA, Clifford Mitchell – DHMH, Ali Golshiri – PGCHD, Ruth Ann Norton (via conference phone), Ken Strong – BCHCD, Sibyl Wojcio - DHMH, Horacio Tablada – MDE, John Krupinsky – MDE staff, and Tracy Smith – MDE staff.

Introductions

Pat McLaine started the meeting @ 9:38 a.m. with introductions.

Future Meeting Dates

The next Lead Commission meeting is scheduled for Thursday, June 6, 2013 at MDE in the AERIS conference room. The Commission will meet from 9:30am - 11:30am. There were no other comments.

Approval of Minutes

At this time, there were not enough Lead Commission members to approve three (3) sets of minutes. A plan was discussed with regards to e-mailing Commission members to vote (and attempt to approve) minutes prior to the next meeting (please see page 5).

Discussion

Today's topic is "Enforcement Holes: children age six and older with high BLL's."

Pat McLaine indicated that this topic has come up before; both the Coalition and Barb Moore have had experience with this issue. Hand-to-mouth behavior in children older than the age of six (6) is usually present. According to the Coalition, 50-60 children over age 6 are tested every year in Maryland and about 1.2% of these children have BLLs of 10+µg/dL. Some of the children previously had higher BLLs and are being re-tested as part of follow-up. However, some are being identified with a BLL of 10+µg/dL for the first time.

There is a gap in the law. Environmental investigations are triggered by a child aged 6 and under. EA 6-8 is triggered by child 6 and under, a pregnant woman, or presence of peeling, chipping paint in a rental unit. BCHD lead regulations (Regulation 5) defines a "child at risk" as less than 6 years of age who is also lead poisoned.

The problem, according to Ruth Ann Norton, is that Baltimore City Health Department (BCHD) won't issue a violation notice unless there is a poisoned child under the age of 6. Hosanna Asfau-Means, BCHD, concurred that BCHD performs case management for children who are **under** age 6 but clarified that BCHD does do some follow-up for children age 6 and older, although this is not a priority. Blood tests are rarely performed for children of age 6 and older.

John Krupinsky noted that if the child lived in a rental property, a Notice of Defect could be filed. Although the program focuses on children less than age six, targeting children at risk and trying to prevent further harm, this does not mean that others are not at risk.

Shaketta Denson asked why the home could not be addressed if lead hazards are identified.

Horacio Tablada indicated that if the property was rental, MDE could respond to this using EA 6-8. He indicated that MDE does not want to duplicate enforcement efforts in Baltimore City, but BCHD should refer cases to MDE. In affected properties, MDE can enforce and State authority is adequate. In addition, the State focuses on compliance of affected properties with registration and risk reduction inspection certificates.

Patrick Connor noted that it sounded like the issue was a matter of practice vs regulatory authority. BCHD can issue a violation based on Regulation 5; this is a broad power. The mere presence of LBP is a violation – not deteriorated LBP. This could also be proactive. Patrick Connor requested that BCHD respond to the Commission regarding what is their practice in terms of using regulatory authority. A similar practice is the reluctance to order remediation for owner-occupied properties. The City practices restraint and chooses not to require action (for owner-occupied. But the authority is clear – we should be taking action here.

Shaketta Denson indicated that she did not understand why BCHD won't issue violation notices. She noted that cases are slipping through the cracks, with no action for months.

Follow-up: Baltimore City is requested to make a presentation to the Commission about their practice of enforcement with Regulation 5 (policies/procedures) in owner-occupied properties and their practice of referrals to MDE for enforcement of EA 6-8.

Cheryl Hall asked how the health department prioritized cases. Hosanna Asfau-Means indicated that children with higher BLLs receive faster action (they are fast track cases). Lower level

BLLs get the same follow up and evaluation but within a longer time period. She noted that BCHD staff had recently found a family using lead contaminated pottery from Mexico but no hazards were found in the home. John Krupinsky noted that recently there had been a lot of testing of other items in cases involving older children, including a mouth guard and a water bottle. Barb Moore noted that in one case, peeling flaking paint was found in the basement.

Barbara Moore expressed concern about a child who fell through the cracks. Action is different in the state as opposed to Baltimore City. In this case, the child's BLL had not come down and was still in the 30s. The child had a high BLL since 18 months of age, had a long history of exposure, and had been lost to follow-up for many years. The child was going into kindergarten or first grade and was identified as needing special education services.

