

GOVERNOR'S LEAD POISONING PREVENTION COMMISSION

AERIS Conference Room
March 6, 2014

Approved Minutes

Members in Attendance

Patrick Connor, Cheryl Hall, Karen Hornig, Melbourne Jenkins, Edward Landon, Pat McLaine, Barbara Moore, Linda Roberts and Mary Snyder-Vogel

Members not in Attendance

Delegate Nathaniel Oaks

Guests in Attendance

Elham Hatef – DHMH, Wes Stewart – GHHI, Shakette Denson – GHHI, Myra Knowlton – BCHD, Cliff Mitchell – DHMH, Christina Peusch – MSCCA, and Arthur Gray – BCHCH

Introductions

Pat McLaine called the meeting to order at 9:38 AM with introductions.

Future Meeting Dates

The next Lead Commission meeting is scheduled for Thursday, April 3, 2014 at MDE in the AERIS conference room. The Commission will meet from 9:30 AM to 11:30 AM.

Approval of Minutes

Motion by Ed Landon, seconded by Mel Jenkins, to approve the February 6, 2014 meeting minutes with changes was approved unanimously.

Old Business

Legislation: Ed Landon reported that he listened to the hearings on HB 431 and HB 888, heard by Environmental Matters on February 19th, but the Committee vote has still not been posted. Shaketta Denson requested that the Commission send a letter in opposition to HB 888, which has not yet been cross-filed in the Senate. This bill would change requirements for rental property owners in properties built between 1950 and 1978 including eliminating requirement for tenant pamphlet and dust clearance; owners would just pay fees. Amendments have been proposed related to areas accessible to children. Horacio Tablada indicated that MDE had testified against this bill. Wes Stewart indicated that HB 644 had passed in 2011 because more properties built between 1950 and 1978 had been associated with children with elevated blood lead levels. Outside Baltimore City, a large percentage of rentals were constructed after 1950. CDC has indicated there is no safe level of lead, and with 5µg/dL now the level of concern, we have 7 times more children being identified. In addition, there is no evidence to show that this class of properties is safer; as they age, violations are expected to increase. Maryland should continue

efforts to reduce exposure of young children to lead in housing. Barbara Moore made a motion that the Lead Commission send a letter in opposition to HB 888, motion seconded by Mary Snyder-Vogel, 5 members in favor (Cheryl Hall, Barbara Moore, Mary Snyder-Vogel, Pat McLaine, and Ed Landon), none opposed, 4 abstained (Karen Stakem Hornig, Mel Jenkins, Linda Roberts and Patrick Connor). Motion passed. Pat McLaine will write a draft for review by Commissioners focused on HB 888 as originally filed.

Priorities for 2014 – Review of 6-808 statute. Pat McLaine suggested the Commission focus on quarterly reports for: (1) MDE data; (2) Office of Child Care data; (3) Case management of lead poisoned children data; and annual review of screening data. Other interests include: follow-up of 5-9, Medicaid reimbursement for point of care testing, implementation of RRP rule, focus on 50-78 housing, changes with Affordable Care Act. Cliff Mitchell suggested that role of Commission was to back-stop departments, determine if their work was going well and if they were doing an adequate job of outreach and education. Patrick Connor asked who would coordinate response to blood lead levels (BLLs) of 5-9 μ g/dL; because Maryland is inconsistent in our response state-wide to BLLs of 10+ μ g/dL, what will we do for 5-9 μ g/dL? Paula Montgomery suggested that outreach to providers is needed; they could complete a Notice of Defect if there was a problem. Pat McLaine indicated that the Commission had recommended case management/environmental investigation follow-up at 10 μ g/dL, health care provider follow-up at 5-9 μ g/dL with option for central point of contact if provider concerned based on patient history. Mary Snyder-Vogel indicated that responsibilities for clinicians needed to be clearer. Barbara Moore suggested that it outreach to provider offices may be needed. Cliff Mitchell indicated that he was working with Preventative Medicine Residents to educate providers and that this was a huge lift for providers. DHMH will be asking for a lot: testing children, if 5-9 μ g/dL, confirm and follow, make sure BLL is not going up, work to identify source and reduce exposure. Practices may be able to have a nurse/CHW make home visits as part of clinical practice, rather than Health Department personnel, when confirmed BLL above 5 μ g/dL is persistent. Such a person could also complete a Notice of Defect. This will depend on reimbursement from Medicaid. Pat McLaine suggested that the Commission also needs to think about other property owner issues – where are we seeing the biggest problems? Can we help? Is infrastructure sufficient? Linda Roberts noted that owner-occupied properties are a big problem, based on the data. Myra Knowlton indicated that educational classes for owner occupants provided by Baltimore City Health Department were well received, and the Commission may want to re-visit that approach. She noted that pending changes as a result of the Affordable Care Act are not clear to local public health agencies. Paula Montgomery suggested that we may need to consider how we can have a centrally-available resource for follow-up on BLLs of 5-9 μ g/dL. Patrick Connor asked which agency would determine the level of effort needed to look for a source and which agency would regulate this effort. Regardless of who pays for an inspection, Patrick Connor asked who will regulate looking for a source. Paula Montgomery stated that MDE is following identified cases and investigating sources. Some people refuse follow-up – about 20% refuse or have moved or were poisoned elsewhere. John Krupinsky gave a report on case management in Maryland. Barbara Moore noted that the issue was consistency across local jurisdictions: discrepancies between visits at 10 or 15 μ g/dL, visits or phone calls provided by local health departments. Pat McLaine noted that the problem was one of workforce: community public health nurse positions were wiped out by state budget cuts several years ago and Maryland needs to find ways to be able to help families. Cliff Mitchell noted that additional resources may not be made available to public health departments. He suggested that the