At-risk older children, including those with autism and in special education, are now being checked for lead. What actions can be taken when a child turns six? Mount Washington is also receiving many calls about children with BLLs 5-9µg/dL. Cheryl noted that this highlights the need for more information about case management outcomes for the population of children who have been followed previously. Barb Moore seconded the need to look at trending for case management – what interventions are most effective?

Follow-up: MDE to provide a case management report to future meeting, possibly in June, including information about how interventions have affected outcomes.

Cliff Mitchell reported that he is conducting a comprehensive review of the lead program at MDE and at local health departments. He is looking at budgets for counties and looking at outcomes as part of the targeting plan. He is also thinking about where the state should be for BLLs 5-9µg/dL. He indicated that there had not been any review since 2000 and that the issue of lead case management needed to be re-thought. Public health follow-up is changing with the Affordable Care Act. This may not be the best model going forward. Should the Health Department be involved at all? If there are 3-5 times more kids, case management is not feasible. Locus of follow-up should be with the clinician. There may be a role with audit and Medicaid follow-up (testing within 3 months). Cliff suggested that the state should not be bound by an old paradigm for managing cases. Where should the priorities be? What should the case management role be? The Commission needs to provide guidance.

John Krupinsky agreed. Health Department funding has been cut dramatically. We need to look at funding and availability of staff.

Ali Golshiri noted that in Prince Georges County he is the environmental guy – does the investigation, identifies sources and sends a letter with suggestions for follow-up. The nurse, Wendy Boone, works with him. However, there is no follow-up, even on rental properties. The

County checks with MDE to see if a rental property is registered and sends letters to MDE if it is not. Ali reported that recently they had 4 refugees living in the County with two teenagers with high BLs (12 and 14) – what do we do? One of the children had an imbedded fragment from an explosion. There was no lead in the apartment, built in 1966. There may be lead exposure from mini blinds. What are we doing with "case management" for these children?

Pat McLaine noted that issues related to immigrants had been discussed last month and many high BLLs are related to environmental contamination in their home country. Information is available from CDC. Many refugee BLLs may go down over time if no lead hazards are identified in their environments, but this depends on the extent of their lead body burden.

Cliff Mitchell stated that this is a clinical problem, but perhaps clinicians don't know how to address it. The Health Departments need to ensure there are no environmental hazards. The clinician needs to follow the child and family longitudinally. DHMH could have input. Where is 5 – 9 going in respect to case management? Is it appropriate and necessary? It is not going to happen in most cases.

Barb Moore noted that the Commission had discussed the need for a toolbox for PCPs in many follow-up discussions to the hearing held in November 2012 and in written recommendations made to DHMH.

Ed Landon noted that code officials provide regulatory training to update on codes – to 1600 people every year. Does MDE or DHMH do that type of training to bring health departments up to speed to ensure understanding and consistency? There should be oversight and mentorship from the State down.

Ali Golshiri noted that local health departments are losing a lot of things. The state does not help out with lead dust testing. The issue here is cases that do not fit into the current model. We should do something about these levels "in limbo". Ali referred a doctor from Kaiser to John Krupinsky. He indicated that the entire system of case management needs clarification and a new model. What are we actually doing for these families, he asked?

Hosanna Asfau-Means supported the need to work more closely with providers. We don't need to get rid of case management but we can look at it differently. We need to hold providers to higher levels. PCPs need to address this issue differently.

The discussion was re-focused to follow up of children 6 years of age and older.

Follow-up: BCHD lawyer will come to an upcoming Commission meeting to discuss practices of enforcement with owner occupied properties using Regulation 5 and referrals to MDE for enforcement of EA 6-8.

Patrick Connor asked if it was still the practice of BCHD to refer all deteriorated paint to Housing for code violation. Baltimore City's livability standard prohibits peeling, chipping paint. Housing has strong regulation and enforcement power. Public Housing also has the authority to solve this. Connor reiterated that we have the power to solve this problem. We overlook people with the authority to help solve this. The lead program is focused on children but this problem can be solved by code compliance. We can stop the problem before it happens if we eliminate peeling, chipping paint.

Ken Strong indicated that the number of violations of chipping and flaking paint are tracked on a monthly basis. Ken reviews this information monthly.