Commission think about a new model where the person following up is from a clinical provider's office, even for BLLs of 10µg/dL and above. If DHMH decides to recommend universal screening, there will be a relatively larger number of children with BLLs 10+µg/dL across the state. No public health nurses may be available. He suggests that we need to think about how to leverage changes in the Affordable Care Act in order to do primary prevention more effectively, particularly among the larger number of children with BLLs 5-9µg/dL. No decisions were made about priorities for 2014 – discussion will be continued to April meeting.

New Business

DHMH Targeting Plan

Cliff Mitchell reported that the final draft of the plan has been reviewed at the staff level at DHMH and MDE. As soon as both secretaries have signed off, Cliff Mitchell will send the plan for comments to the Commission and the Public. Three options are being considered: (1) Testing based on 2005-2009 BLL test results; (2) Testing based on the 2000 targeting plan; (3) Universal testing or a discrete period, followed by evaluation of results and reexamination of approach. Approach 1 may over-estimate the number of children with BLLs of 5+µg/dL because few children were tested and may over-weight densely populated zip codes compared to less populated zip codes. Approach 2 would probably identify the same areas as in the current plan. Approach 3 will be more expensive but easier for providers to comply, less biased by population density, and would enable the development of future strategies based on better data. Cliff Mitchell will inform the Commission of progress as soon as a decision has been made.

Mel Jenkins asked about the long term cost (21 years) of a child with an elevated blood lead level (10µg/dL). Mary Snyder-Vogel noted that costs should include costs for case management. The Coalition to End Childhood Lead Poisoning indicated that it is working on a report on the costs of a child with an elevated blood lead level.

Agency updates

MDE – Paula Montgomery distributed copies of MDE's case management guidelines. She indicated that home visits are happening except in two counties and that all were following the guidelines, which indicate "if resources allow". Barbara Moore noted that it was important to find ways to increase resources so that all children could be seen. Paula Montgomery indicated that most counties have made it a priority despite budget cuts. Paula Montgomery also reported on MDE's on-line survey with licensed lead inspectors. Letters were mailed out to 400 inspectors and MDE has received 67 responses to date (survey closes March 21, 2014). MDE had expected better follow-through since this is a professional, accredited community. Patrick Connor indicated the letter was clear and that the survey was very easy to complete, taking less than 5 minutes. Pat McLaine asked if MDE could develop an email list to send out a reminder e-mail to inspectors; Paula indicated that might be possible but noted that MDE is having major issues with their current computer system: upgrading to Windows 2007 as proposed would eliminate support for the current system.

DHMH – nothing new to report

DHCD (State) – nothing new to report

Baltimore City Health Department – Myra Knowlton indicated there was nothing new on DHMH payment for Environmental Investigations.

Baltimore City Housing and Community Development – nothing new to report

Child Care Administration – Cheryl Hall indicated that the Office of Childcare has about 11,000 entities on file. In the CCIS system, there is no recording of the construction date of a facility. OCC is dependent of local jurisdictions to do inspections, and individual records are retained at the local site. Cheryl Hall indicated that OCC cannot generate a report with the existing data that is maintained. Cheryl Hall noted she had tried matching SDAT data to facilities addresses in the past, with mixed results. Both Paula Montgomery (MDE) and Cliff Mitchell (DHMH) indicated that SDAT data was available; it may be possible to link OCC addresses with SDAT data directly. Cheryl Hall indicated that no data on the identification of lead hazards or paint in poor condition is maintained centrally. Paula Montgomery offered to provide training for each county; Cheryl Hall will take this back to the Chief of the Office of Child Care. The Commissioners discussed concerns about the lack of information available about the extent of lead risk in Maryland Childcare facilities, including the extent to which potential lead hazards are being identified and followed up appropriately. Mary Snyder-Vogel moved that the Commission send a letter to Elizabeth Kelley, Director of the Office of Child Care, asking for data of interest. The motion was seconded by Patrick Connor, and approved unanimously. Pat McLaine will prepare a draft for review by Commissioners.

Maryland Insurance Administration – nothing new to report

Coalition – Wes Stewart reported that Congress had passed the federal budget which includes \$15 million for the CDC lead program. States may now potentially get funding for lead programs.

Ed Landon made a motion to adjourn the meeting, seconded by Cheryl Hall, passed unanimously. The meeting was adjourned at 11:40 AM.