Follow-up: Ken Strong will invite Billy Lore and Baltimore City housing code officials and officials from the Housing Authority to meet with the Commission.
Barbara Moore asked that the City include a timeline for action taken when a violation was identified. Ken Strong said that a predominance of housing code violations are landlords being sued who ignore violations. We need to strategize how to address these.

Approval of Minutes
Because a sufficient number of Commissioners were present, Pat McLaine asked that the Commissioners vote on acceptance of prior months minutes. A motion was made by Ed Landon, seconded by Linda Roberts to accept the February minutes as written, all approved. A motion was made by Ed Landon, seconded by Linda Roberts to accept the March minutes as written, all approved. There was initially approval for the April minutes, but approval will wait pending suggested edits by Karen Stakem Hornig not now included.

Agency Updates:

MDE – No update.

DHMH
Cliff Mitchell reported that he is doing a top to bottom review of the program and will submit it to the Secretary in two weeks. The review includes fiscal, case management practice, statutes, impact of point of care testing, recommendations for 5-9µg/dL BLLs, and lead testing strategy.

Cliff Mitchell reported that the draft of the lead targeting strategy is now complete and he is editing it. He plans to circulate the draft inside DHMH and at MDE. He indicated he will send copies to the Commission for input. Three strategies, two are similar to current plan: (1) using housing risk as principal risk and updating with current data; (2) using the distribution of BLLs above 5µg/dL and figuring out how best to identify 90-95% of children with BLLs 5-9µg/dL (assuming testing would be the same for children untested as for children tested); (3) universal testing for a period of time.

Cliff indicated he is interested in the cost impacts. What is the cost of lead case management from a clinical point of view? What is the cost of follow-up testing for "false positives" initially? What is the cost of environmental investigation? This is currently reimbursed by Medicaid and estimates of cost were submitted to DHMH by BCHD. The budget allocation for next year will help DHMH determine guidance they offer moving forward.

Point of care lead testing (HB 303) work group – still considering who will be in the workgroup.

DHCD
Ed Landon reported on the Energy Codes conference. The property Maintenance Code updates for 2015 are in. Nineteen (19) proposed changes, including lead-safe work practices, were all defeated. Still no change to include lead-safe worker protection practices in the property maintenance code. The RRP is not listed in the ICC codes and is not even in the existing building code, even as a reference. Ed will follow up with this.

Baltimore City Health Department
Hosanna Asfau-Means reported that Baltimore City is hiring a 3rd party contractor to do all billing for the City Health Department. This may be in-place for FY 2014. No other action has been taken to bill for completed lead environmental investigations.

Child Care Administration - Nothing to report.

Maryland Insurance Administration - Nothing to report.

Baltimore City Housing and Community Development
Ken Strong reported that he is blocking out an entire day with BCHD to see how to make the best use of resources from all agencies. He is trying to think more creatively and assertively (positive development.) The program met HUD production goals (eight (8) units) for the previous quarter; they will complete fourteen (14) during this quarter. The program has reached out to St. Ambrose Housing – many of their properties were treated earlier on and may need additional work now; may get economies of scale. With regards to Green Affordable Homes, program will integrate housing and remediation plus lead plus energy work plus healthy homes into one program, using one (1) application. Program would assess and triage needs for a property, one contractor would perform all the work. Ken reported that the program has also done outreach to Baltimore City's maternal child health program serving pregnant women.

The Coalition to End Childhood Lead Poisoning
A September 13th tour with legislators has been planned for Lead and Healthy Homes.

Mt. Washington Pediatric Hospital
Barbara Moore noted that Mt. Washington was waiting on an appeal for denial of a claim. Venous testing has increased; BLLs are lower.

Other Business
Cliff Mitchell reported that he is putting together the group for HB303 Point of Care Lead Testing and requested suggestions for whom to include in the group. Barbara Moore noted that Mount Washington could do some comparison tested if that was needed.

Patrick Connor noted that the inclusion of properties built 1950-1978 has started to make a change. The rental housing community is becoming more active in identifying potential compliance needs. MDE is doing an excellent job and providing excellent communication. The Department has been very good about getting back to the regulated community. The 2015 implementation is causing many owners to re-evaluate their portfolios. What they think they have, they don't. Some owners think they are lead free, but are not. Patrick wanted to thank the department for an efficient, effective effort.

Ed Landon made a motion to adjourn, seconded by Linda Roberts. The meeting was adjourned @ 11:10 A.M.